

PSYCHOSEXUAL EVALUATIONS
WITH PEOPLE WHO HAVE ID/DD:
What To Look For and What To Ask For

Jeffrey B. Allen, Ph.D.
Licensed Practicing Psychologist & Director,
PSYCHHealth Associates, LLC
psychealthassociates@gmail.com

Training Objectives

- Learn appropriate referral questions for psychosexual evaluations of people with ID/DD.
- Learn the major components of psychosexual evaluations for people with ID/DD.
- Acquire familiarity with principles of interviewing people with ID/DD.
- Acquire familiarity with use of psychometric measures for use in psychosexual evaluation of people with ID/DD.

Characteristics of People with ID/DD (I)

- Intellectual Disability (DSM5)
 - Criterion A – deficits in intellectual functioning, academic learning, and learning from experience. Confirmed by both clinical assessment and individual standardized intelligence testing.
 - Criterion B – deficits in adaptive functioning that lead to failure to meet social/cultural standards for personal independence and social responsibility. Without support, these deficits limit functioning in one or more activities across multiple environments like home, school, work and community.

Characteristics of People with ID/DD (II)

- Criterion C – Onset of deficits during childhood/adolescent developmental period.

Characteristics of People with ID/DD (III)

- **NOTE:** The severity of intellectual disability depends on adaptive functioning, not IQ.
- People with various neurodevelopmental disabilities sometimes have associated sexual offending or sexual behavior problems:
 - Autism Spectrum Disorder
 - Alcohol Related Neurodevelopmental Disorder
 - Traumatic Brain Injury
 - ADHD
 - Specific Learning Disabilities

Psychosexual Evaluations – What to Look for Generally

- Clear statement of your referral questions.
- Analysis of information in referral documents. This is not a paraphrase, but draws implications for client's development or current functioning.
- Mental status examination.
- Psychological and psychosexual testing, if relevant.
- Diagnostic Interview.
- Diagnostic Formulation – What do labels mean?
- Summary & Recommendations – addresses your referral questions.

What to Look for in ID Clients

(II)

- Common Diagnoses (may/may not be present)
 - Intellectual Disability – mild, moderate, severe
 - Developmental Disability
 - Sexual Disorder – Paraphilia, Sexual Desire Disorder
 - Personality Disorder – Dependent, Borderline, Antisocial
 - Adjustment Disorders
 - Post Traumatic Stress Disorder or other Anxiety Disorders

What to Look for in ID/DD Clients – Diagnosis (II)

- How do these diagnostic conditions influence the person's sexual behavior problems?
- Watch out for “counterfeit deviance” (Hingsburger, Griffiths & Quinsey, 1991).
- Watch out for “counterfeit psychosis” (Levitas)

Referral Questions

- Does the person with ID/DD have a concurrent mental disorder?
- What risk factors are present in this person's history and/or present situation?
- Is the behavior predatory or just “challenging?”
- What are the person's treatment needs?
- What treatments, placements, and/or wraparound services are recommended?

What to Look for: Referral Documents Analysis

- Possible effects of the specific ID/DD on past/current sexual function – Autism Spectrum Disorder, Alcohol-Related Neurodevelopmental Disorder, Traumatic Brain Injury, ADHD, Learning Disorders.
- Effects of other mental disorders on past and current sexual function – psychotic disorders, personality disorders, impulse control disorders, sexual disorders.
- Effects of family experiences, prior sexual learning or experiences, drugs/alcohol, diseases, head injury, school experiences on past or current social or sexual function.

What to Look for with ID Clients - Testing

- Cognitive Function Testing – IQ: WAIS-V, TONI;
- Adaptive Skills – Vineland, SIB-R;
- Sexual Knowledge – Socio-Sexual Knowledge and Attitudes Test-2, Assessment of Sexual Knowledge;
- Sexual Interests – Abel-Blasingame Assessment System for ID, MSI-II;
- Attitudes Supportive of Offending – Abel-Becker Cognition Scale;
- Socio-Affective Functioning – Sex Offender’s Self-Appraisal Scale;
- Self-Management – Social Problem-Solving Inventory-Revised.

Use of IQ Testing with ID Clients

- Heavily influenced by verbal ability, interactive ability, level of comfort.
- Must be compared with adaptive abilities (Scales of Independent Behavior – Revised, Vineland or other adaptive behavior scales).
- Serial IQ measurements.
- IQ scores must be balanced against evaluator’s observations of client during testing. Be careful of verbal person’s efforts to appear “normal.” “Social IQ” may be higher or lower than tested IQ.

Interviewing People with ID/DD

- Use language appropriate to the person's information processing issues – e.g., short sentences, basic vocabulary, concrete ideas for ID; calm, low stress, quiet environment for people with ASD .
- Use diagrams and pictures where helpful.
- If verbal materials required, present in simplified, concrete, repetitive process.
- Ask about potentially stressful external events that may have occurred prior to interview.
- Assess attentional/memory deficits – repeat questions later to elicit critical information.

Interviewing People with ID/DD

- Confirm understanding of questions asked – “Can you please repeat what I asked you?” Clarify – “Good. I also said ____.” Re-confirm – “Can you please repeat it again?”
- Confirm time sequences reported against other sources like official reports.

Topics in Psychosexual Interview – Persons with ID/DD

- Sexual Experiences History – normal, deviant, abuse
- Sexual Fantasies – history and present
- Sexual Knowledge
- Online history – including pornography
- Dating/relationship History
- Gender orientation, role, identity, preference
- Attitudes toward sex offending, sex abuse, sex harassment
- Emotional functioning – anger, loneliness, social inadequacy
- Self-management – impulse regulation

What to Look for: Diagnoses (I)

- Common Diagnoses (may or may not be present)
 - Intellectual Disability – mild, moderate, severe
 - Developmental Disability – cerebral palsy, Alcohol Related Neurodevelopmental Disorder, Traumatic Brain Injury, Autism Spectrum Disorder
 - Personality Disorder – Borderline, Antisocial, Dependent, Mixed
 - Anxiety – PTSD, OCD
 - Mood – Bipolar Disorder, Depressive
 - Psychotic - Schizophrenia

What to Look for: Diagnosis (II)

- Watch out for:
 - Counterfeit Deviance (Hingsburger, Griffiths, and Quinsey, 1991)
 - Counterfeit Psychosis (Levitas and Silka, 2001)

Recommendations and Rationales for ID/DD

- Answers referral questions
- Treatments –
 - Sex offense specific for ID/DD
 - Sex Behavior problem specific for ID/DD
 - Psychiatric interventions for deviant arousal, co-occurring mental disorders

Recommendations (II)

- Trainings
 - Emotion Management
 - Friendship/Dating Skills
 - Masturbation
 - Healthy Internet Use

Recommendations (III)

- Management
 - Safety Plan
 - Outing Journal
 - Protocols for online behavior, TV watching, masturbation
- Orientation, Training, Support for Caretakers
 - How to Support treatment
 - How to supervise outings in community
 - How to use protocols

Resources

- *Assessment, Treatment and Supervision of Individuals with Intellectual Disabilities and Problematic Sexual Behaviors (2014)*. Available online from Association for the Treatment of Sexual Abusers. (atsa.com)
- *Blasingame, G. developmentally disabled persons with sexual behavior problems (2nd edition)*. Oklahoma City, OK. Wood 'n' Barnes/Safer Society.



Questions?



Thanks for Joining The
Webinar!

Sexual Offense Risk Assessment: 3 Generations of Development (after Bonta 1996)

- First Generation = Clinical Judgment
 - Unstructured Clinical Judgment
 - Structured Clinical Judgment
- Second Generation = Actuarial Assessment
 - Actuarial
 - Clinically Adjusted Actuarial
- Third Generation = Dynamic Assessment



First Generation = Clinical Judgment

Unstructured

- No stated rules/procedures
- Personal professional opinion
- Prediction rates no better than chance (50/50)

Structured

- Clear definitions, coding rules
- Global judgment of risk by evaluator
- Static and dynamic factors included, not labeled as such
- Better prediction rates than unstructured judgment

Second Generation = Actuarial Assessment

- Static factors – historical, unchanging
- Risk Factors empirically related to reoffense
- Clearly stated definitions, coding rules
- Moderate level of prediction (AUC = 0.70 – 0.80)
- Standardized and Replicable

Third Generation = Dynamic Assessment

- Dynamic Factors – can change over time
- Risk Factors empirically related to reoffense
- Clearly stated definitions, coding rules (e.g., actuarial)
- Standardized and Replicable

Fourth Generation =

Interaction with Social & Physical Environment

- Environmental demands and expectations for behavior shape expression of social and sexual behaviors
- “Contextualizing Risk” (Boer, et al., 2007)
 - Staff attitudes toward ID clients
 - Staff knowledge about ID
 - Frequency of staff changes
 - Victim availability/access
 - Use of structured daily activity plans

Fourth Generation II

Reconceptualizing Sexually Offensive Behavior (Boer, et al., 2007)

- Includes both illegal and “challenging” behaviors
- Challenging = “culturally abnormal behaviors of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit the use of, or resulting in the person being denied access to, ordinary community activities.” (Emerson, 2001)

Fourth Generation III

Examples of Challenging Sexual Behaviors

- Compulsive viewing of legal pornography
- Exposing self to others in a group home setting
- Touching others over clothing on private parts
- Making unsolicited phone calls to engage in sexually explicit talk
- Spying on others dressing or in the shower

Sexual Risk Assessment Tools - I

● <u>First Generation</u>	<u>Predictive Validity</u>
Unstructured Judgment	Poor
Structured Judgment - SVR-20	Low-moderate
● <u>Second Generation</u>	
STATIC99	Moderate
STATIC99R	
SORAG	Low-moderate

Sexual Risk Assessment Tools - II

- Third Generation

STABLE-2007

ACUTE - 2007

STABLE-2007

& STATIC99R

- Fourth Generation

STATIC99 & SVR-20

Plus ARMIDILO

Predictive Validity

Moderate

High-Moderate

Moderate (ID offenders)

High-Moderate (early
results) (ID offenders)

Sexual Offense Risk Assessment- What to Look for in Assessment Tools

- Were ID clients included in the sample population on which the risk assessment tool was developed?
(ARMIDILO, SORAG, HARE PCLR, STATIC99R, RRASOR)
- Are the risk factors included on the risk assessment tool relevant to assessing or managing risk of ID clients?
(ARMIDILO)
- Which risk factors look different for ID clients, compared with neurotypical clients? (static factors, dynamic factors)
- Should the risk factor score be adjusted?

New Risk Assessment Tool for ID Clients in Residential Care - ARMIDILO

- Assessment of Risk Manageability for Individuals with Developmental, Intellectual or Learning Limitations Who Offend
- Risk factors categorized as client variables, environmental variables, staff variables
- Adds staff and environmental variables (risk management dimension) to the assessment.
- Empirically guided tool.
- drdoug@walkato.ac.nz; keithmcvilly@deakin.edu.au
- Boer, et al., “Contextualizing risk in assessment of intellectually disabled individuals.”(2007) *Sex offender treatment*, vol. 2,#2, 1-5.

Future Directions in Risk Assessment: Offenders ID

- Descriptions of how risk factors appear in ID offenders – STATIC-99R, SABLE 2007, ACUTE 2007, SVR-20, HARE PCL-R
- Reliability Training for raters – mental health professionals, private agency staff, agency supervisors, DDD staff, Probation Officers, Parole Officers
- Expanded use of ARMIDILO in residential settings

Sexual Offense Risk Assessment- What to Look for Generally

- Unstructured Clinical
- Structured Clinical (Structured Clinical Judgment)
- Actuarial (Static, Dynamic Factors)
- Clinically Adjusted Actuarial
- Contextualized (Dynamic Factors for ID clients)



Questions?

RISK ASSESSMENT
FOR
SUPERVISION OF ID CLIENTS

How Does Mental Disorder Appear in ID Clients?

- Counterfeit sexual deviance (Hingsburger, Griffiths and Quinsey, 1991)
- Counterfeit psychosis – auditorization of thought, soliloquizing (Levitas and Silka, 2001)