

Using a Psychosexual Evaluator During a Parenting Evaluation:
Getting the Most From Your “Sex-pert”

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Topics To Be Covered Today

Part I: Introduction

- Who We Are And What We Do
- Sexual Behaviors Potentially Relevant To Parenting Evaluations

Part II: Psychosexual experts: What they can (and cannot) do for you

- What Is “Sexpertise”?
- Psychosexual Assessment
- Considerations For Risk Management

Part III: Case examples

- “I’ve Got This”
- “Have I Got This?”
- “You’ve Got This”

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Sexual Behaviors Potentially Relevant To Parenting Evaluations

- Pornography use**
 - What is “normal” pornography use? What is “sex addiction”?
 - Legal but problematic pornography: “Barely legal”; themes of force
 - Illegal pornography: Child pornography
- Legal but problematic sexual behavior**
 - (e.g. cybersex, Craigslist, S&M)
- Impaired sexual boundaries with children**
 - (e.g. co-sleeping/bathing/privacy issues; lack of vigilance re: adult sex)
- Illegal sexual behavior involving adults**
 - (e.g. voyeurism; exhibitionism; prostitution)
- Illegal sexual behavior involving minors**
 - (e.g. child pornography, sexual offending)

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What is “Sex-pertise”?

Education & Training of this Clinician

Human sexual behavior:

- Psychosexual development
- Sexual behavior & relationships
- Marriage & couple therapy
- Gender & Sexual identity
- Paraphilic & offense behavior

Clinical Psychology:

- Normal human development
- Adult Psychopathology
- Juvenile Psychopathology
- Treatment/therapy
- Evaluation/assessment

Forensic Psychology:

- Criminal offenses
- Sex offenses
- Risk assessment
- Personal Injury (esp. child sex abuse)
- Child Custody (incl. SA allegations)
- Child witness/interview issues

Psychosexual Evaluation

- ❑ Task is to assess the individual’s sexual thoughts, feelings, behaviors
 - ❑ No official charge/conviction means you cannot use actuarial risk assessment instruments
- ❑ Places sexual behavior problems (SBPs) in the context of the whole person
 - ❑ Not just whether the person is “sexually deviant”
- ❑ Emphasizes the need for comprehensive psychological assessment
 - ❑ SBPs are not typically due to underlying “sexually deviancy,” more likely due to other factors

What a Psychosexual Evaluation Can Provide:

- ❑ Identification of adult sexual behaviors that may have impact on child:
 - ❑ Clinically-informed assessment of problematic sexual behaviors
- ❑ Assessment of underlying psychological considerations
 - ❑ e.g. Axis I or Axis II concerns that may account for and/or exacerbate sexual behavior problems
- ❑ Recommendations for treatment
 - ❑ May not be “deviancy”-specific treatment, although clinicians with such expertise may be useful given their fluency in sexual behavior
- ❑ Suggestions for risk management
 - ❑ Inherently limited by necessary reliance on clinical judgment
 - ❑ May involve considerations beyond the scope of evaluation

What a Psychosexual Evaluation Cannot Provide:

- ❑ Actuarially-based assessment of a person's risk to sexually offend, if he/she has never been arrested/convicted of a sexual offense
- ❑ Determination as to whether a particular behavior has/has not already occurred
- ❑ Determination as to whether a particular behavior will/will not occur in the future
- ❑ Determination as to whether either party is lying

Psychosexual Evaluation Procedures

- ❑ Informed consent
- ❑ General psychological assessment tools
- ❑ Sex-specific assessment tools
- ❑ Physiological assessment tools
- ❑ Interviews & observations
- ❑ Collateral sources

General Psychological Assessment Tools

- ❑ Psychological "testing" generates clinical hypotheses about the examinee, based on a comparison of his/her responses to known groups of people
- ❑ May provide better understanding of the broader context in which SBPs first developed, how SBPs are maintained, and/or whether the behavior may respond to intervention

General Psychological Assessment Tools

- Provides clinician with broad/comprehensive assessment of the examinee's past/current functioning in a number of areas
 - Mood, anxiety, thinking patterns (i.e. "Axis I")
 - Personality/interpersonal patterns (i.e. "Axis II")
 - Acute behavioral concerns (e.g. assault or suicide indicators)
 - "Dynamic risk factors" (e.g. antisocial attitudes, intimacy deficits)

General Psychological Assessment Tools

- Some personality assessments also provide useful information about response style (e.g. impression management, defensiveness)
- Examples of general psychological assessments include:
 - Personality Assessment Inventory
 - Minnesota Multiphasic Personality Inventory
 - Millon Clinical Multiaxial Inventory

Sex-specific Assessment Tools

- Specific assessments of the examinee's sexual thoughts, feelings, and behaviors
- Provide specific information about the examinee's self-reported interests, attitudes, beliefs, experiences
- Some assessments also provide information about response style (e.g. minimization, defensiveness)

Sex-specific Assessment Tools

- Examples include:
 - Multiphasic Sex Inventory
 - Clarke Sexual History Questionnaire for Males
 - Abel & Becker Sexual Interest Cardsort
 - Burt “rape myths” scale
 - MOLEST scale
 - Sexual Attitudes Questionnaire
 - Hypersexual Behavior Inventory
 - Internet Sex Screening Test

Physiological Assessment Tools

- These are NOT psychological tests
- Polygraph measures general physiological arousal (e.g. heart rate) as a “proxy” for deception
- Helpful if the evaluatee “passes”
- Unhelpful (and potentially harmful or misleading) if the individual “fails”
 - Statements made during follow-up are focus

Physiological Assessments

- Penile Plethysmograph (PPG)
 - Measures change in penile tumescence during exposure auditory and visual stimuli
 - Audio vignettes to assess arousal to force/coercion
 - Visual stimuli to assess arousal to age/Tanner stage
 - PPG is not useful for “non-deviant” interests (e.g. teens)
 - PPG should be used for assessment of treatment needs/treatment progress ONLY (see ATSA guidelines, www.atsa.com)
 - PPG results are NOT an indication of “likelihood” to engage in a certain behavior in the future
 - PPG results are NOT an indication having engaged in a certain behavior in the past
 - PPG is NOT a “lie detector”

Observational/Interview/Clinical Data

- Review psychosocial & psychosexual history
 - Clinical observations of behavior, attitudes, interpersonal style, response style, clinically relevant “symptoms”
 - Opportunity to review testing with examinee, elicit his/her responses to hypotheses
 - Opportunity for examinee to respond to/clarify information provided by collateral sources
 - Opportunity for examinee to indicate willingness to participate in treatment/interventions

Collateral Information

- Records, e.g.:
 - Police reports
 - CPS reports
 - Medical records
 - Mental health records
 - Employment records
- Interviews, e.g.:
 - Former spouse/romantic partner(s)
 - Current romantic partner
 - Family members
 - Friends, roommates, other parties with intimate contact
 - Clinicians (past and current)
 - Supervisors (e.g. of visitation)

Opinions & Recommendations

- Diagnostic formulation (if any)
- Supervision?
 - Any vs. none
 - Professional vs. family/friends
- Behavioral restrictions?
 - E.g. no overnights, supervised bedtime/bathing/toileting, visits in public places, computer restrictions/monitoring
- Treatment
 - For adult
 - For child
 - For family (dyads/triads, reunification, etc.)

Considerations For Risk Management

- **Age/developmental maturity**
 - Is child verbal? Can child describe events of visit?
 - Is child old enough to dress/toilet/bathe him/herself?
 - Is old enough to bring other children into the home?
 - If child is school-age, could examinee's SBPs harm child's social development?

Considerations For Risk Management

- **In some cases, a child might be more harmed/traumatized by the loss of positive aspects of parent-child relationship, than by the sexual behavior problems themselves**
 - Child's understanding of what has happened is not always the same as adult's understanding
 - Meaning of events may change for the child over time

Caveats & Limitations of Psychosexual Evaluations

- **Opinions and recommendations are limited to the person who was examined**
 - Recommendations address examinee's problem behavior, how it might be effectively managed/treated
 - NOT a parenting evaluation but may have implications for a parenting plan to be addressed by the parenting evaluator
 - Some child-specific considerations may not be adequately addressed by psychosexual evaluation alone

Case Examples

- “I’ve Got This”
- “Do I Have This?”
- “You’ve Got This”

Case Scenario 1

- Mom, Dad, 2 kids age 7 (girl) and 11 (boy). Mom filed for dissolution after testing positive for STD.
- Dad admitted sex with prostitute on Asia business trip when confronted.
- Mom reported other sexual behavior by Dad that caused conflict in marriage: strip bars, porn viewing, past use of prostitutes in college.
- Mom reported Dad’s touching of children makes her uncomfortable – touching “no touch” zones although she was clear she did not believe sexual contact was occurring
- Mom believes Dad has sex addiction, is worried about his boundaries with children

Case Scenario 2

- Mom, Dad, 1 kid, age 6 (boy). Mom filed for dissolution after Dad’s affair was revealed.
- Mom reported Dad engaged in impersonal sex contacts through Craigslist; brought affair partner to the home when the child was present; engaged in pornography use earlier in the relationship. Mom is concerned that Dad may expose child to sexually explicit materials and/or behavior.
- Dad acknowledged finding sex partners through Craigslist and bringing current sexual partner to the home when the child was present (no sex occurred on that occasion. Dad is now in a committed relationship with affair partner of more than one year.

Case Scenario 3

- Mom, Dad, 1 child, age 8 (girl). Unmarried couple, residing in different states, high conflict.
- Two years into modification litigation, GAL discovered Dad was actively contacting prostitutes during residential weekends with daughter.
- Dad had been arrested once for solicitation of a prostitute in 2000.

Summary & Concluding Remarks

- Sexual behavior problems often alleged
- SBPs may or may not impact parenting
- A psychosexual expert can help evaluator through consultation and/or evaluation
- Psychosexual evaluation can help through evaluating psychological functioning and sexual behavior

References

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