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# Clinical Strategies for Evaluating Sexual Offenders

Robert J. McGrath

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## Evaluating Sex Offenders: Practical Clinical Strategies

Comprehensive sex offender evaluations form the foundation for designing and delivering appropriate services to this population. Evaluations provide an opportunity to collate and synthesize information about offenders to inform a variety of important clinical, management, and legal decisions. These include decisions regarding sentencing, institutional placement and treatment planning, civil commitment, release decisions, reentry planning, community supervision and treatment, registration and notification, and family reunification. Assessment is an ongoing process. As offenders move through the criminal justice and mental health systems, later evaluations should build on information contained in earlier ones.

Sex offenders are typically not voluntary clients. Rather, a third party, such as a court, correctional agency, or social service organization, has compelled the offender to undergo evaluation. Consequently, the offender's relationship with the evaluator can be adversarial in nature. This is especially true when what is at stake in the evaluation is at great odds with what the offender considers to be in his best interests. Examples of high stakes evaluations include criminal sentencing hearings and civil commitment trials where the potential outcome includes a lengthy period of confinement. In these cases an offender's interest in freedom may conflict with the community's interest in public safety or exacting just deserts.

On the other hand, the offenders and evaluators often have interests that overlap, such as when their mutual goals concern rehabilitation. Evaluations ideally should help

offenders begin to recognize and do something about their problems. The chances of successful rehabilitation are enhanced when the evaluator and offender are able to form a collaborative working relationship.

Collaboration is particularly important when the evaluator also will be the treating clinician or affiliated with the treating clinical team. Although clinicians may distinguish between the evaluation and treatment phase of services, clients may not see it the same way. How they are treated during the evaluation phase of a program likely spills over into how they initially view the treatment phase. This can be critically important because the therapeutic relationship between offender and clinician typically stabilizes in the first few sessions (Miller & Rollnick, 2002).

The manner in which evaluators interact with offenders, however, has received little attention (Shingler & Mann, 2006) and collaboration typically has not been viewed as a necessary endeavor. Early approaches toward criminal justice clients emphasized authoritarian and confrontational approaches (Miller & Rollnick, 2002) and this style has been recommended as well by some of the early writers in the sex offender field (Salter, 1988). This is not to say that evaluators should not challenge offenders and ask difficult questions during an evaluation, nor to ignore the power differential between the offender and evaluator; rather, it is to recognize the importance of the therapeutic relationship which begins with the first contact the offender has with an evaluator.

The general psychotherapy literature is clear that the manner in which a clinician interacts with clients is equally or even more important than the specific treatment techniques that he or she uses (Lambert, 1992; Lambert & Barley, 2001). Therapeutic relationship is enhanced when evaluators are respectful, direct, genuine, and empathic. As well, these factors have been found to be equally important in interacting with correctional clients (Andrews & Bonta, 2010; Dowden & Andrews, 2004). More recently in the sex offender field, a series of studies found that these same clinician characteristics associated with success in other areas of

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R. J. McGrath, M.A. (✉)  
Vermont Department of Corrections, 105 Happy Valley Road,  
Middlebury, VT 05753, USA  
e-mail: rmcgrath@sover.net