

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

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Research Version 2005

## Acknowledgements

This manual describes the *Treatment Intervention and Progress Scale for Sexual Abusers with Intellectual Disabilities (TIPS-ID) Research Version 2005*.

The scale was developed with the assistance of a grant to the Vermont Department of Developmental and Mental Health Services from the U. S. Department of Justice, Office of Justice Programs. It is a modified version of the *Sex Offender Treatment Needs and Progress Scale* (McGrath & Cumming, 2003) for adult male sex offenders.

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The TIPS-ID is a work in progress and therefore should be considered an experimental scale.

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## Overview and Scoring Instructions

The *Treatment Intervention and Progress Scale for Sexual Abusers with Intellectual Disabilities* (TIPS-ID) is designed to aid clinicians, case managers, support workers, home providers, and program administrators in identifying, monitoring, and managing the treatment, supervision, and placement needs of males ages 18 and older who are intellectually disabled and have committed sexually abusive acts.

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.

## User Qualifications and Training

The TIPS-ID was designed to be scored easily by clinicians and case managers. Before using the TIPS-ID, however, it is critical that users carefully read this manual and complete training that includes scoring practice cases in order to optimize scoring accuracy and reliability. TIPS-ID users should also have a basic understanding of risk factors related to sexual offense recidivism and principles of psychological assessment.

## Definitions

For the purposes of this scale, the following definitions apply.

**Intellectual Disability.** Intellectual disability is defined as a cognitive impairment that arose before the age of 18, which is reflected by an IQ score of around 70 or below, and which results in substantial impairment in functional skills of daily life.

**Sexual Abuse.** Sexually abusive behavior is defined as sexual misbehavior or criminal behavior with sexual intent, that (1) has resulted in a formal finding of guilt by a court or other official state agency or (2) would have likely resulted in a formal finding of guilt were it not for the individual's mental impairment. Evidence of sexually abusive behavior include 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.

## Scoring

Evaluators score the individual on every item listed in the scale using the scoring sheet and scoring criteria provided in this 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.

Evaluators should obtain information from multiple sources. These include behavioral observation, record reviews, psychological tests, information from persons familiar with the individual (e.g., family, employer, home providers, and service providers), and interviews with the individual.

Evaluators often will have enough information from collateral sources and behavioral observation to score items accurately without interviewing the individual. However, for some questions the individual is the best source of information and "Sample Interview Questions" are listed. These are examples of questions that can be used to obtain client information not otherwise available or to corroborate information obtained from other sources. Interviewers should modify these questions as necessary in order to match them to the intellectual level, learning style, and personality characteristics of the individual.

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

Sometimes an evaluator will have trouble deciding how to apply this rating scale to an individual on one or more of the 25 risk factor items. That is to say, whether to score an item "0" versus "1", "1" versus "2", or "2" versus "3". When this occurs with multiple items, the evaluator should avoid resolving all scoring uncertainties in the same direction. The evaluator should give about half of the items the higher rating and the other half the lower rating.

The total score is computed by adding the number of risk factors scored "1", plus the number of risk factors scored "2" multiplied by 2, plus the number of risk factors scored "3" multiplied by 3.

To enhance scoring reliability and case planning activities, two or more members of the individual's treatment team may score the individual independently. Team members should compare and discuss their scores and use the final agreed upon scores.

### **Scale Development**

The TIPS-ID is a modified version of the *Sex Offender Treatment Needs and Progress Scale* (McGrath & Cumming, 2003) for adult male sex offenders.

The TIPS-ID was developed in Vermont using the near exhaustive sample (N=87) of adult male sexual abusers with intellectual disabilities who received services funded by the Vermont Department of Disabilities, Aging and Independent Living (DAIL) in 2003 and 2004. The DAIL is the single state funding agency that contracts with not-for-profit organizations to provide supportive services to people with ID. All sexual abusers with ID supported by DAIL funds live in their own homes or supervised residences, typically with no more than one or two other individuals with ID.

The average age of the sample was 34 (range = 18 – 70). All participants met DSM-IV-TR criteria for mental retardation and had IQ's ranging from 45 to 74, with an average of 62. Only five participants (6%) were non-white. Two-thirds of participants (66%) were under 24-hour supervision and one-third (34%) received less than 24-hour supervision.

A court, the state child protective agency, or the adult protective service agency had made a legal determination that 56% of participants had committed a sexual offense, whereas non-legal determinations were made in the remaining 44% of cases.

The total mean TIPS-ID score of the sample was 31.98 (SD=11.78), almost identical to the median (32.00) and the modal scores (32.00). Divided into quartiles, 25% of individuals scored 0 to 24, 28% scored 25 to 32, 23% scored 33 to 39, and 24% scored 40 to 60. Given the fact that these data are from a relatively small sample size limited to individuals receiving services in Vermont, it is premature to recommend cut-off scores at this time.

The scale showed acceptable interrater reliability. Two independent ratings on each individual were available from pairs of service providers for 40 participants in the sample. As these pairings were random, the one-way random-effects ANOVA model intraclass correlation coefficient (ICC) was used to compute interrater reliability. The total scale ICC for a single rating ( $ICC_1$ ) was .81 (95% CI= .68-.90) and for the average of multiple independent ratings ( $ICC_2$ ) was .90 (95% CI=.81-.95;  $F_{39,40}=9.75$ ,  $p<.001$ ). For single scale items, 80% s had an interrater reliability of at least .63 for a single rating and averaged ratings were all .65 or above.

The scale also showed acceptable internal consistency. Cornbach's alpha for the total score was .88 and the Gutman split-half reliability was .85. The item-total correlations were .30 or above ( $p<.01$ ) for all but two items, #9: Substance abuse ( $r=.12$ , n.s.) and #20: Adult love relationship ( $r=.22$ ,  $p<.05$ ). The standard error of measurement using the total score  $ICC_1$  and  $ICC_2$  were 5.14 and 3.73 respectively, both at the 68% confidence level.

Preliminary data provides some optimism for the scale's validity. Although mean TIPS-ID scores were not statistically significantly related to measures of static risk, they were in the expected direction. More encouraging, participants who were supervised at the most intense level, diagnosed as having a paraphilia, or judged to have made poor treatment progress had statistically significant higher TIPS-ID scores than those who were not. Participants who had these characteristics, arguably could be expected to have multiple and elevated dynamic risk factors, and they did indeed as measured by their scores on the this scale.

### Summary

The research results described here are encouraging but they still must be considered preliminary. We believe the TIPS-ID may be most productively use as a structured method of periodically examining client progress against a relatively comprehensive list of clinically and empirically derived risk factors thought to be closely linked to sexual reoffending. Areas where the client has the highest scores, or has made no progress on successive administrations of the scale may require increased emphasis or new strategies. Clients with low scores should be considered for reduction of restrictions, decreased frequency of treatment, or fading of supervision of intensity. Because the scale does not provide a comprehensive survey of all factors relevant to sexually abusive behavior, other relevant tools and professional judgment should be used in the treatment planning and supervision process.





## Definition of Risk Factors

### 1. Admission of Offense Behavior

The "Admission of Offense Behavior" item concerns the degree to which the individual's descriptions of the sexually abusive behaviors that he is known to have committed (see definition on page 1) are consistent with official and credible versions of these offenses.

Evaluate by comparing the individual's description of the sexually abusive behavior with credible versions of this behavior. Credible versions include police affidavits, child protective services reports, adult protective services reports, supervision violation complaints, and reliable third party reports. Consider the individual's description of the type, frequency, duration, amount of force, and intrusiveness of the sexually abusive behaviors.

#### Sample Interview Questions

- Tell me about what you did that got you in trouble?
- What did the victim say you did? How is their story different?
- Have you done this type of thing before? Tell me about it?

**Rating** - Evaluate individual's current level of functioning.

0	Descriptions of the sexually abusive behaviors that he is known to have committed are very consistent with credible versions.
1	Descriptions of the major elements of the sexually abusive behaviors that he is known to have committed are more consistent than not with credible versions.
2	Descriptions of the major elements of the sexually abusive behaviors that he is known to have committed are significantly inconsistent with credible versions.
3	Completely denies committing any sexually abusive behavior that he is known to have committed <u>or</u> unwilling to talk about his sexually abusive behavior.

## 2. Acceptance of Responsibility

The "Acceptance of Responsibility" item concerns the degree to which the individual accepts personal responsibility for his offending behaviors versus placing blame elsewhere. For example, the individual may blame the courts, social workers, police, teachers, friends or associates, drugs, circumstances, or the victim.

Evaluate by assessing the individual's description of his offenses and attitude towards these offenses.

Examples of attitudes or thoughts that indicate minimization of responsibility include:

- It is her fault. She lied about her age.
- We had sex but she agreed.
- I did it because I was drunk.
- She was mad at me and lied about the offense to get back at me.
- She wanted me to do it.
- I didn't hurt her.

### Sample Interview Questions

- Do you think your punishment was fair? Why do you say that?
- Why do you think it happened?
- Who or what do you think is to blame for what happened? Why do you say that?

**Rating** - Evaluate individual's current level of functioning.

0	Takes full responsibility for offense behavior.
1	Mostly responsible for offense behavior. Some blame placed elsewhere.
2	Somewhat responsible for offense behavior. Considerable blame placed elsewhere.
3	Not responsible for offense behavior: <ul style="list-style-type: none"><li>• places total blame elsewhere, <u>or</u></li><li>• denies that interaction was sexual, <u>or</u></li><li>• denies that it was sexually abusive behavior.</li></ul>

### 3. Sexual Behavior

The "Sexual Behavior" item concerns the degree to which the individual engages in appropriate versus deviant sexual behavior.

Data sources include observation, collateral reports, and self-report.

Appropriate sexual behavior involves the following:

- Age-appropriate partners
- Consenting partners
- Non-coercive sex
- Non-offense related fetishes
- Non-compulsive sexual activity

Deviant sexual behavior involves the following:

- Children, animals
- Coercive sex
- Offense-related fetishes
- Illegal sex
- Compulsive sexual activity

#### Sample Interview Questions

- How often do you think about sex during the day? Do you think that is a lot, a little, or average?
- About how often do you have sex? What types of sex?
- How often do you masturbate? Has your masturbation got you in trouble or caused you pain? How?
- How often do you use sexual materials, such as magazines? Videos? Internet sites? Phone sex?
- How often do you go to massage parlors? Prostitutes?

**Rating** - Evaluate individual's level of functioning for the previous six months.

0	Sexual behavior is limited to legal and non-compulsive sexual activity. If behavior involves a fetish, it is not illegal, and has no known relationship to the individual's pattern of sexual abuse.
1	Minor problems evident, such as an episode of pornography use against supervision conditions or treatment requirements. Not as serious as "2".
2	Engaged in compulsive, coercive, or offense-related fetish behavior, but no illegal sexual behavior. Compulsive sexual behavior includes masturbation that interferes with life activities or causes physical harm, frequent pornography use, and commercial phone sex. Frequently uses sex as a coping mechanism.
3	Engaged in illegal sexual behavior. Illegal sexual behavior includes child molesting, rape, exhibitionism, masturbation in public settings, and child pornography use.

#### 4. Sexual Attitudes

The "Sexual Attitudes" item evaluates the degree to which the individual recognizes and self-corrects his attitudes or thoughts that support or condone sexually abusive behavior.

Data sources include observation, self-report, collateral data, and psychological testing. In general, an individual's score on this item should be at least as high as his score on Item #3, "Sexual Behavior." This is because it is assumed that problem sexual behavior reflects the presence of underlying problematic sexual attitudes and thinking patterns.

Examples of attitudes or thoughts that support sexually abusive behavior include:

- Children can make up their own mind about whether they want to have sex with an adult.
- Children are not harmed by having sex with adults.
- Children who do not resist really want to have sex with adults.
- Many women say no when they mean yes.
- If a woman goes to a man's apartment, it means she is willing to have sex.
- Women are only good for sex.
- Once a man gets turned on, he can't be expected to control himself.

#### Sample Interview Questions

- How do you know if someone wants to have sex with you?
- How do you go about getting someone to have sex with you?
- When you get turned on sexually, how difficult is it for you to slow your self down?
- How old should a child be in order to have sex with an adult? Should children decide themselves?
- Do you think that some people like to sexually tease you? Do any adults do this? Do any children do this?
- Why do you think you got in trouble for what you did?
- How do you think your victim felt about what you did? Why?
- How do you handle it when you think about doing sexual things that might get you in trouble?

**Rating** - Evaluate individual's level of functioning for the previous six months.  
 In general, an individual's score on this item should be at least as high as his score on Item #3.

0	Has no or minimal difficulty recognizing <u>and</u> self-correcting attitudes or thoughts that support sexually abusive behavior.
1	Has some difficulty recognizing <u>or</u> self-correcting attitudes or thoughts that support sexually abusive behavior.
2	Has considerable difficulty recognizing <u>or</u> self-correcting attitudes or thoughts that support sexually abusive behavior.
3	Does not recognize <u>or</u> self-correct attitudes or thoughts that support sexually abusive behavior.

## 5. Sexual Interests

The "Sexual Interests" item evaluates the types of partners and behavior that the individual finds sexually arousing.

Data sources include physiological testing, observation, self-report, collateral data, and pornography interests.

Appropriate sexual interests involve the following:

- Age-appropriate partners
- Consenting partners
- Non-coercive sex
- Non-offense related fetishes

Deviant sexual interests involve the following:

- Children
- Coercive sex
- Offense-related fetishes
- Illegal sex

### Sample Interview Questions

- When you think about sex, who do you think about? What things do you think about doing?
- Do you ever have sexual thoughts that upset you? What are they? How often do you have them?
- How often do you have sexual thoughts about children? What makes them sexually interesting?
- How often do you have sexual thoughts about forcing someone to have sex? What makes that sexually interesting?
- How often do you have sexual thoughts about exposing yourself? What makes that sexually interesting?
- How often do you have sexual thoughts about doing other things that could get you in trouble?
- How often do you have thoughts about having sex with someone your own age who wants to have sex with you? What makes that sexually interesting?

**Rating** - Evaluate individual's level of functioning for the previous six months.

0	All sexual interest in appropriate themes.
1	Most sexual interest in appropriate themes.
2	Most sexual interest in deviant themes.
3	All sexual interest in deviant themes.

## 6. Sexual Knowledge

The "Sexual Knowledge" item concerns the degree to which the individual has accurate information about sexual matters.

Consider the individual's level of functioning when determining his degree of need for accurate information about sexual matters. Some of the topics listed below may be inappropriate to discuss with the individual being evaluated and may not be relevant at his present level of sexual activity.

Consider the follow areas of sexual knowledge:

- Basic sexual anatomy and physiology.
- Appropriate and inappropriate nudity
- Appropriate and inappropriate physical contact and boundaries
- Masturbation
- Intercourse
- Birth control
- Pregnancy
- Sexually transmitted diseases

Data sources include self-report, collateral data, and commercially available tests.

### Sample Interview Questions

- What part of a person's body is private?
- Where is it okay for you to be naked?
- Do you ever go into the bathroom with another person?
- When is it okay to touch someone? Hug someone?
- How does someone get pregnant? How can someone prevent themselves from getting pregnant?
- When is it okay to have sex with someone?
- What is masturbation? When is it okay to masturbate?
- Do you know what a sexually transmitted disease is? Do you know how you can get it?

**Rating** - Evaluate individual's current level of functioning.

0	Has no or minimal current need for further education about sexual matters.
1	Has some need for further education about age and developmentally appropriate sexual matters.
2	Has considerable need for further education about age and developmentally appropriate sexual matters.
3	Has very considerable need for further education about age and developmentally appropriate sexual matters.

## 7. Criminal and Rule-Breaking Behavior

The "Criminal and Rule-Breaking Behavior" item concerns the degree to which an individual engages in criminal and rule-breaking behavior. This item is not concerned with sexually related rule-breaking behavior (e.g., unauthorized pornography use and child contacts).

Data sources include observation, self-report, collateral data (including police reports), and compliance with or violation of rules of the treatment program, residential setting, and supervision staff.

### Sample Interview Questions

- What do you do when you don't like a rule?
- How well have you been following the rules where you live? Your probation rules?
- Have you been punished for breaking any of these rules? What happened?
- Have you gotten in trouble with the law recently?
- Do you sometimes lie to get what you want? Explain?

**Rating** - Evaluate individual's level of functioning for the previous six months.

0	No criminal or rule-breaking behavior evident.
1	Minor problems evident, such as occasionally not following "house rules" or minor manipulative behavior.
2	Engaged in non-sexual criminal or rule-breaking behavior that: <ul style="list-style-type: none"><li>• is persistent and represents a considerable problem</li><li>• resulted in a change in residential placement,</li><li>• could reasonably lead to a violation of community supervision status, or</li><li>• could result in a misdemeanor offense conviction.</li></ul>
3	Engaged in serious non-sexual criminal behavior that could lead to a felony offense conviction.

## 8. Criminal and Rule-Breaking Attitudes

The "Criminal and Rule-Breaking Attitudes" item concerns the degree to which the individual recognizes and self-corrects his attitudes or thoughts that support or condone general criminal and rule-breaking behavior. This item is not concerned with sexually related criminal and rule-breaking attitudes.

Data sources include observation, self-report, collateral data, and psychological testing. In general, an individual's score on this item should be at least as high as his score on Item #7, "Criminal and Rule-Breaking Behavior." This is because it is assumed that problem behavior reflects the presence of underlying problematic attitudes and thinking patterns.

Examples of attitudes or thoughts that support criminal or rule-breaking behavior include:

- Rules are made to be broken.
- It is wrong only if you get caught.
- Everyone does it (i.e., breaks a rule or law), so it is okay if I do it.
- I deserve to be happy, regardless of what it costs someone else.
- Everyone should take what he or she can get in life.
- People who do not protect their property deserve to be robbed.

### Sample Interview Questions

- Do you think the rules you are suppose to follow are fair (e.g., probation/parole conditions, house rules, or treatment program rules)?
- How well do you follow these rules? Explain?
- Is your case manager fair to you? Probation officer? Home provider? Support staff? Why do you say that?
- Do you sometimes lie to avoid getting caught breaking rules? Explain?

**Rating** - Evaluate individual's level of functioning for the previous six months.

In general, an individual's score on this item should be at least as high as his score on Item #7.

0	Has no or minimal difficulty recognizing <u>and</u> self-correcting attitudes or thoughts that support criminal or rule-breaking behavior.
1	Has some difficulty recognizing <u>or</u> self-correcting attitudes or thoughts that support criminal or rule-breaking behavior.
2	Has considerable difficulty recognizing <u>or</u> self-correcting attitudes or thoughts that support criminal or rule-breaking behavior.
3	Does not recognize <u>or</u> self-correct attitudes or thoughts that support criminal or rule-breaking behavior.



## 9. Substance Abuse

The "Substance Abuse" item concerns the degree to which alcohol or drug use interferes with the individual's life.

Data sources include observation, breathalyzer or urinalysis test results, self-report, and collateral data.

Problems associated with substance abuse include:

- Using alcohol or drugs in violation of treatment, supervision, or residence rules.
- School, work, treatment program or family problems associated with substance abuse.
- Committing crimes while using alcohol or drugs.

### Sample Interview Questions

- How often do you use alcohol or other drugs?
- About how much do you use?
- Is it hard to stay away from alcohol or other drugs?
- Has your drinking or drug use caused problems for you?
- Has anyone complained about your alcohol or drug use?
- When is the last time you used alcohol or other drugs?
- Do you think you would be drinking more if you could get it?
- Do you think you would be using drugs if you could get them?

**Rating** - Evaluate individual's level of functioning for the previous six months.

0	No problems associated with abuse.
1	Minor problems associated with abuse.
2	Moderate problems associated with abuse.
3	Serious problems associated with abuse. Examples include uncontrolled alcohol or drug use, loss of relationships or employment due to substance abuse, or committing crimes while using alcohol or drugs.

## 10. Emotion Management

The "Emotion Management" item concerns the degree to which the individual manages emotions effectively.

Data sources include observation, collateral reports, and self-report

Acute negative emotional states that should be considered include:

- Boredom
- Depression
- Loneliness
- Anxiety
- Anger, grievance, or hostility

### Sample Interview Questions

- Have you had been feeling bad lately?
- Have you been upset with anyone lately? How have you handled it?
- Have you felt angry lately? How have you handled it?
- Lonely? How have you handled it?
- Depressed? How have you handled it?
- Anxious/Nervous? How have you handled it?
- Bored? How have you handled it?

**Rating** - Evaluate individual's level of functioning for the previous six months.

0	No or minimal emotion management problems evident.
1	Some emotional management problems evident and are being managed relatively effectively.
2	Moderate emotional management problems evident and are being managed relatively ineffectively.
3	Serious emotional management problems evident and are being managed very ineffectively.

## 11. Mental Health Stability

The "Mental Health Stability" item concerns the degree to which the individual has major mental health problems that persistently impair his psychological, social, and occupational functioning.

Data sources include collateral reports, self-report, and observation.

Indicators of a mental health problem that may impair the individual's psychological, social, and occupational functioning include the following:

- delusions or hallucinations
- intrusive, upsetting, and unwanted thoughts
- extreme and unfounded suspiciousness
- bizarre speech or behavior
- suicidal or homicidal thoughts, intent, or plans
- obsessive thoughts or compulsive behaviors
- acute depression or anxiety

### Sample Interview Questions

- Have you been seeing anyone for mental health problems? For what?
- Are you taking any medication? What is it for?
- Do you take your medication regularly?
- Have you been having trouble sleeping?
- Do you think you should be seeing anyone for mental health problems? Why?
- Have you been having any thoughts or feelings that are upsetting to you?
- Do you ever think about hurting yourself? Killing yourself? Tell me about this?

**Rating** - Evaluate individual's level of functioning for the previous six months.

0	No current mental health problems evident or are well controlled with no interference in functioning.
1	Mental health problems evident with some persistent interference in functioning.
2	Mental health problems evident with considerable persistent interference in functioning.
3	Incapacitating mental health problems evident. Severe persistent interference in functioning.

## 12. Problem Solving

The "Problem Solving" item concerns the degree to which the individual is able to identify and solve life problems.

Examples of life problems include: occupying time, responding to housemate problems, responding to family emergencies, responding to co-worker concerns, and dealing with feelings about supervision.

Data sources include behavioral observation, self-report, and collateral reports.

Consider the following aspects of problem solving:

- Sets realistic goals
- Recognizes and explains problems.
- Generates reasonable solutions.
- Weighs the pros and cons of possible solutions.
- Carries out plans of action.
- Recognizes and asks for help when needed.

### Sample Interview Questions

- What are the big problems in your life now? How are you handling them?
- What do you do when you have a problem that is difficult to solve? Give me an example?
- Do you ever ask anyone for help? Who? Do you usually follow their advice?
- What goals do you have in life now? What about over the next year? Next five years?
- Give me an example of how you are trying to reach one of your goals?

**Rating** - Evaluate individual's level of functioning for the previous six months.

0	Quite successful at identifying and addressing typical life problems, either on own or by recognizing and asking for assistance when needed.
1	Minimal problem solving deficits: <ul style="list-style-type: none"> <li>• occasionally makes poorly considered decisions, <u>but</u></li> <li>• is able to self- correct when difficulties are pointed out.</li> </ul>
2	Considerable problem solving deficits: <ul style="list-style-type: none"> <li>• occasionally makes poorly considered decisions, <u>and</u></li> <li>• is resistant or has trouble correcting even when difficulties are pointed out.</li> </ul>
3	Serious impairment: <ul style="list-style-type: none"> <li>• fails to identify obvious life problems, <u>and</u></li> <li>• frequently makes poorly considered decisions, <u>and</u></li> <li>• has difficulty recognizing negative consequences of decisions and self-correcting even when consequences are pointed out.</li> </ul>

### 13. Impulsivity

The "Impulsivity" item scores the degree to which the individual's behavior is impulsive, that is, does things that are impulsive, unplanned, and lack deliberation.

Data sources include observation, collateral reports, and self-report.

Examples of impulsive behavior include, but are not limited to the following:

- Says things he wishes he could take back.
- Changes plans suddenly.
- Ending relationships suddenly.
- Spur of the moment absence or disregard for obligations.
- Accepting bets and dares.
- Quits jobs without discussion with employer and support staff.
- Is surprised by or does not consider consequences.

#### Sample Interview Questions

- How often do you do things without thinking about it first?
- Do you sometimes say things that you wish you could take back?
- Do you like to accept bets or dares?
- When you make plans to do something, do you usually end up doing it? What happens?
- Do you buy things without thinking or planning for them beforehand?

**Rating** - Evaluate individual's level of functioning for the previous six months.

0	Behavior is planned, thoughtful, and purposeful. Rarely or never does things that are impulsive, unplanned, and lack deliberation.
1	Occasionally does things that are impulsive, unplanned, and lack deliberation.
2	Frequently does things that are impulsive, unplanned, and lack deliberation.
3	Regularly does things that are impulsive, unplanned, and lack deliberation.

## 14. Employment/School

The "Employment/School Stability" item concerns the degree to which the individual maintains satisfying and stable involvement in work, volunteer, or educational activities.

Data sources include observation, collateral reports, and self-report.

### Sample Interview Questions

- Are you going to school or working? Tell me about it?
- How do you like school/work?
- What don't you like about it?
- Have you had any problems at school/work? Tell me about it?
- Have you been asked to leave school/work for any reason?

**Rating** - Evaluate individual's level of functioning for the previous six months.

0	<p>No problems:</p> <ul style="list-style-type: none"> <li>• Job/school stability and general satisfaction, <u>or</u></li> <li>• If does not work, uses free time in a productive and pro-social manner.</li> </ul>
1	<p>Minimal problems:</p> <ul style="list-style-type: none"> <li>• Job/school stability with minor problems or dissatisfaction, <u>or</u></li> <li>• If does not work, uses free time in a relatively productive and pro-social manner.</li> </ul>
2	<p>Considerable problems:</p> <ul style="list-style-type: none"> <li>• Job/school instability. Considerable problems or dissatisfaction, <u>or</u></li> <li>• If does not work, uses free time in a relatively unproductive manner.</li> </ul>
3	<p>Serious problems:</p> <ul style="list-style-type: none"> <li>• Cannot function in a job or school setting, <u>or</u></li> <li>• If does not work, uses free time in a very unproductive manner.</li> </ul>

## 15. Money Management

The "Finances" item concerns the degree to which the individual is financially responsible and stable.

Data sources include observation, collateral reports, and self-report.

### Sample Interview Questions

- Who manages your money? Why are they managing your money? Do you think they are doing a good job? Why?
- What things do you spend your money on?
- Do you owe money to anyone?
- Do you have any savings? How much?
- Do you run out of money before the end of the week/month?

**Rating** - Evaluate individual's level of functioning for the previous six months.

0	Financially responsible in all life areas. May have some debts, but is paying bills on time. Lives within his means. Recognizes and asks for help managing finances when needed. Accepts help when needed.
1	Some financial problems or irresponsibility.
2	Considerable financial problems or irresponsibility.
3	Very considerable financial problems or irresponsibility.

## 16. Residence

The "Residence" item concerns the degree to which the individual's accommodation is stable and satisfying.

Data sources include observation, collateral reports, self-report, and consultation with supervision staff.

### Sample Interview Questions

- Where are you living now?
- How long have you lived there?
- What do you like most about living there?
- What don't you like about living there?
- How many other places have you lived during the last 6 months?
- Why did you move from the last place you lived?

**Rating** - Evaluate individual's level of functioning for the previous six months.  
**If individual is incarcerated**, evaluate his level of functioning for the six months prior to his incarceration. This score will remain unchanged during the individual's incarceration.

0	Not more than one address change <u>and</u> satisfied with accommodation.
1	Two address changes <u>or</u> somewhat dissatisfied with accommodation.
2	Three or more address changes <u>or</u> very dissatisfied with accommodation.
3	Placement in more restrictive residential setting due to poor behavioral management in less restrictive setting, had no fixed address, or resided in a homeless shelter.



### 17. Social Influences: Peers

The "Social Influences: Peers" item examines the types of positive and negative peer influences in the individual's life. Do not include family or helping professionals in considering the individual's responses to this item.

Data sources include self-report, collateral contacts, and observation.

Positive peer social influences are those who:

- Lead a prosocial lifestyle, and
- Support or do not undermine the individual's efforts to manage his risk in the community

Negative peer influences are those who:

- Lead a anti-social lifestyle, or
- Undermine or do not support the individual's efforts to manage his risk in the community

#### Sample Interview Questions

- Who are the people you spend time with?
- Overall, would you say these people are mostly a good or a bad influence on you? Do they break laws? Use alcohol or other drugs? Do sexual things that will get them in trouble? Explain?
- What do they know about your offense?
- How do they feel about your offense?
- How do they feel about you being in sex offender treatment?
- Do you feel they help you keep out of trouble or could get you in trouble?

**Rating** - Evaluate individual's level of functioning for the previous six months.

0	Associates exclusively or predominately with and values the opinions of peers who are a positive influence, <u>or</u> does not have or has no contact with peers.
1	Associates mostly with and values the opinions of peers whom are a positive influence.
2	Associates more with and values the opinions of peers who are a negative influence than those who are a positive influence.
3	Associates primarily with peers who are a negative social influence.

### 18. Social Influences: Family

The "Social Influences: Family" item examines the types of positive and negative family influences in the individual's life.

Data sources include self-report, collateral contacts, and observation.

Positive family influences are those who:

- Lead a prosocial lifestyle
- Are aware of the individual's sexually abusive behavior
- Believe the individual is guilty
- Take the problem seriously
- Actively support the individual's efforts to manage his risk in the community

Negative family influences are those who:

- Lead an anti-social lifestyle
- Are not aware of the individual's sexually abusive behavior
- Believe the individual is not guilty
- Do not take the problem seriously
- Undermine or do not support the individual's efforts to manage his risk in the community

#### Sample Interview Questions

- How often do you see your family?
- Overall, would you say they are mostly a good or a bad influence on you? Do they break laws? Use alcohol or other drugs? Do sexual things that will get them in trouble? Explain?
- What do they know about your offense?
- How do they feel about your offenses?
- How do they feel about your sex offender treatment?
- Do you feel they help you keep out of trouble or could get you in trouble?

**Rating** - Evaluate individual's level of functioning for the previous six months.

0	Associates exclusively with and values the opinions of family who are a positive influence, <u>or</u> does not have family, <u>or</u> has no contact with family.
1	Associates mostly with and values the opinions of family who are a positive influence.
2	Associates more with and values the opinions of family who are a negative influence than those who are a positive influence.
3	Associates primarily with family who are a negative social influence.

## 19. Social Involvement

The "Social Involvement" item concerns the degree to which the individual engages in social activities with persons other than a lover, relatives, and staff.

Data sources include collateral reports and self-report.

### Sample Interview Questions

- What do you like to do in your free time? Who do you do it with?
- Are there people you call your friends? Who are they? What do you do together?
- How many friends do you have? Tell me about them?
- What types of things do you like to do with your friends?
- How often do you get together with friends?
- What other activities do you do outside the program? Do you go to church? Are you on a sports team? Do you go to ball games? Are you in Special Olympics?

**Rating** - Evaluate individual's level of functioning for the previous six months.

0	Engages in social activities with friends two or more times a week. Do not include activities that are limited to involvement with a lover, relatives, and staff.
1	Engages in social activities with friends at least once a week. Do not include activities that are limited to involvement with a lover, relatives, and staff.
2	Engages in social activities with friends at least monthly <u>or</u> most social activities are limited to involvement with a lover, relatives, and staff.
3	Suffers from chronic social isolation. Lacks any significant, intimate, and mutual relationship with individuals other than a lover, relatives, and staff.

## 20. Adult Love Relationship

The "Adult Love Relationship" item concerns whether the individual is involved in a committed adult love relationship, and if so, how well the relationship is functioning.

Data sources include collateral reports, self-report, and observation in joint therapy sessions.

### Sample Interview Questions

- Are you in a relationship with anyone now? Dating? Live-in?
- How much time do you spend together?
- What types of things do you like to do together?
- What do you like about the relationship? What don't you like?
- What kind of things do you argue about?

**Rating** - Evaluate individual's level of functioning for the previous six months.

0	Stable adult relationship: <ul style="list-style-type: none"><li>• has current live-in lover and no significant relationship problems with lover evident.</li></ul>
1	Moderately stable adult love relationship: <ul style="list-style-type: none"><li>• has current live-in lover and relationship with lover has some minor problems, <u>or</u></li><li>• has been in a relatively stable dating relationship.</li></ul>
2	Moderately unstable adult love relationship: <ul style="list-style-type: none"><li>• has current live-in lover and relationship has serious problems evident, <u>or</u></li><li>• has been in a dating relationship that has serious problems evident, <u>or</u></li><li>• has dated, but not in a stable dating relationship.</li></ul>
3	No stable adult relationship: <ul style="list-style-type: none"><li>• has no current adult lover or dating relationship.</li></ul>

## 21. Cooperation with Treatment

The "Cooperation with Treatment" item concerns the degree to which the individual cooperates with treatment expectations and is engaged in the treatment process.

Data sources include behavioral observation and collateral reports.

Consider the following factors:

- Attendance, attentiveness, and participation in treatment sessions.
- Completion of homework assignments.
- Degree of engagement and honesty in treatment.

### Sample Interview Questions

- How do you think you are doing in treatment?
- What do you like about your treatment?
- What don't you like about your treatment?
- When you are asked to do something in treatment, do you do it? Can you give me an example?
- Have you had any problems with attendance? Participation? Doing homework? Being honest?

**Rating** - If initial evaluation, evaluate individual's level of cooperation during evaluation process.  
 If follow-up evaluation, evaluate individual's level of functioning for the previous six months.

0	No problems. Cooperative with treatment expectations, or has completed treatment.
1	Minimal problems. Minor compliance problems include: <ul style="list-style-type: none"> <li>• occasional lateness due to individual 's irresponsibility</li> <li>• occasional failure to complete homework assignments on time, and/or</li> <li>• occasional poor participation in treatment sessions.</li> </ul>
2	Considerable problems. Considerable compliance problems include: <ul style="list-style-type: none"> <li>• frequent lateness</li> <li>• frequent failure to complete homework assignments on time, and/or</li> <li>• frequent poor participation in treatment sessions.</li> </ul>
3	Severe problems. Severe problems are defined as: <ul style="list-style-type: none"> <li>• individual has been found not amenable for or refused treatment, <u>or</u></li> <li>• individual has been given a written program warning for problem behavior, <u>or</u></li> <li>• individual has been suspended or terminated from treatment for problem behavior.</li> </ul>

## 22. Cooperation with Supervision

The "Cooperation with Supervision" item involves the degree to which the individual cooperates with his community supervision conditions.

Data sources include individual's self-report, collateral reports, and consultation with supervision staff.

Consider the following factors:

- Attendance at supervision meetings; frequency of cancelled or changed appointments
- Degree of engagement and honesty in interactions with supervision staff
- Compliance with supervision conditions

### Sample Interview Questions

- How do you feel about the requirements of your court order? Your probation officer? The program rules? The staff who supervise you?
- What do you like about them? What don't you like about them?
- Do you follow your supervision rules?
- Have you had any problems with attendance? Participation? Being honest?
- Have you had any violations or lost any privileges recently?
- Do you keep secrets to avoid getting in trouble? Tell me about it?

**Rating** - If initial evaluation, evaluate individual's level of cooperation with expectations of the court, other governmental agencies, or supervising service agency for the previous six months. If follow-up evaluation, evaluate individual's level of functioning for the previous six months using the criteria listed below.

0	No problems. Follows supervision conditions even when unsupervised.
1	Minimal problems: <ul style="list-style-type: none"> <li>• occasional cancelled or missed appointments, due to individual's irresponsibility</li> <li>• occasional resistance to talking about risk factors, or</li> <li>• other minor supervision compliance problems.</li> </ul>
2	Considerable problems: <ul style="list-style-type: none"> <li>• supervision staff has increased, somewhat, the level of supervision or reporting requirements due to individual's problem behaviors, or</li> <li>• considerable ongoing supervision compliance problems.</li> </ul>
3	Very considerable problems: <ul style="list-style-type: none"> <li>• supervision staff has increased, significantly, the level of supervision or reporting requirements due to individual's problem behaviors</li> <li>• filed a violation of supervision, parole, or other community release</li> <li>• taken other legal disciplinary action, or</li> <li>• very considerable ongoing supervision compliance problems.</li> </ul>

### 23. Risk Management Knowledge

The "Sexual Risk Management Knowledge" item reflects the degree to which the individual identifies his patterns of sexually abusive behavior and is able to describe realistic and effective plans to decrease his risk to sexually reoffend. The individual, with the assistance of treatment staff, should prepare a risk management plan. Emphasis, where possible, should be placed on approach behaviors as opposed to avoidance behaviors.

Data sources include program assignments and participation, collateral reports, and self-report. Evaluate the individuals' ability to (1) answer the following questions and (2) describe interventions for each risk factor.

#### Sample Interview Questions

- How did you plan (carry-out/set-up) your offense?
- What feelings or moods increase your chance to sexually abuse?
- What thoughts increase your chance to sexually abuse?
- What sexual fantasies increase your chance to sexually abuse?
- What behaviors increase your chance to sexually abuse?
- In what situations would you be at an increased chance to sexually abuse?
- Who are the types of people who are at most risk from you?

**Rating** - Evaluate individual's level of functioning for the previous six months.

0	Very good understanding of sexual abuse risk factors <u>and</u> risk management strategies.
1	Good understanding of sexual abuse risk factors <u>and</u> risk management strategies.
2	Fair understanding of sexual abuse risk factors <u>and</u> risk management strategies.
3	Poor understanding of sexual abuse risk factors <u>and</u> risk management strategies.

## 24. Risk Management Application

The "Risk Management Application" item reflects the degree to which the individual is able to demonstrate realistic and effective strategies to manage sexual abuse risk factors.

The primary data source is observation of how well the individual manages his major risk factors in a supervised residence setting and the community. Consider the following factors:

- Management of emotional states associated with sexual abusing
- Preoccupation with media focused on target age and gender, or behavior
- Comments supportive of sexual abusing
- Initiation or maintenance of excessive visual contact with children
- Initiation or maintenance of sexually focused visual contact with adults
- Evidence of sexual arousal (i.e., erection, touching self sexually) to inappropriate stimuli
- Initiation of contact with a child or inappropriate contact with an unfamiliar adult
- Appropriate "disclosure" of risks and lapse behavior and risk management strategies to appropriate individuals
- Takes effective action to avoid high risk situations
- Takes effective action when confronted with high risk situations

### Sample Interview Questions

- Tell me about some risk factors (risky things) you have dealt with lately?
- Who have you told about your offense? What did you tell them?
- Give examples of what you have done to avoid risky people?
- Give examples of what you have done to avoid risky situations?
- Give examples of what you have done to deal with risky thoughts?
- Give examples of what you have done to deal with risky feelings?

**Rating** - Evaluate individual's level of functioning for the previous six months.

0	Demonstrates effective risk management strategies on a very consistent basis.
1	Demonstrates effective risk management strategies on a relatively consistent basis with occasional minor lapses.
2	Demonstrates effective risk management strategies inconsistently with several lapses.
3	Demonstrates effective risk management strategies rarely.



## 25. Stage of Change

The "Stage of Change" item involves the degree to which the individual recognizes that he has a sexual behavior problem and has made a commitment to addressing this problem. This item is adapted from the "stage of change" model developed by Prochaska and DeClemente (1986).

Data sources include program participation, collateral reports, observation, and self-report.

### Sample Interview Questions

- How do you feel about being in treatment?
- How serious a problem do you think you have with sexual offending?
- What are your treatment goals?
- What do you want to change about yourself?
- How well do you think you are doing in treatment?
- What changes have you made recently?
- What things are difficult for you to change?

**Rating** - Evaluate individual's level of functioning for the previous six months.

0	<p>Maintenance stage:</p> <ul style="list-style-type: none"> <li>• has made significant change, <u>and</u></li> <li>• has a relatively complete understanding of his offending pattern, <u>and</u></li> <li>• is committed to and successfully maintaining change.</li> </ul>
1	<p>Action stage:</p> <ul style="list-style-type: none"> <li>• recognizes the need to change, <u>and</u></li> <li>• has made a decision to take steps to change, <u>and</u></li> <li>• is actively in the process of doing things to positively modify behavior.</li> </ul>
2	<p>Ambivalent stage:</p> <ul style="list-style-type: none"> <li>• recognizes that a problem exists and is ambivalent about changing, <u>or</u></li> <li>• is not sure about the need for treatment, <u>or</u></li> <li>• is not taking significant action, <u>or</u></li> <li>• is very erratic in taking steps to change.</li> </ul>
3	<p>Pre-contemplation stage:</p> <ul style="list-style-type: none"> <li>• does not recognize the problem, <u>or</u></li> <li>• denies the problem, <u>or</u></li> <li>• has no intention to change.</li> </ul>





