

21 Guidelines for Comprehensive Assessment

Source: Rich, P. (2003). *Understanding juvenile sexual offenders: Assessment, treatment, and rehabilitation*. New York, John Wiley & Sons.

1. The clinical assessment of juvenile sexual abusers requires the same level of comprehensiveness required in all clinical evaluations of children and adolescents.
2. The clinician must ensure that questions raised by the evaluation fall within his or her level of expertise.
3. Although clinical assessments are used for different purposes, the focus is usually on understanding the behaviors, development and causation, motivation for treatment, required level of care, development of treatment plans, and/or the risk for sexual re-offending.
4. Informed consent for the assessment is required, which in the case of juvenile must include consent of legal guardians.
5. All parties must be aware of any limits to confidentiality, and especially if there is any possibility or likelihood that evaluation results will be shared with external agencies such as police, court, and social services.
6. There is no known profile or set of characteristics that differentiate juvenile sexual offenders from non-offending juveniles.
7. The clinician must be aware of the individual's cognitive functioning, including reading, writing, and comprehension skills and abilities, and provide alternative means for gathering information directly from the juvenile if cognitive, intellectual, and/or language skills are poor.
8. The clinician should adopt a non-judgmental and patient stance in the evaluation, remaining persistent and focused.
9. The clinician should be aware that information provided directly by the juvenile may not be true, complete, or sufficiently detailed, and recognize the possibility that the juvenile may lie, deny, distort, or minimize, and that the same may be true of informants in the juvenile's family.
10. The clinician must be prepared for the evaluation, and ensure a thorough review of existing documentation prior to the assessment, including police reports, victim statements, social service and child protection agencies, mental health assessments, treatment progress reports, psychological tests, and so forth.
11. The clinician must be aware that information available in prior reports may be incomplete, incorrect, or not fully understood, and take care to not simply pass along inaccurate or poorly understood information.
12. Information should be gathered from multiple sources, including family members, probation and parole officers, current or former treatment practitioners such as therapists and psychiatrists, teachers, and treatment staff in former treatment programs or hospitals.
13. The assessment should employ multiple evaluation methods, if available and appropriate, including clinical interviews, psychological and educational testing, and physiological testing.
14. Neither psychological nor physiological testing can be used to prove or disprove that an individual will engage in sexual offending behavior.
15. Clinical interviews are used to gather specific data, and also to observe, supplement, question, review, and clarify information obtained from other sources.
16. The clinician should seek multiple types of information, including, but not limited to, early developmental history, intellectual and cognitive skills, social functioning and relationships, development and acquisition of social skills, psychiatric disorders and mental status, behavioral history, history of substance use, history of trauma and/or victimization, history of sexual development, attitudes and beliefs, personal characteristics, level of denial or acceptance of responsibility, family structure and current relationships, family history (general, mental health, substance abuse, criminality, etc), and actual sexual offending behaviors.
17. If possible, the clinician should assess sexual interests and patterns of arousal in the juvenile, recognizing that such assessment does not necessarily indicate the presence of sexual deviance or prove that the juvenile will engage in future sexual offenses.
18. The clinician must recognize that evaluations without broad and supporting collateral information should be interpreted with caution, and such caution should be noted in the written evaluation report if the assessment was conducted and completed in absence of such information.
19. Assessment of treatment needs and the development of treatment goals should be based on an understanding of the juvenile's needs, including both strengths and weaknesses, as well as an assessment of risk based on the juvenile's history and current level of functioning.
20. Placement and/or treatment recommendations must be based on the assessment of risk and public safety, the treatment needs of the juvenile, and the juvenile's motivation to engage in treatment, and should not be made on the basis of whatever treatment services and resources are actually available, or drop below the level of treatment that the clinician believes is required.
21. The written report must be accurate, complete, transparent, and free of speculation and judgment. In the written evaluation, the clinician should:
 - a. document all records reviewed and informants interviewed.

- b. note any limitations on the assessment, including lack of collateral or supporting information that may affect the ability to make informed judgments about the juvenile, the reported offenses, or the risk for future sexual offending.
- c. describe that consent was given for the evaluation, and any limits to confidentiality explained to the juvenile and legal guardian.
- d. ensure a non-judgmental and impartial style, and that all data presented is both objective and accurate
- e. avoid making speculative statements, except when stating clinical formulations and when ample evidence exists to adequately support the hypotheses of the formulation.
- f. document any denial of offenses that the juvenile may make, as well as his explanation, if any, for false allegations.
- g. make assessments of future risk only when adequate information is available upon which to base the risk assessment.