BACKGROUND MATERIAL

AZSOMB JUVENILE GUIDELINES AND STANDARDS SUBCOMMITTEE

November 12, 2026

Juvenile psychosexual evaluations: RNR Presentation

ASSESSMENT • TREATMENT • PUBLIC SAFETY

Juvenile psychosexual evaluations

What we assess, why we assess it, and how findings inform the Risk–Need–Responsivity model

Core message: No single test determines a young person's future.

10–15 minute presentation • November 2026

What a comprehensive evaluation answers

1 What happened?

Review behavior, context, developmental history, interviews, records, and collateral information.

2 What contributes?

Examine cognitive, emotional, behavioral, family, sexual-attitude, and environmental factors.

3 What helps?

Recommend proportionate safety measures, targeted treatment, and developmentally accessible services.

The evaluation is a clinical formulation—not merely a score report.

Why adolescents require a different approach

Development is ongoing

Adolescents' judgment, self-regulation, relationships, family supports, and opportunities for change are evolving.

Assessment must be revisited

Findings are time- and context-sensitive. Reassessment should consider changes in behavior, treatment engagement, and environment.

Adult risk assumptions should not be automatically applied to youth.

Our assessment battery: five complementary domains

Cognition & learning	WAIS / WISC • WRAT-5	Can the youth understand and use treatment?
Personality & mental health	MACI-II	What psychological concerns require attention?
Trauma symptoms	TSCC / TSCYC / TSI-2	What symptoms affect well-being and engagement?
Sexual interests & cognitions	AASI-2 • Abel–Becker–Kaplan • interest card sort • PHASE	What beliefs or interests warrant further exploration?
Risk & substance use	J-SOAP-II • SASSI • DAST-20 (as indicated)	What risk factors and additional service needs are present?

Cognition, personality, and trauma: why they matter

WAIS/WISC + WRAT-5

Assess intellectual and academic functioning.

RNR: adapt reading level, pacing, examples, and treatment delivery.

MACI-II

Explore adolescent personality and clinical concerns.

RNR: identify clinical needs and barriers to engagement.

TSCC / TSCYC / TSI-2

Evaluate age-appropriate trauma-related symptoms.

RNR: address symptoms and adapt care; trauma is not itself proof of sexual risk.

Sexual interests and cognition: focused clinical inquiry

Instruments used

AASI-2 (Abel assessment)
Abel–Becker–Kaplan Adolescent Cognitions Scale
Adolescent Sexual Interest Card Sort
PHASE Sexual Attitudes Questionnaire

How findings are used

Explore reported interests, beliefs, attitudes, and potential treatment targets.

Compare results with interviews, behavioral history, and collateral evidence.

Do not treat a score as proof of behavior or a stand-alone prediction.

Interpretation requires particular caution about validity, context, and response bias.

J-SOAP-II: structured risk-factor review

What it organizes

Historical sexual and antisocial factors, alongside potentially changeable intervention and community-adjustment factors.

What it does not do

It is not an actuarial probability calculator. The manual provides no validated cutoffs for precise individual recidivism probabilities.

Use structured findings within a broader, documented clinical formulation.

Risk–Need–Responsivity: three different decisions

RISK • How much?

Match treatment intensity, monitoring, and structure to an individualized risk-and-safety formulation.

NEED • What?

Target modifiable factors related to harmful behavior; also treat other clinical needs for well-being.

RESPONSIVITY • How?

Adapt services to cognitive ability, developmental stage, trauma symptoms, motivation, family, and culture.

Risk ≠ diagnosis • Need ≠ every symptom • Responsivity ≠ treatment intensity

Illustrative case: from findings to recommendations

Hypothetical 15-year-old

- WRAT-5: reading well below grade level
- Trauma measure: significant symptoms
- Sexual-cognition measures: concerning beliefs to explore
- J-SOAP-II: changeable supervision and intervention concerns

RNR-informed plan

RISK: individualized supervision and safety plan

NEED: address problematic beliefs and behavioral regulation

RESPONSIVITY: simplified materials, trauma-informed engagement, caregiver involvement

The same score does not imply the same plan for every youth.

Scientific safeguards and legislative takeaways

Safeguards

- No instrument used in isolation
- Match instrument to age and population
- Document limitations and conflicting evidence
- Separate screening, clinical diagnosis, and risk formulation
- Reassess as youth and circumstances change

Policy implications

- Support qualified, developmentally informed evaluations
- Preserve individualized treatment and supervision
- Avoid mandatory decisions based on a single cutoff
- Support family participation and reassessment
- Evaluate outcomes and quality over time

APPENDIX • NOT PART OF TIMED TALK

Selected references and evidence boundaries

ATSA adolescent practice guidelines (2017)

https://members.atsa.com/learn/Details/guidelines-atsa-practice-guidelines-for-assessment-treatment-and-intervention-with-adolescents-who-have-engaged-in-sexually-abusive-behavior-196926

OJJDP J-SOAP-II manual (2003)

https://www.ojp.gov/pdffiles1/ojjdp/202316.pdf

U.S. DOJ SMART Office review: juvenile sexual risk

https://smart.ojp.gov/somapi/chapter-4-assessment-risk-sexual-reoffense-juveniles-who-commit-sexual-offenses

DAST psychometric synthesis (2024)

https://www.tandfonline.com/doi/full/10.1080/07481756.2024.2399199

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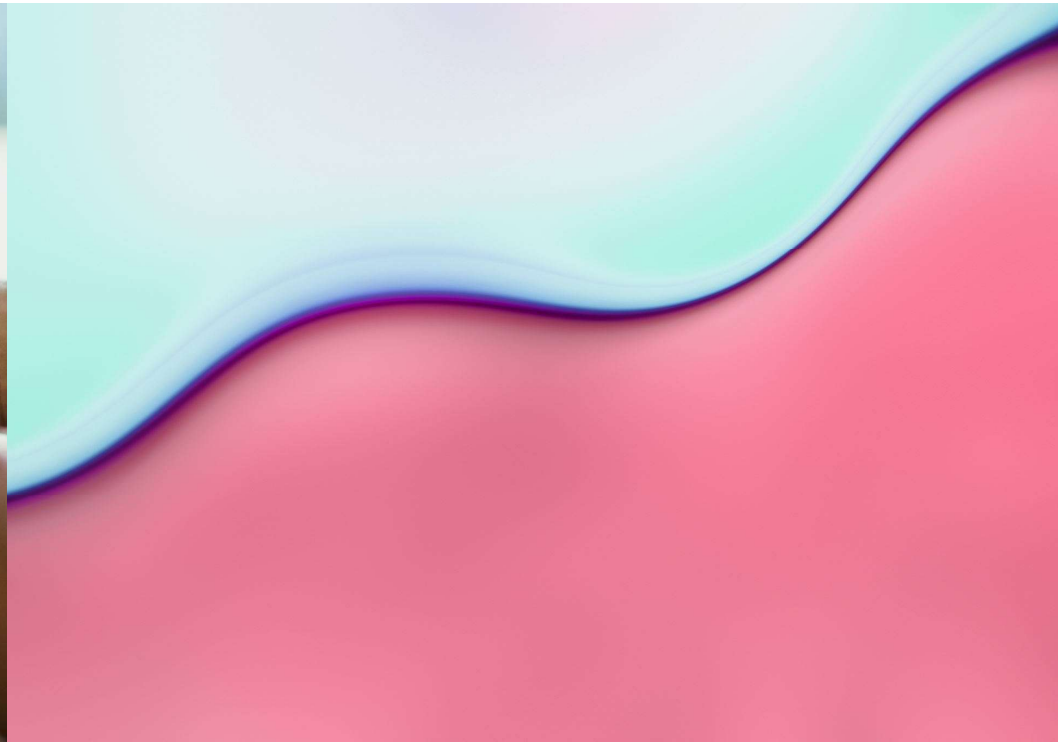
AOC Service Specifications

Pyschosexual Evaluation

Presentation

AOC Service Specifications Pyschosexual Evaluation





Target Population

Juveniles adjudicated by the Superior Court for a sexually abusive offense or as ordered by the court.

***Psychosexual evaluations are not for the purpose of determining sex offender registration status**

Professional Requirements

Only the licensed psychologist may conduct the clinical interviews, analyze, and interpret the results of the psychometric testing; make recommendations, and write reports.

Psychologists must be licensed by the Arizona Board of Psychologist Examiners.

Contractor must have experience and training in the field of sexually abusive behaviors, adolescent development, mental health and juvenile justice

Psychometric testing may be performed by qualified psychometrists.

Service Description

A thorough and holistic psychological evaluation

Purpose: To assess and diagnose a juvenile's overall relevant cognitive and developmental, emotional, behavioral, trauma, and/or psychological conditions.

Report generated by evaluation addresses what contributed to the juvenile's current offense, the overall risk factors, juvenile's criminogenic risk, needs and responsivity for appropriate interventions, and what can be done to facilitate healthy youth development.

Evaluation Addendum: Clarifications or a summary of additional information or test results which were not available at the time of the initial evaluation conducted within past 90 days.

Evaluation Update: Update to existing information that was cited in an evaluation prepared within the preceding 10 months.

Desired Service Outcomes

A comprehensive evaluation describing cognitive, developmental, emotional, behavioral, trauma, and/or educational needs of the juvenile and family to assess behavioral health and emotional needs of the juvenile within their cultural context.

To provide an evaluation of the juvenile's sexual history, specific victim profile, offense history, and risk (both sexual and general delinquency) to the community.

The report will make holistic treatment recommendations to address the risk, needs, protective factors, well-being and identify the least restrictive level of care that matches the criminogenic risk/needs/ responsivity model for the juvenile evaluated.

Addendums and updates will provide supplemental or updated information related to the original report.