Assessing Dynamic Risk and Protective Factors in Persons with Intellectual Disabilities Who Have Sexually Offended: ARMIDILO-S

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RNR Principles
Bonta & Andrews, 2017

Through exhaustive research, Bonta & Andrews identified simple principles that, when followed, dramatically increase the potential for client success on community release.

Risk Principle
WHO to target for intervention

Need Principle
WHAT to target for intervention

Responsivity Principle
HOW to target for intervention

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A judge in Canada observed:

Herein lies the problem relating to the commission of sexual offences. Having a mature body beyond his intellect, he has urges for sexual gratification which leads to impulsiveness and unpremeditated behaviour without using caution and with risk taking. This is followed by non-comprehension that the behaviour was inappropriate.
Intellectual Disability & Crime

- It is tragically well known that persons with mental health difficulties are increasingly being found in criminal justice settings.
- It is reasonable to assume that at least some of those with special needs are not adequately identified by the courts.
- Those who look different or who have special needs are often more likely to be incarcerated and incarcerated for longer than average.

Applied Behavioral Analysis

We certainly don’t want to “excuse” inappropriate behavior in a person with special needs, but it is important to acknowledge that exploring the manifestations of sexual violence and other aggression in our clients requires a different approach.

- ABA approach to understanding sexual misbehavior in special needs clients is gaining favor.
Assessment
Difficulties for our clients

People with special needs and sexual behavior problems often experience significant limitations leading to difficulties in many or all of the following domains:

- Communication
- Home living
- Community use
- Self-direction
- Functional academics
- Sexuality
- Self-care
- Social skills and relationships
- Health and safety
- Leisure and work

Formal Risk Assessment

- Includes consideration of static (historical) and dynamic (day-to-day) variables
- Facilitated by use of actuarial risk assessment instruments like Static-99R
  - Augmented by formal consideration of dynamic risk factors or “criminogenic needs” using ARMIDILLO-S or SOTIPS, VSR:SO, or Stable-2007
Static-99R

- Male victims
- Ever lived with ...
- Non-contact sex offences
- Unrelated victims
- Stranger victims
- Prior sex offences
  (4 options)
- Current non-sex violence
- Prior non-sex violence
- 4+ sentencing dates
- Age (4 options)

Stable-2007

Significant Social Influences

Intimacy Deficits
  - Lovers and intimate partners
  - Emotional identification with children
  - Hostility towards women
  - General social rejection/loneliness
  - Lack of concern for others

Sexual Self-Regulation
  - Sexual drive/pre-occupation
    - Sex as coping
    - Deviant sexual interest

General Self-Regulation
  - Impulsive acts
  - Poor cognitive problem-solving
  - Negative emotionality/hostility

Cooperation with Supervision

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Acute-2007

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

Dynamic Risk & ID

Clearly, many persons with special needs and sexual behavior problems are at a disadvantage in regard to many dynamic risk variables (e.g., relationship histories, emotional congruence, same sex victims)

- Differential diagnosis and individualized case planning can be difficult
ARMIDILLO-S
Assessment of Risk and Manageability of Intellectually Disabled Individuals who Offend Sexually

www.armidilo.net

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Who can we use this on?

• The ARMIDILLO-S is a measure of structured professional judgment (SPJ) designed for males ages 18 and older who have engaged in sexually offensive behavior and are either in the borderline region of intellectual functioning (i.e., have an IQ between 70 and 80 with adaptive functioning deficits) or are intellectually disabled (i.e., cognitive impairment reflected by an IQ score below 70 accompanied by adaptive functioning deficits).
• Sexually offensive behavior is defined as any sexual actions on the part of the individual that have been formally or informally sanctioned due to their inappropriate or illegal nature.

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SPJ Scoring Criteria

- However, the authors have not provided us with cutting scores to determine at what level we should consider an aggregate score in any of the four domains to be Low vs. Moderate vs. High.
- We’re looking at preponderance or general absence of pertinent risk factors.
- Generally, we should be treating the stable dynamic risk factors and monitoring the acute dynamic risk factors.

Individual Item Ratings

- Items are rated on both risk and protective elements
- **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 protective factor
# Overall Ratings

- **Actuarial Risk Rating**
  (Static-99R or RRASOR): L / M / H
- **Risk Rating**: L / M / H
- **Protective Rating**: L / M / H
- **Adjusted Risk**
  - Actuarial plus Risk and Protective Rating): L / M / H
  - 3 = L; 4-6 = M; 7-9 = H
- Be very careful about applying clinically driven overrides

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# 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).
### ARMIDLO-S SCORING SHEET

**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 REASOR): 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

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1. Supervision Compliance
2. Treatment Compliance
3. Sexual Deviance
4. Sexual Preoccupation/Sexual Drive
5. Offense Management
6. Emotional Coping Ability
7. Relationships
8. Impulsivity
9. Substance Abuse
10. Mental Health
11. Unique Considerations - Personal and Lifestyle (e.g., organic, physical or sexual abuse, antisocial tendencies)

### CRITICAL ISSUES

- 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 columns (i.e., risk rating or protective factors rating).

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Any other observations?

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Supervision Compliance

- Persons with ID have a more difficult time comprehending the importance of rule following.
- They also often have histories of not being held accountable.
- It is important to look at compliance in a variety of domains (e.g., medication, rules, protocols).
- Look for changes in supervision level – most clients should require Low to Moderate intensity in comparison to other persons with ID.
Supervision Compliance

Things to look for:

- (R) – defiance, splitting, unresponsive to limit setting, being deceptive or secretive
- (P) – follows direction without major issue, cooperative, honest about behavior/cognitions

- It is also important to note how the client responds to efforts to bring him/her back on side.

Risk Rating:
N – Client usually follows supervision expectations.
S – Client has some violations of limits or defiance of some directives.
Y – Client has high level of non-cooperation with rules, refusing directives, manipulative or deceptive with custodial and supervisory staff.

Protective Ratings:
N – Client demonstrates no evidence of making any effort to facilitate or utilize supervision.
S – Client generally follows rules and attempts to facilitate and associate with staff.
Y – Client almost always follows directions of custodial and supervision staff including when they are not physically present.
Treatment Compliance

- Research has shown that completion of an evidence-based program reduces risk.
- Negative attitudes towards treatment and early discharge (e.g., quits, kicked out, etc.) are both related to increased risk.
- However, it is important to remember the Responsivity principle with clients with ID.
- Many such clients have been subjected to inappropriate treatment and are suitably cautious.

Sexual Deviance

- Both Hanson meta-analyses have shown that possession of deviant sexual interests is a very strong predictor of recidivism.
- Research shows that persons with ID experience sexual deviance at similar levels to non-ID persons.
- It is important to note, however, that sexually deviant behavior does not necessarily mean that the person has sexually deviant preferences.
Sexual Preoccupation/ Sex Drive

• There is no reason to suspect that persons with ID experience different sex drives, per se, than non-disabled persons.

• The more someone ruminates or is fixated on sexuality, the greater likelihood there is that they will experience problems like before.

• Treatment programs can assist clients with ID in learning acceptable behavior, as well as such important constructs as consent, intimacy, and risk.

Scoring Example 1 - Ralph

Ralph was recently released from a high intensity forensic psychiatric facility and both you and your manager have considerable concerns about his suitability for placement in your agency. Ralph has a long history of exposing himself to female teens and adults on public transit. Of particular concern, on the last two occasions, he slapped his victims and tried to rip off their blouses stating, “Have I got something for you.” When he came to the first assessment interview with you, he seemed to be trying to look down your top the whole time, and you are pretty sure that he had an erection for the duration of the session.
Offense Management

• There are many pathways to offending.
• Research suggests that persons with ID may be more likely to commit sexual offenses than non-ID persons.
• Grooming behaviors are often found.
• Clients with ID have a more difficult time understanding the ABC model.
• It is important to be mindful of the client’s patterns of sexual behavior, including precursors.

Emotional Coping Ability

• Emotional self-regulation is a big part of maintaining personal and interpersonal lifestyle balance.
• Heightened emotional arousal can be difficult for anyone to manage, perhaps, more so for those with ID.
• Stress affects problem-solving abilities, as well as impulsivity.
• Strong emotions can sometimes lead to strong behavior, including violence.
Relationships

- We enjoy life by the health and society of others.
- Persons with poor ties to others tend to make important life decisions without the appropriate checks and balances that come from family and friends.
- Getting along with others is an important social tool that all must develop in order to be successful in life, not just in avoiding offending behavior.
- However, persons with ID often lack opportunities for appropriate social interactions.

Impulsivity

- Some have suggested that persons with ID tend to be more impulsive, or that they sometimes fail to consider the possible ramifications of their behavior or choices.
- Evidence for the presence of impulsivity would include boredom, distractibility, risk taking, low stress tolerance, impatience, irritability, outbursts.
- Not all aspects of impulsivity are related to risk to reoffend.
Substance Abuse

- Persons with sexual behavior problems are more likely to have problems with alcohol than illicit drugs.
- Nobody makes better decisions when intoxicated.
- Clients with ID already have difficulties with problem-solving, substances make those worse.
- Problems with substance abuse can affect most other areas of lifestyle management.

Mental Health

- Persons with ID are more likely to suffer concurrent diagnoses.
- Mental health difficulties can exacerbate problems in other areas (e.g., impulsivity, substance abuse).
- Risks for self- and other-harm are increased with the presence of mental health issues.
- Some mental health conditions can increase the propensity for overt violence.
Unique Considerations
(e.g., neglect, physical or sexual abuse, antisociality)

- Many persons with ID have idiosyncratic ways of behaving or seeing the world.
- Problems related to family or friends can also affect our clients.
- Some clients have profound disabilities that make their lives very complicated.
- Histories of developmental abuse must be considered and appropriately treated.

Stable
Environmental Items
Attitude Towards ID Clients

• Believe it or not, many people who work with persons with ID have less than optimal regard for their clientele.
• Some persons/agencies have policies that work across purposes with the risk management plan.
• How does your agency deal with the individual needs of its clients?
• Do your staff get enough training and supervision to be effective?
Scoring Example 2 - Billy

Billy, age 37, has Asperger’s Syndrome and Mild IDD and lives in an intensive residential treatment facility. He has had ongoing issues with incontinence, along with fecal smearing. You have a strong sense that some of this is sexually driven; especially, his interest in diapers. One day, while at the facility, you hear another resident call Billy “Mr. Poopy Pants”, which causes Billy to become angry, but he restrains himself from becoming verbally or physically aggressive. Later, when asking Billy about the incident, he says, “John started it.” A quick check with the on-site supervisor reveals that John is one of the overnight staff.

Communication Among Support Persons

• Two heads are better than one, so the proverb goes; but, collaboration amongst all pertinent stakeholders is definitely the way to go in management of risk for sexual reoffending.
• A lack of communication promotes poor problem-solving and allows those clients who are inclined to engage in splitting.
• Communication needs to flow to and from all levels – this is a critical training issue.
Client-Specific Knowledge by Support Persons

• It is important to share information about the client’s ongoing affairs, including patterns of behavior and thought.
• Everyone on the team must have equivalent knowledge of client-specific risk increasing and decreasing factors.
• Changes must be quickly conveyed to all affected team members, so that continuity of service can be maintained.

Consistency of Supervision/Intervention

• As noted before, persons with ID often do not do well with change – they often do better with clearly established routines.
• All staff need to know the client’s program and stick to it.
• Consistency promotes quicker and more effective learning of new thought and behavior.
• Our clients are easily able to discern differential treatment (e.g., favouritism or undue criticism).
Unique Considerations
(e.g., level of supervision, behavior reinforced, staff modelling, environmental suitability)

- Even though clients may be housed in the same facility, they will have different needs and treatment targets.
- Not every client will fit in as well as his/her peers.
- Staff need to be mindful of the differing needs of clients, even as they try to also manage the larger living or treatment setting.
- Different diagnoses sometimes require adaptations to programming and supervisory regimes.

Acute Client Items
Changes in Compliance with Supervision or Treatment

- Prosocial attitudes and behavior accompany compliance with supervision.
- Motivation to remain compliant can vary over time, including levels of insight.
- Sudden rejection of supervision or of mandated elements of risk management can signal impending trouble.
Changes in Sexual Preoccupation/Sex Drive

- Poor ability to maintain sexual self-regulation is related to increased risk.
- Clients must be able to manage changes in their environment that might interact with their sexual interests and preferences.
- Changes in relationships can also affect sexuality, including new staff.
- Clients doing well in treatment should be able to manage the changes life throws at them.

Changes in Victim-Related Behaviors

- It is virtually impossible to avoid all persons who could potentially be a victim.
- Is your client making reasonable efforts to avoid situations of risk?
- When presented with new opportunities to offend, what does your client do?
- How might supervisory services or treatment targets need to change to support the client during heightened opportunities for reoffending?
Changes in Emotional Coping Ability

- Abrupt changes in client emotional states can be related to both risk increase and decrease, depending on the situation.
- Causes of stress can be environmental or related to the emotional coping ability of the client.
- Many persons with ID do not deal well with situations of change or when the change includes some aspect of loss (death, sickness, failure to follow-through by someone important)

Scoring Example 3 - Jay
Jay was moved to a semi-independent living environment (SIL) early last year. Generally, he seems to be doing fine, but you wonder about his ability to meet people and make friends. When he lived in the group home, he used to attend the monthly dances. Thinking it would be good for Jay, you invite him to attend one of the dances; however, his old girlfriend also shows up. Their breakup was particularly difficult for Jay, and he seems pretty triggered by her presence. After a few minutes, Jay asks if he can go home. He doesn’t say a word as you drive him to the SIL. Before he leaves the car, he says, “You know what? There will be other chances to meet people.”
Changes in Use of Coping Strategies

• Many of our clients have a difficult time managing under the best of circumstances.
• External controls often provide substantial assistance (e.g., medication, tight supervisory protocols).
• Maladaptive coping strategies are often easier to effect and employ than helpful ones.
• The ability to deal with life’s ups and downs is a strong marker of prosocial lifestyle management.

Changes to Unique Considerations (e.g., mental health symptoms, medication changes)

• Each individual client has individual concerns of which he/she needs to be mindful.
• Some things mean more to one than they might to another.
• Client supervision and treatment plans need to be individualized to manage specific requirements.
• Issues related to concurrent diagnoses can pose unique difficulties for client management.
Acute Environmental Items

1. Changes in Social Relationships
2. Changes in Monitoring
3. Situational Changes
4. Changes in Victim Access
5. Unique Considerations (e.g., access to intoxicants, a new room-mate)
Changes in Social Relationships

- Clients with ID often have little control over the relationships in their lives—especially, with respect to support persons.
- Often, their friends are the people with whom they live or work—usually, in sheltered environments.
- New persons, or the loss of a familiar person, can have a dramatic effect on our clients.
- The effects can be both risk increasing and decreasing.

Changes in Monitoring

- The Risk Principle says that persons should be monitored commensurate with the level of risk posed.
- Is your client being monitored at the correct level? Has something changed in the recent past that could have an effect on risk?
- Is the supervision scheme sensitive to ongoing issues—either positive or negative?
Scoring Example 4 - Abdul

Abdul, age 27, has been living at a group home for the past three years. He’s been doing well in treatment, but you get the sense that he’s not always telling you everything that’s up with him. Abdul’s parents take him home for the weekend once a month. They seem like a nice couple, but they are considerably older and there are cultural and language barriers. At the end of one particular home visit, a check of Abdul’s personal effects reveals a lighter, a piece of rope, and a copy of a film well-known for the presence of an explicit rape scene.

Situational Changes

• Because our clients are reliant on “the system” for just about everything, including their accommodations and programming, changes may occur relatively frequently.
• Not all changes are for the better.
• As we noted before, our clients often respond poorly to change, which can result in feeling “out of control”.
• We know that our clients are often impulsive and experience poor problem-solving—changes in their environment can set these off.
Changes in Victim Access

• Generally, it is a good idea for our clients with ID to avoid the persons with whom and situations in which they previously had difficulty.
• However, it is virtually impossible to avoid all situations of risk all the time.
• The world is full of other people—thinking that our clients will be able to avoid all potentially vulnerable persons all the time is just foolish.
• There must be a contingency plan.

Unique Considerations
(e.g., access to intoxicants, a new room-mate)

• Many of our clients have significant difficulties in both general and sexual self-regulation.
• They rely on us for assistance and guidance.
• Some of our clients have particularly idiosyncratic triggers or sensitivities—they don’t always react as well as we (or they) would like.
• We need to know our clients (and their propensities) well, so as to provide a comprehensive degree of support and accountability.
Closing Thoughts

- Risk assessment is a complicated process made easier by the use of structured tools that focus on important research findings.
- However, no one tool can do it all—you must be comprehensive in your application of science to practice.
- There are no substitutes for diligence and conscientiousness.

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Closing Thoughts

- Know the limits of your practices and tools.
- No risk assessment tool has consistently shown more than moderate predictive accuracy.
- Although the ARMIDILLO-S appears to approach high predictive accuracy, more research is needed.
- Consider whether you could conduct research in your setting, or in collaboration with another group.

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General Principles

1. Focus your attention on managing risk related to sexual re-offending.
2. Ensure information included is specific to the particular period of time that constitutes the focus of the assessment.
3. Clearly identify the client's risk-relevant and protective factors.
4. If in doubt about the presence of a risk or a protective factor, identify it as "Somewhat" (or an "S") to allow for further exploration of this factors relevance. If there is insufficient information to rate an item, give it an "X" or "skip" and try to find rate-able evidence.
5. Presence of risk and protective factors should reflect the entire assessment period of time.

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General Principles

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

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

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

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

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

Stable Client Items

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Supervision Compliance

Things to look for:

• (R) – defiance, splitting, unresponsive to limit setting, being deceptive or secretive
• (P) – follows direction without major issue, cooperative, honest about behavior/cognitions

• It is also important to note how the client responds to efforts to bring him/her back on side.

Risk Rating:
N – Client usually follows supervision expectations.
S – Client has some violations of limits or defiance of some directives.
Y – Client has high level of non-cooperation with rules, refusing directives, manipulative or deceptive with custodial and supervisory staff.

Protective Ratings:
N – Client demonstrates no evidence of making any effort to facilitate or utilize supervision.
S – Client generally follows rules and attempts to facilitate and associate with staff.
Y – Client almost always follows directions of custodial and supervision staff including when they are not physically present.
Treatment Compliance

Things to look for:

• (R) – resistant to attending treatment, poor participation, little effort to incorporate new learning, drop-out/quit.
• (P) – shows up, actively participates, completes homework, demonstrates openness and honesty.

• It is important to make sure that refusal is not equated or confused with misunderstanding.

Risk Rating:
N – Client participates in treatment but may have limited participation in some small aspects.
S – Client is reluctant to attend treatment or has low level of participation in some aspects of treatment.
Y – Client has been terminated from treatment or client has dropped out of treatment, or refuses to engage in most aspects of treatment, or if he attends he is disruptive.

Protective Ratings:
N – Client may not participate or may participate but only does what is minimally expected.
S – Client actively participates in treatment and completes homework or has completed treatment.
Y – Client engages in treatment independently and expresses positive statements about treatment outside of the treatment setting.
Sexual Deviance

Things to look for:

- (R) – results of specialized testing, self-reported deviant interests, fixations on certain AV materials, attempts to access media/persons
- (P) – no behavioral or verbal indications of sexual deviance, no history of sexual conduct with inappropriate persons or activities
- Be mindful of possible counterfeit deviance.

Sexual Deviance

Risk Rating:
N – Client demonstrates no evidence of having deviant sexual interests as demonstrated by fantasies, thoughts, or behaviors.
S – Client has deviance indicated by specialized testing (psychometric, Penile Plethysmography [PPG], Visual Reaction Time [VRT]), history of non-sanctioned or sanctioned offenses, self-report of offending or deviant interests or some demonstration of deviant interest (staring, visuals, comments).
Y – Client demonstrates fixation on themes that indicates deviant interest or attempts to access potential victims for sexual purposes.

Protective Ratings:
N – Client demonstrates behavior indicating deviant interests.
S – Client informs support persons when having deviant thoughts or seeks help when having sexual urges.
Y – Client does not demonstrate any deviant sexual interest verbally or by behavior and does not have any non-sanctioned sexual offenses as an adult.
Sexual Preoccupation/
Sex Drive

Things to look for:

• (R) – excessive masturbation, poor boundaries when masturbating, compulsive regarding media, sex as coping, increased interest in strip clubs, phone sex, prostitution
• (P) – demonstrates healthy sexuality and boundaries, no obvious preoccupation/fixation
• A high sex drive does not equal sexual deviance.

Risk Rating:
N – No evidence of client having any excessive sexual thoughts or behaviors.
S – Client demonstrates one somewhat excessive sexual thought or behavior (masturbation, viewing pornography, etc.).
Y – Client demonstrates evidence of some combination of the following excessive behaviors; masturbation (daily for six months), violating privacy boundaries when masturbating, compulsive attempts to access sexual material, frequently uses sex as a coping mechanism for stress or anger, and obsessive sexual comments or compulsive interest in phone sex or prostitutes.

Protective Ratings:
N – Client has history or presents evidence of any excessive sexual preoccupation or high sexual drive.
S – Client masturbates at a low level of a few times a week.
Y – Client demonstrates little general interest in sexual thoughts and behaviors.
Offense Management

Things to look for:

• (R) – poor or no understanding of the links between precursors and offending, poor coping strategies
• (P) – can identify patterns of behavior, acknowledges precursors, demonstrates coping
• Remember that clients can display coping without necessarily being able to verbalize what it is.

Offense Management

Risk Rating:
N – Client demonstrates avoidance of high risk situations or shows other good risk management skills for such situations or personal risk factors (e.g., anger).
S – Client inconsistently avoids high risk situations, or inconsistently manages personal risk factors.
Y – Client does not identify high risk situations or personal risk factors; nor does he use strategies to manage risky situations or personal risk factors.

Protective Ratings:
N – Client is not aware of risky situations or personal risk factors; or, he is aware of risky situations and personal risk factors but does not change his behavior; or, he actively seeks out risky situations.
S – Client demonstrates vigilance for risky situations and personal risk factors or redirects with staff prompts or understands the need to manage risky situations or personal risk factors.
Y – Client demonstrates use of effective risk strategies for personal risk factors and in risky situations without prompting by others.
Emotional Coping Ability

Things to look for:

• (R) – prone to feelings of hostility, emotional reactivity, “flooding”, ruminations
• (P) – is able to manage emotions or regulate feelings in most situations

• Be sure to assess the function of the emotion – what is the client attempting to manage?

Emotional Coping Ability

Risk Rating:
N – Client is generally in control of emotions, but occasionally uses emotional acting out as a way to getting attention or to get his needs met.
S – Client is prone to hostile feelings or is often emotionally reactive to confrontation or stress.
Y – Client constantly ruminating about his negative feelings, being resentful and explosive expression of emotion or rarely uses any appropriate emotional management strategies.

Protective Ratings:
N – Client shows little effort or ability in implementing emotional coping skills.
S – Client manages feelings in some situations.
Y – Client is able to manage feelings on his own the majority of times or chooses to seek help from others when he experiences difficulty with emotional regulation.
Relationships

Things to look for:

• (R) – poor emotional connection to others, identifies with children (emotional congruence), shows little concern for others, not interested in being friendly

• (P) – develops relationships with staff and peers without apparent difficulty, can be appropriately intimate

• Remember that some clients with ID may have specific disabilities related to social functioning.

Risk Rating:
N – Client has some emotional connection with either peers, family or staff and engages in some social activities.
S – Client has little emotional connection with others or difficulty maintaining friendships or working relationships.
Y – Client shows little interest in any adult relationships or demonstrates chronic social isolation or is unable to form an emotional connection to another adult.

Protective Ratings:
N – Client has few effective interpersonal skills or has no ability, interest in forming any sort of relationship.
S – Client shows some ability and interest in establishing and maintaining relationships.
Y – Client demonstrates caring relationships with non-family members and has, or has had, a caring intimate relationship for more than six months.
Impulsivity

Things to look for:

- (R) – acts without thinking, behavior is self-defeating with many negative consequences
- (P) – thinks before acting and makes real attempts to proactively solve issues
- Frustration tolerance is an issue for most persons with ID – it is not always related to recidivism.

Impulsivity

Risk Rating:
N – Client has ability or willingness to react with forethought in difficult situations.
S – Client acts without thinking in various situations but these actions usually do not adversely impact the client’s daily functioning.
Y – Client has regular unplanned, impulsive behavior that has a high likelihood of negative consequences for the client or others.

Protective Ratings:
N – Client rarely uses strategies to manage impulses.
S – Client gives some thought and attempts to problem solve before acting on impulses, although some attempts may be unsuccessful.
Y – Client usually uses strategies that are thoughtful and effective to manage impulses.
Substance Abuse

Things to look for:

• (R) – continued attempts to access drugs or alcohol, secretive use of substances, prohibited use
• (P) – no history of abuse, no attempts to use

• It is sometimes important to assess the purpose for the substance abuse. Is the client trying to self-medicate?

Risk Rating:
N – Client has no use of drugs or alcohol.
S – Client has low level of drugs or alcohol use that has resulted in some disruption in the client’s life.
Y – Client has high level of use of drugs or alcohol or using such substances has resulted in a high level of disruption in the client’s life.

Protective Ratings:
N – Client has some history of use of alcohol or drugs.
S – Client has no history of misuse and little history of any use.
Y – Client does not attempt to access alcohol or drugs or verbalize any interest in using. Client may show insight as to why he/she ought not abuse alcohol or drugs.
Mental Health

Things to look for:

- (R) – significant mental health problems that increase likelihood of offending, poorly controlled mental health issues
- (P) – no mental health problems or problems are well controlled

Not all mental health issues are related to risk for inappropriate sexual or other conduct. Mental health issues can also be protective.

Risk Rating:
N – Client has no current mental health problems evident or problems are well controlled.
S – Client has mental health disorder that presents somewhat of interference in daily functioning.
Y – Client has mental health problems that interfere severely with daily functioning and/or impacts on his offense pathway.

Protective Ratings:
N – Client is not taking active steps to address presenting mental health problems.
S – Client is receiving treatment and is partially engaged in treatment or shows insight as to why he needs medications for his mental health problems.
Y – Client is receiving treatment, actively participating in treatment and mental health problems are well controlled; or, the client may not have a mental problem.
Unique Considerations
(e.g., neglect, physical or sexual abuse, antisociality)

Things to look for:

• (R) – are there unique aspects of the client that raise the level of risk specifically for him/her?
• (P) – no obvious idiosyncratic risk-related issues, at least none that are unmanaged

• Many clients with ID have unique experiences and abilities that affect how they are able to manage risk.

Risk Rating:
N – Client has no characteristic(s) that increase vulnerability for sexual offending behavior.
S – Client’s characteristic(s) that present somewhat of a decrease in self-management skills or quality of life.
Y – Client’s characteristic(s) that present a high decrease in self-management skills or quality of life.

Protective Ratings:
N – Client has no indication of unique characteristics that increase self-management skills or quality of life for the client.
S – Client’s characteristic(s) that presents somewhat of an improvement in self-management skills or quality of life.
Y – Client’s characteristic(s) that presents a large improvement in self-management skills or quality of life.
Attitude Towards ID Clients

Things to look for:

- (R) – staff are non-supportive, disrespectful, frustrated, or dismissive of clients
- (P) – staff maintain healthy therapeutic and supervisory relationships, and are genuinely accepting and helpful

- We need to be mindful that our clients look up to us and pay close attention to what we say and do.
Attitude Towards ID Clients

Risk Rating:
N – Support persons are generally helpful and supportive of client.
S – Some non-primary support persons are non-supportive or dismissive of the client.
Y – Most primary support persons are non-supportive, disrespectful, frustrated, or dismissive of which the client seems aware.

Protective Ratings:
N – Support persons demonstrate little evidence of a supportive approach to the client.
S – There is at least one primary support person that has a particularly therapeutic relationship with the client.
Y – Primary support persons generally maintain therapeutic relationships; supportive, genuine, accepting and respectful.

Communication Among Support Persons

Things to look for:

- (R) – gaps in knowledge among stakeholders, some team members filter information, bad record taking
- (P) – staff keep each other informed, no secrets

- Clients, in spite of their disabilities, can be very astute about weak links in the supervision chain.
Communication Among Support Persons

Risk Rating:
N – Support persons’ communication systems are in place and communication seems to flow adequately.
S – Support persons inconsistently share information with each other about the client, although there may be some formal communication systems in place.
Y – Support persons have significant disagreement with each other regarding the support plan or direct line staff have poor communication with management/clinical services or with each other.

Protective Ratings:
N – Support persons show no particular attention to improving communication systems.
S – Support persons are invested in improving information sharing but may need more direction as to what to do and how to accomplish it.
Y – Support persons are open and share all information regarding the client’s activities and current problems.

Client-Specific Knowledge by Support Persons

Things to look for:

• (R) – staff are unaware of particular issues regarding misbehavior or specific risk factors, or are complacent about or dismissive of risk
• (P) – all staff are well informed about client risk and need factors and are able to provide effective service in a collaborative manner

• Sex crimes are crimes of secrecy – lack of knowledge and understanding is the road to ruin.
Client-Specific Knowledge by Support Persons

Risk Rating:
N – Support persons are aware of the details of the support plan and know what behavior indicates increased risk for offending.
S – Some support persons unaware of the support plan and the client’s risk indicators of offending.
Y – Primary support persons are unaware of the client's support plan and risk indicators.

Protective Ratings:
N – Support persons have some differing ideas of the client’s risk indicators.
S – Most support persons know the client’s support plan, risk indicators and are somewhat vigilant regarding the client’s emotional or behavioral changes.
Y – Primary support persons know the client’s support plan, risk indicators, and are very vigilant about any changes on the part of the client.

Consistency of Supervision/Intervention

Things to look for:

• (R) – staff demonstrate inconsistent monitoring and differentially intervene with problems arise
• (P) – all members of the team consistently promote the same risk management agenda

• Inconsistent and/or spur-of-the-moment supervision can cause confusion, or permit clients to test limits.
Consistency of Supervision/Intervention

Risk Rating:
N – Primary support staff consistently follow the client’s monitoring, intervention, and support plan.
S – Staff have significant turnover or part-time staff are used which impact the monitoring, intervention, and support plans or somewhat of inconsistent interventions by staff of the client’s risky behaviors.
Y – Multiple support persons demonstrate inconsistent interventions of the client’s risky behaviors.

Protective Ratings:
N – Staff have high turnover or staff are inconsistent with follow through on the monitoring, intervention, and support plan.
S – There is at least one primary support person that has worked with the client over a long period and demonstrates consistent follow through with the monitoring, intervention, and support plan.
Y – Staff consistently follow through with monitoring, intervention, and support plan.

Unique Considerations
(e.g., level of supervision, behavior reinforced, staff modelling)

Things to look for:

• (R) – situations of disruption, negative reactions to change (including staffing and peer placement), interruption or unpredictability in environment
• (P) – changes for the better, extra (helpful) attention, positive staffing changes, better options
• Different people respond differently to different things – individuality is a constant point of focus.
Unique Considerations
(e.g., level of supervision, behavior reinforced, staff modelling)

Risk Rating:
N – No environmental situation that has increased vulnerability for sexual offending behavior.
S – Environmental situation that may lead to somewhat of an increase in vulnerability for sexual offending.
Y – Environmental situation that may lead to a large increase in vulnerability for sexual offending.

Protective Ratings:
N – No indication of unique environmental situation that significantly reduces vulnerability for sexual offending behavior.
S – Environmental situation that presents somewhat of an increase in barrier(s) to sexual offending.
Y – Environmental situation that presents a large barrier to sexual offending.
Note: enhanced supervision level can significantly increase this protective factor.

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Acute Client Items

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Changes in Compliance with Supervision or Treatment

Things to look for:

- (R) – breach of conditions, overt defiance related to potential for renewed offense-related behavior
- (P) – no problems in adhering to supervision plan or, if problems arise, manages them within limits
- It is important to look for the source of the problem. What happened?

Risk Rating:

N – Client has no change in his compliance with supervision or treatment in the past two to three months from his baseline behavior of the past year (or an increase in compliance from his baseline).
S – Client has somewhat of an increase in defiance, resistance or breaching of conditions and expectations.
Y – Client has a large increase in defiance, resistance or breaching of conditions and expectations.

Protective Ratings:

N – Client has no change in the past several months from his baseline behavior of the past year (or a decrease in compliance from his baseline).
S – Client has somewhat of an increase in client’s awareness of supervision conditions and compliance.
Y – Client has a large increase in his awareness of supervision conditions and compliance.
Changes in Sexual Preoccupation/Sex Drive

Things to look for:

• (R) – experiences intense sexual urges, interests, and behavior
• (P) – no evidence of current problems managing sexual thoughts and behavior

• Remember that persons with ID often have many fewer sexual opportunities. Feelings of sexual frustration can be intense.

Changes in Sexual Preoccupation/Sex Drive

Risk Rating:
N – Client has no change in the past two to three months from his baseline behavior of the past year (or he has shown a decrease from his baseline level of sexual preoccupation/sex drive).
S – Client has somewhat of an increase in frequency of sexual behaviors and interests or somewhat of an increase in intensity of sexual urges.
Y – Client has a large increase in frequency of sexual behaviors and interests or large increase in intensity of sexual urges.

Protective Ratings:
N – Client has no change in the past several months from his baseline behavior of the past year (or he has shown an increase from his baseline level of sexual preoccupation/sex drive).
S – Client has somewhat of a reduction of sexual behaviors, interests or sexual urges.
Y – Client has a large reduction of sexual behaviors, sexual interests or sexual urges.
Changes in Victim-Related Behaviors

Things to look for:

• (R) – repeated attempts or plans to access victims, makes no effort to address situations as they arise
• (P) – no evidence of planning or attempts to access victims, identifies situations of risk

• Depending on the client, a variety of persons might be victimized—consider factors in other domains when assessing risk.

Changes in Victim-Related Behaviors

Risk Rating:
N – Client has no change in the past two to three months from his baseline behavior of the past year (or he has shown a decrease from his baseline level of attempting to access victims).
S – Client in a few incidents was inappropriately in close proximity to a potential victim, but the situation was unplanned or not intended.
Y – Client has a large increase in attempts to be in close proximity or planning to access potential victims.

Protective Ratings:
N – Client has no change in the past several months from his baseline behavior of the past year (or he has shown an increase from his baseline level of attempting to access victims).
S – Client has reduction of planned or unplanned situations in being in close proximity to potential victim.
Y – Client demonstrates willingness to inform support persons when having thoughts of observing or accessing potential victims.
Changes in Emotional Coping Ability

Things to look for:

• (R) – negative ruminations, hopelessness, high reactivity, paranoia

• (P) – manages emotions using strategies learned in treatment, seeks and accepts support as needed

• Some clients possess personality features that make it difficult for them to manage their emotions. Beware parasuicidal behavior and actions designed to achieve secondary gains.

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Changes in Emotional Coping Ability

Risk Rating:
N – Client has no change in the past two to three months from his baseline behavior of the past year (or he has shown an increase from his baseline level of emotional coping ability).
S – Client has somewhat of an increase in negative emotional reactions such as emotional ruminations or paranoid impulses.
Y – Client has a large increase in negative emotional reactions such as emotional ruminations or paranoid impulses.

Protective Ratings:
N – Client has no change in the past several months from his baseline behavior of the past year (or he has shown a decrease from his baseline level of emotional coping ability).
S – Client has somewhat of an increase in attempts to seek help from others when emotionally upset.
Y – Client has a large increase in attempts to seek support from others when emotionally upset.
Changes in Use of Coping Strategies

Things to look for:

• (R) – significant reduction in use of adaptive coping, making fewer efforts to demonstrate appropriate behavior
• (P) – consistently applies good coping skills when dealing with problems and adversity

• How does your client typically deal with change?

Risk Rating:
N – Client has no change in the past two to three months from his baseline behavior of the past year (or is actually coping better).
S – Client has somewhat of a reduction in use of established coping skills.
Y – Client has a large reduction in use of established coping skills.

Protective Ratings:
N – Client has no change in the past several months from his baseline behavior of the past year (or is actually coping worse).
S – Client has somewhat of an increase in persistence by the client in using risk coping skills.
Y – Client has a large increase in persistence by the client in using risk coping skills.
Changes to Unique Considerations  
(e.g., mental health symptoms, medication changes)

Things to look for:

- (R) – unique and personal situations have arisen that are directly related to risk or ability to effectively manage
- (P) – no evidence of being adversely affected (or being unable to manage) lifestyle issues

- All clients have different profiles. They require individualized care and consideration.

Changes to Unique Considerations  
(e.g., mental health symptoms, medication changes)

Risk Rating:
N – Client has no change in the past two to three months from his baseline behavior of the past year.
S – Client has unique personal change that reflects somewhat of a decrease in the client’s self-management skills or quality of life.
Y – Client has unique personal change that has led to a large decrease in the client’s self-management skills or quality of life.

Protective Ratings:
N – Client has no change in the past several months from his baseline behavior of the past year.
S – Client’s addition of or change in a personal characteristic(s) that has led to somewhat of an improvement in client’s self-management skills or quality of life.
Y – Client’s addition of or change to a personal characteristic(s) that has led to a large improvement in self-management skills or quality of life.
Changes in Social Relationships

Things to look for:

• (R) – loss of an important support person or friend—especially, a primary support person (Mom?)
• (P) – a new and helpful person joins the team

• Use the magic wand test … if you could zap the person out of your client’s life – better or worse?
Changes in Social Relationships

Risk Rating:
N – Client has no significant change (or an expansion) in the past several months in his social or professional relationships.
S – Client experiencing somewhat of a disruption due to loss or changes in a relationship.
Y – Client has loss or a large degree of disruption in a relationship with a significant social support (e.g., peer, staff, family, group, organization, family member, pet).

Protective Ratings:
N – Client has no improvement (or a reduction) in his social circle in past several months.
S – Client has a change or the addition of a relationship or membership in a group that has somewhat of a positive impact.
Y – Client has a recent addition of a relationship or membership in a group that he is highly interested or invested in.

Changes in Monitoring

Things to look for:
• (R) – the client is not being observed often enough
• (P) – monitoring and data collection are consistent

• It is easy to become complacent; especially, when we want our clients to do well and want to give them credit for doing better. However, we do them no favours when we fail to help manage their risk.
Changes in Monitoring

Risk Rating:
N – Client has no changes in past several months in monitoring and intervention of his behaviors by support persons.
S – Client has somewhat reduced observation, tracking, or intervention of his problematic behaviors by support persons, or there is some inconsistency in these functions across support persons.
Y– There has been a large reduction in the observation, systematic tracking and intervention of his problematic behaviors by any of the support persons.

Protective Ratings:
N – Client does not have all support persons following the monitoring guidelines in the past several months (or these functions have become worse).
S – Client has somewhat of an increase in appropriate observation, tracking, and intervention of his problematic behaviors by support persons.
Y – Even if client is continually demonstrating appropriate behavior, staff are continuing provide the consistent record keeping, observation, and intervention outlined in the support plan.

Situational Changes

Things to look for:
• (R) – overly reactive to changes in supports, job, home, medication, physical conditions, etc.
• (P) – recent positive changes to circumstances

• Change can be a good thing, but that doesn’t necessarily make it easy.
Situational Changes

Risk Rating:
N – Client has not had any noticeable negative impact on his life due to environmental changes in past several months (there may have been positive risk-reducing changes)
S – Client has had changes in his supports, job, home, medication, physical conditions, etc. that has had somewhat of an aversive impact on his life
Y – Client has had changes in his supports, job, home, medication, physical conditions, etc. that has had a large aversive impact on his life.

Protective Ratings:
N – Client has had no improvements in past several months from changes that have affected his life situation.
S – Client has had improvements in his life situation that has resulted in somewhat of an increase in satisfaction with his life.
Y – Client has had improvements in his life situation that has resulted in a large increase in satisfaction with his life.

Changes in Victim Access

Things to look for:

• (R) – poor boundary keeping, becoming fixated/preoccupied with a new staff or peer, lapses in supervision
• (P) – well maintained boundaries and adherence to “the plan”

• Our clients are particularly tightly controlled—it is reasonable to expect some pushback; especially, regarding outings and activities.
Changes in Victim Access

Risk Rating:

N – Client has no change in past several months in his environment that provides increase in means of offending or access to potential victims.
S – Client has change in his environment that provides for somewhat of an increase in means of offending or access to potential victims.
Y – Client has change in the environment that allows for a large increase in means of offending or access to potential victims.

Protective Ratings:

N – Client has no changes in past several months in his environment to decrease access to or means of offending against potential victims.
S – Client has change in his environment that creates somewhat of a barrier to means of offending or access to potential victims.
Y – Client has change in his environment that creates a large barrier to means of offending or access to potential victims.

Unique Considerations
(e.g., access to intoxicants, a new room-mate)

Things to look for:

• (R) – is there a specific situation or condition that typically “triggers” our client, increasing risk?
• (P) – there are situational factors that can reduce risk, we should be careful to take note of them

• Part of what we are trying to help our clients with ID develop is better coping skills. However, this is a tall order, even for those without disabilities.
Unique Considerations
(e.g., access to intoxicants, a new room-mate)

Risk Rating:
N – Client has no change in the past several months in environmental conditions that increase the vulnerability for risk for sexual offending.
S – Client has an environmental condition change that has somewhat of a triggering or facilitating effect on the likelihood of offending behavior.
Y – Client has an environmental condition change that has a large likelihood of triggering or facilitating a potential sexual offending behavior.

Protective Ratings:
N – Client has no change in the past several months of environmental conditions that decrease vulnerability for risk for sexual offending.
S – Client has an environmental condition change that promotes somewhat of a decrease of vulnerability for risk for sexual offending.
Y – Client has an environmental condition that promotes a large decrease of vulnerability for risk for sexual offending.

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