



BACKGROUND MATERIAL

AZSOMB ADULT GUIDELINES AND STANDARDS SUBCOMMITTEE

SEPTEMBER 23, 2026

DRAFT STANDARDS

FOR

PSYCHOSEXUAL EVALUATIONS

PROVIDED BY

DR. BRECKEN BLADES,

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ARIZONA SEX OFFENDER MANAGEMENT BOARD

DRAFT — FOR AZSOMB CONSIDERATION

Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adults Who Have Committed Sexual Offenses

Standards for Psychosexual Evaluations

Drafting note: This document is a proposed draft and should not be represented as an adopted AZSOMB standard unless and until formally approved.

Arizona law allows a trial court and a defendant to request a psychosexual evaluation (PSE) prior to sentencing. It is the position of AZSOMB that voluntary pre-sentencing evaluations should be utilized in all appropriate cases due to the importance of the initial assessment information to subsequent sentencing, supervision, and treatment.

Post-sentencing, each convicted adult sex offender who is to be considered for probation shall be required to submit to an evaluation for treatment, risk and needs, procedures required for monitoring of behavior to protect victims and potential victims.

Purpose and Scope of a Psychosexual Evaluation

The purpose of a PSE is to assess an individual's need for treatment, determine what type of treatment is needed, and identify the risk level and any additional needs the person may have. Specifically, the PSE should identify risk and needs related to sexually abusive behavior; inform the need for, type, intensity, and focus of intervention; identify responsivity factors, strengths, and protective factors; and provide information that can assist with appropriate treatment, management, monitoring, supervision, and case planning.¹

An evaluation should provide a clinically and forensically appropriate conceptualization of the individual's sexual offending behavior, relevant criminogenic and non-criminogenic needs, factors associated with sexual and general recidivism, responsivity considerations, and protective factors. The evaluation should be sufficiently comprehensive to support individualized recommendations rather than relying on a single test score, historical label, or offense characteristic.²

Evaluations should inform, as appropriate, treatment planning and progress monitoring, supervision and behavioral monitoring, case management, transition and reentry planning, and decisions for which a current risk and needs assessment is relevant.⁴ The evaluation is one component of a broader multidisciplinary decision-making process and should not be treated as the sole basis for a legal or clinical disposition.

1. McGrath, R.J. (2016). Clinical strategies for evaluating sexual offenders. In A. Phenix & H. M. Hoberman (Eds.), *Sexual Offending: Predisposing antecedents, assessments and management* (pp. 265–278). Springer; Wormith, J. S. & Zidenberg, A. M. (2018). The historical roots, current status, and future applications of the

Risk-Need-Responsivity Model (RNR). In E. L. Jeglic & C. Calkins (Eds.), *New frontiers in offender treatment: The translation of evidence-based practices to correctional settings* (pp. 11–41). Springer.

2. Olver, M. E. (2017). The risk-need-responsivity model: Applications to sex offender treatment. In D. P. Boer et al. (Eds.), *The Wiley handbook on the theories, assessment, and treatment of sexual offending* (pp. 1313–1329). Wiley Blackwell; Olver, M. & Wong, S. (2016). Assessing treatment change in sexual offenders. In D. P. Boer (Ed.), *The Wiley handbook on the theories, assessment and treatment of sexual offending*, Vols. 1–3 (pp. 787–810). Wiley-Blackwell; Thaker, J. (2016). Case formulation. In D. P. Boer (Ed.), *The Wiley handbook on the theories, assessment and treatment of sexual offending*, Vols. 1–3 (pp. 737–751). Wiley-Blackwell; Ware, J. & Matsuo, D. (2016). Risk assessment and treatment planning. In D. P. Boer (Ed.), *The Wiley handbook on the theories, assessment and treatment of sexual offending*, Vols. 1–3 (pp. 717–736). Wiley-Blackwell; Van den Berg et al. (2018). The predictive properties of dynamic sex offender risk assessment instruments: A meta-analysis. *Psychological Assessment*, 30(2), 179–191; Wilson, R. J., Sandler, J. C., & McCartan, K. (2020). Community dynamic risk management of persons who have sexually offended. In J. Proulx et al. (Eds.), *The Wiley handbook of what works with sexual offenders: Contemporary perspectives in theory, assessment, treatment, and prevention* (pp. 247–263). John Wiley & Sons.

3. Ariz. Rev. Stat. § 13-3828(D)(1); see also § 13-3828(D)(4).

4. McGrath, R.J. (2016). Clinical strategies for evaluating sexual offenders. In A. Phenix & H. M. Hoberman (Eds.), *Sexual Offending: Predisposing antecedents, assessments and management* (pp. 265–278). Springer; Ware, J. & Matsuo, D. (2016). Risk assessment and treatment planning. In D. P. Boer (Ed.), *The Wiley handbook on the theories, assessment and treatment of sexual offending*, Vols. 1–3 (pp. 717–736). Wiley-Blackwell.



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EVALUATION MATRIX FOR

IDAHO & TENNESSEE

AZSOMB				
Adult Subcommittee Evaluation Matrix				
Categories	Tools/ Assessments	States		
		Idaho	Tennessee	Texas
Review of Documents		X	X	
Structured Clinical and Sexual History Interview		X	X	
Client Report of Offense		X	X	
Risk and Treatment Need Domains	General and offense–related criminogenic needs	X	X	
Identified Risk and Protective Factors	a. Static actuarials	X	X	
	b. Dynamic actuarials	X	X	
	c. Combined risk	X	X	
	d. Protective Factors	X	X	
	e. Responsivity Factors	X	X	
Psychological Testing Results	a. Sexual interest and/or arousal testing	X	X	
	b. Personality assessment	X	X	
	c. Assessment of psychopathy	as needed	NO	
	d. Other testing as indicated	X	X	
Diagnostic Impressions		X	X	
Overall risk determination/Summary	a. Overall determination of risk based on identified risk factors, actuarial risk, protective factors, and responsivity factors	X	X	
	b. Potential risk management strategies that may be important for other stakeholders to consider	X	X	
	c. Impact on Victim		NO	
Recommendations	a. Appropriate placement options (e.g., community-based or residential based)	X	X	
	b. Recommended interventions that support the application of risk, need, and responsivity (RNR) principles	X	X	
	c. Recommendations that consider victim/community safety	X	X	



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SEPTEMBER 23, 2026

PROPOSED CHANGES TO EARLY
TERMINATION

DOCUMENTS

PROVIDED BY

MS. KATIE KREJCI

TEMPLATE FOR WRITING SEX OFFENDER EARLY TERMINATION RESPONSES/FILINGS

All Sex Offender Early termination (ET) filings and responses should be in accordance with the “Early Termination Considerations for Probationers with Sex Offender Conditions.” The following guidelines are to be followed and each topic covered when writing and submitting an ET or filing a response to an ET to the Court for probationers who are on a Sex Offender caseload.

- Why are you writing the memo, i.e. “This memo is forwarded at the Court’s request reference the above captioned individual’s petition to terminate ~~lifetime~~ probation supervision.”
- **Index Offense:** Provide a summary of the index offense; include behaviors and victims, including dismissed counts. The index offense is the sexual offense for which the person is on probation. Include the date of when the offense occurred, the age of the probationer and victim(s) at the time of the offense, and the amount of time that has lapsed since the offense occurred.
- **Sexual History:** Provide a summary to include additional victims and their ages, their gender and their relationship to the offender. Summarize any sexual behaviors this offender has engaged in, including the age he/she first began to offend and the length of time the offending went on. Clarify whether that behavior was with the index victim or additional victims. Indicate whether or not the probationer has successfully passed (no deception indicated) or resolved the Sex History Polygraph including the date.
- **Treatment Status:** Provide a summary of the probationer’s treatment history and status. Include any and all discharge information and/or successful completion of treatment – dates are important, please include all dates. Include the therapist’s recommendation. If you do not have a recommendation from the therapist indicate why.
- **ABEL Assessment:** Include ABEL results as summarized by the treatment provider, including the date any ABEL assessments were taken.
- **MSI II Results:** Include ~~pre and post~~ MSI II results summarized by the treatment provider, include dates of any MSI assessments ~~taken~~.
- **Other Treatment Assessments:** Provide information and/or summaries of any other assessments that have been completed by a treatment provider (MMPI, MCMI, PCLR, LOOK, MIDSA, etc.) including dates of assessments taken.
- Indicate whether or not the defendant has been clinically diagnosed by an approved evaluator or treatment provider of A). Pedophilia, B). Psychopathy or Mental Abnormality or C). Sexual Sadism (see ET criteria for more information). This is not your assessment of the probationer; this is a clinical diagnosis and should be provided by the treatment provider.
- **Polygraph History:** Provide a summary of the probationer’s polygraph history and include whether the probationer has successfully passed or resolved all maintenance, monitoring or specific issue polygraphs with no major admissions and/or multiple admissions for the past two years. Include dates of when the polygraphs were taken, the time period covered by the polygraph, and the relevant topics covered when summarizing them in your memo.
- **Risk Assessments:** FROST, Static 99R, SOTIPS. These assessments should be current assessments using the current coding rules. Indicate the date each of the assessments were scored and whether they were scored by a treatment provider or adult probation. Include the results of

Commented [KK1]: These are sometimes administered more than twice, or not at all depending on the county.

other Static, Dynamic, and Protective risk factor tools that may have been scored such as Static 2002, Stable 2007, SAPROF-SO, PROFESOR, etc.

➤ **PERFORMANCE WHILE ON PROBATION:**

- Indicate whether or not the probationer has any pending Court matters (pending PTR, criminal charges, outstanding warrants).
- Summarize the probationer's progress and regress since being placed onto probation including their stability with housing and how they are financially supported (social security, employment, etc.).
- Include whether any permissions have been given to the probationer and when such permission was granted, such as permissions to use the internet, have a smart phone, travel, have contact with minors, engagement in community activities, etc.
- Include whether or not the probationer has completed all standard and specialized conditions of probation and treatment as directed by APD (community restitution hours, treatment, drug testing, deferred jail, etc.).
- Include the probationer's financial status in regards to Court ordered fines, fees and restitution.
- Provide a summary of how long has passed since the probationer has completed treatment and how they have progressed/regressed since being out of treatment.
- Indicate whether or not the probationer has demonstrated control over all known paraphilic behaviors/sexual deviancies for a significant period of time if they were given a clinical diagnosis by the treatment provider.

- **Chaperone Status:** Indicate whether or not they were determined to need a chaperone. If they have a chaperone indicate have a chaperone or support person. And if this person(s) is current with the treatment provider on their refresher classes. Indicate if they have any offense informed support persons in addition to or in lieu of a chaperone.

- **Sex Offender Registration Status:** This section should be used to advise the Court of the probationer's registration status and current notification level if applicable. Indicate whether this probationer is required to register as a sexual offender per current statute. Any outstanding or deferred registration issues should be discussed in this section and a recommendation be made regarding registration when applicable.

- **Victim Input:** Indicate whether or not the victim is opted in. If they are opted in, provide your attempts to contact them if you were unable to contact them. If you contacted them, provide their position on the request and address any concerns they raise.

- **Discussion and Evaluation/Recommendation:** Provide a recommendation and summarize and support the reasons for your recommendation. Discuss risk, goals for offender to achieve an early termination if that is not currently recommended. ~~or do~~ Discuss with the Court how this person may not ever be a candidate for ET and why or why not.

- **Submission:** Because e-filing does not allow the document to be dated when submitting the memo, please include the following statement at the end of your memo: "This memo is being submitted by Officer Smith (insert officer name) on August 4, 2019 (insert date of submission)." This is so the Court has a clear understanding of when the document was submitted.

EARLY TERMINATION CONSIDERATIONS for SEX OFFENDERS

The following are criteria considerations for an early termination of sex offender probation to include lifetime supervision. These criteria apply to offenders who were adult males at the time of their offense, not to female or juvenile offenders. Officers will consider suitability of early termination on a case by case basis to determine if a probationer is eligible. Risk level will be considered in each case. Probationers deemed a low risk may be placed on a minimum caseload.* Additional factors may be taken into account such as; victims, offending history, and sexual paraphilia. Each circumstance/case will be staffed on a case-by-case basis with supervisors to determine proper course of action such as those cases where medical issues are present or advanced age. Neither necessarily means an early termination will be facilitated or appropriate, but risk will be taken into account in each case. Should a probationer be interested in an early termination, that person is encouraged to talk with their probation officer to determine if or when it may be possible that they may be a suitable candidate and discuss any outstanding case plan goals:

1. No pending criminal charges and/or outstanding warrants.
2. The probationer has completed more than half of their original probation grant if not on lifetime probation. If they were sentenced to lifetime probation prior for a DCAC offense prior to 1/1/2026 or they were not convicted of a DCAC offense they have completed at least the minimum term of probation in A.R.S. 13-902(A) (i.e.: F2, 7 yrs.; F3, 5 yrs.; F4, 4 yrs.; F5 & F6, 3 yrs.). If they were sentenced to lifetime probation for a DCAC offense on or after 1/1/2026 they are prohibited from early termination (See ARS 13-901).
3. The probationer has completed all standard and specialized conditions of probation (community restitution hours, treatment, drug testing, deferred jail, etc.).
4. The probationer has not had a petition to revoke in the past two years.
5. The probationer owes no financial restitution to the victims.
- ~~5-6. The probationer has balance and has~~ no other supervision issues other than the payment of ~~finances and/or fees financial assessments~~ (if a balance is owed, it may be converted to a criminal restitution order at the time of discharge). ~~there are CRO implications).~~
- ~~6-7. Probationer has successfully completed all aspects of Primary treatment, Relapse Prevention and/or Maintenance treatment if applicable unless they were evaluated and it was determined that their risk to sexually reoffend may not be further reduced by participation in a treatment program.~~
- ~~7. Probationer has admitted to offense behavior and accepts responsibility for his/her actions.~~
8. All known paraphilic behaviors (sexual deviancies) have been demonstrated to be under control for a significant period of time.
9. Successfully passed (no deception indicated) or resolved the Sex History Polygraph if able to take a polygraph.
10. Has successfully passed or resolved all maintenance or specific issue polygraphs with no major admissions and/or multiple admissions for the past two years if able to take polygraphs.

*Criteria for eligibility on a minimum caseload includes scoring as a low risk on the FROST, Static 99R/2000R and/or the SOTIPS or other dynamic and protective factor assessments, if eligible. Questions about offender risk level should be directed to the assigned probation officer.

**Disclaimer: The Court makes the final decision with regard to the termination of probation in all cases.

Commented [KK1]: Research does not support denial as a risk factor (see Ruth E. Mann, R. Karl Hanson and David Thornton "Assessing Risk for Sexual Recidivism: Some Proposals on the Nature of Psychologically Meaningful Risk Factors, Sexual Abuse, 2010). Additionally this can create issues when there are various versions of the offense behavior such as what was written in a Presentence Report, what was admitted to in Court, what the results of instant offense polygraphs support.

EARLY TERMINATION CONSIDERATIONS *for* SEX OFFENDERS

11. ~~Will have completed a recent (within the previous 12 months) MSI II, which sustains the defendant has internalized treatment and is capable of self-regulating his/her behavior. (Note: If the offender is already in Maintenance Treatment, the MSI will be at the discretion of the supervising team.) This will not apply to those successfully terminated from treatment.~~
 12. Probationer will have completed all ~~additional~~ testing and/or assessments, as required by the treatment and supervision team.
 13. Probationer has a proper chaperone and/or support person if applicable.
 14. The probationer has demonstrated stability in dynamic risk factors such as cooperation with supervision, sexual preoccupation, etc.
 15. The probationer has protective factors such as stable housing, pro-social support, sobriety (if a substance abuse disorder was present), etc.
- ~~13.~~

Commented [KK2]: They are already required to have successfully completed treatment so the treatment provider will send them for necessary testing prior to successful discharge.

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