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"Where the mind meets technology."

Testing & Assessments in Psychosexual Evaluations

The use of a variety of tests and assessments are critical to conducting a comprehensive psychosexual evaluation. The results from these instruments are combined with other data (e.g., the client's history, legal case discovery, clinical interview with the client and/or collateral informants, and objective forensic data) resulting in a broad but accurate landscape of the defendant and his crime. It is important to understand there are different classifications of instruments. Using these multiple classifications can lead to better "convergent" validity of the overall findings rather than relying on any specific type of assessment or test. Classifications include:

Self-Report

A number of instruments rely on the defendant's self-report of their behaviors, perceptions, or emotional states. Experts understand the limitations of these instruments; however, they used to gather subjective information and gauge the level of honesty in other aspects of the evaluation. Self-report results are used carefully, verified when possible with external data, and combined with other information before they are deemed reliable in an evaluation. In "high stakes" testing, such as in forensic evaluations, experts expect that most people will attempt to present in the best light possible and take that into account when using self-report information.

Self-Administered

A self-administered instrument is **not** the same as a self-report instrument. Although the client reads and responds to the questions, the empirical foundation of the instrument makes it difficult for the defendant to determine the purpose of the individual questions and/or the overall results. For example, the MMPI-2-RF and MCMI-IV are self-administered instruments, but rely on trained experts to interpret and use the results. Experts must receive significant training and numerous supervised administrations before they are certified to use and interpret the instruments.

Expert-Scored

A number of instruments in a psychosexual evaluation are scored by the expert based on factual data such as case records, forensic data, and historical information (not self-report). The advantage of expert-scored instruments is that they are not subjective and do not rely on the self-report of the client. The most commonly USED expert-scored instruments in sex offender cases are risk assessments. Expert-scored instruments require evaluators to be trained in the nuances of scoring that may be different for each case. Experts attend many hours of training and supervised scoring before they are certified to independently score such instruments. Examples of items that are objectively scored by experts include: age of the offender, whether the offender had male or female victims, the presence of a criminal history, etc. These items rely on the factual data from the case, thereby avoiding the subjectivity of client self-report.

One specific type of expert-scored instruments is risk assessments. Common risk assessment tools employed throughout the country include instruments such as the Static-99R, Risk Matrix 2000, Child Pornography Risk Tool, etc. These tools require specific training on how to score each based on a number of nuanced scenarios. Since these instruments are based on factual information, clients are unable to influence the outcome of the results on such instruments.

Another example of an expert-scored test is the Wechsler Adult Intelligence Scale (WAIS), which yields an IQ score. This test is used in cases where the intellectual development of an individual is in question. IQ testing requires specialized training that typically falls outside of a forensic expert's repertoire and may need to be conducted by a different evaluator, but the results may be incorporated into the final psychosexual evaluation report.

Deceptive Measures

Deceptive measures are those that measure a construct, while misleading the client as to what is actually being measured. The most common example in a psychosexual evaluation is sexual interest testing (e.g. Abel Assessment, the LOOK Assessment, Affinity). These instruments appear to be focused on the client's self-report of how sexually interested they are in certain photographs; however, the instruments are actually measuring the length of time it takes the defendant to respond to the stimulus photograph. Since the defendant is unaware that time is a factor in the test, they are focused on their self-rating. The passage of time becomes the deceptive measure, which has been repeatedly shown in the research to be an accurate measure of sexual interest – a concept known as Visual Reaction Time.

Collateral Information

A comprehensive review of case documents can provide important collateral information relevant to the psychosexual evaluation. Documents such as mental health records, medical records, school records, etc. should be reviewed and incorporated into the final report when they are available.

Another important aspect of a psychosexual evaluation is contacting others who may have relevant information about the defendant (e.g., parents, siblings, other family members, friends, mental health therapists, etc.). These individuals can often provide important and detailed information about the defendant's life. This information is used to corroborate the defendant's self-report, but also used to enhance the interpretation of the psychological testing and clinical impressions. A comprehensive evaluation looks for intersections of multiple data sources and these individuals are one of those sources. It should be noted that these individuals are not always available TO UTILIZE as part of the evaluation.

Multidimensional Assessments

A multidimensional assessment uses a variety of data points and may incorporate any/all of the aforementioned assessment measures (e.g., self-report, expert-scored, etc.). Multidimensional assessments are often used for complex issues such as attention deficit, autism spectrum disorder, and neuro-psychological disorders including traumatic brain injuries.

Another multidimensional assessment common in legal cases is Pedophilic Disorder. Pedophilia is a psychological term – not a legal term. This is an important distinction since the word is often misused in the legal system. Pedophilic disorder is characterized by recurrent, intense sexually arousing fantasies, urges, or behaviors involving prepubescent children; it is typically diagnosed only when people are older than 16 years of age and at least 5 years older than the child who is the target of the fantasies or behaviors. Research suggests that viewing online child pornography may be motivated by a variety of factors, of which pedophilia **may** be one; however, viewing online child pornography, is not a definitive factor in diagnosis of pedophilic disorder. Diagnosing an individual with pedophilia should consider a variety of factors including self-report information, historical/behavioral data, forensic data, sexual interest testing, etc.