The Abel-Blasingame Assessment System *for individuals with intellectual disabilities*™

ABID

Administration and Clinical Guide

Abel Administrator
Application 5.1

Important Note for Abel Administrator
Version 5.1

If a VRT® Images session is interrupted or you need to exit the VRT® Images portion of an assessment, please follow these steps:

Do not close the application or power down the laptop.

Instead:

- Press **Ctrl + Alt + T** and release the keys.

- Enter the password to unlock the software and click OK.
  - Please note that canceling a VRT® Images session will terminate the current VRT® Images session.
  - All data from the current VRT® Images session will be canceled and cannot be recovered.
  - Any future VRT® Images session for that client must be restarted and administered from the beginning.
  - You can pause and resume a Questionnaire portion of an assessment, but cannot pause and resume a VRT® Images session.

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The Abel-Blasingame Assessment System *for individuals with intellectual disabilities*™

You will use this guide to learn how to administer and interpret The Abel-Blasingame Assessment System *for individuals with intellectual disabilities*™ (ABID) and prepare for the ABID certification exam.

This ABID Administration and Clinical Guide:

A. Describes the procedures for administration of the assessment.
B. Provides psychometric information about the scales contained in the ABID.
C. Provides the information necessary to interpret the ABID's report.

The ABID is intended to assist in the assessment of individuals with intellectual disabilities who are being evaluated for problematic sexual behaviors. Although the ABID was originally developed for use with men, some clinicians have administered it to women when deemed clinically appropriate for assessment and treatment planning. The scoring procedures for the ABID do not differ by gender; however, when administering the measure to female clients, clinicians must substitute female pronouns for male pronouns during questionnaire administration. At present, the ABID is available exclusively in English.

Assessment of persons with intellectual and learning disabilities can be complex. The ABID has been developed with these complexities in mind. We have endeavored to keep the vocabulary in plain language, limit compound sentences, use simple verbiage, and allow for opportunities to take breaks to prevent fatigue or tiredness. However, as an evaluator you will need to be aware of and attentive to a number of issues.

If you have questions regarding administering the ABID, you should contact Abel Screening for consultation before using the assessment procedure.

The Abel Assessment *for sexual Interest* suite of clinical tools have gained widespread acceptance and use with over 4,000 clinicians in the U.S., Australia, Canada, England, and Ireland having utilized Abel Assessments over 240,000 times. For more than two decades its standardized assessment measures have been a reliable tool for clinicians tasked with making difficult decisions about the treatment and management of clients with a variety of sexual behavior problems.

The Abel Visual Reaction Time™ (VRT®) measure and the multiple measures from the ABID Sex-Specific Questionnaire have been accepted in federal and state courts.

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An Evaluation Suite of 12 Measures for the Intellectually Disabled

Each ABID report provides you with the following items:

- Visual Reaction Time (VRT®) Objective Measurements of Sexual Interest
  - Sexual Interest in Children
  - Paraphilias
  - S&M
- Age Discrimination Review Using Pictures
- Report Synopsis
- Demographic Information and Presenting Problem
- Social Desirability Scale (Lie Scale)
- 16 Sexual Behaviors Table and Summary
- Sexual Attraction and Fantasy Ratings
- Cognitive-Distortion Scale
- Psychosexual and Sexual Abuse Victimization History
- Summary of Drug and Alcohol Use
- Accusations, Admissions, Arrests, and Convictions Review
- Assessment of Conduct Disorder/Antisocial Behaviors
- Abel Screening Questionnaire Data (optional, upon request)

The ABID is administered in three parts:

1. A section for the therapist
2. An ABID Questionnaire (which the therapist reads aloud to the client) that produces multiple self-report and objective measures
3. An ABID Images (VRT® Images) assessment that objectively measures sexual interest beyond the client's awareness

The assessment results on the ABID fall into two categories:

1. **The ABID QUESTIONNAIRE that collects:**
   - Details on 16 sexual behaviors and two sexual health concerns
   - Cognitive Distortions and Social Desirability
   - Ratings of Sexual Fantasy themes on the Sexual Interest Vignette Scales
   - Self-Reported Alcohol and Substance Use
   - Items of Concern Requiring Follow-up

2. **The ABID Images (VRT® Images)** that objectively measures the client's sexual interest in 22 categories of images of preschool and grade school-age children, teens, and adults, Caucasian and African-American, plus depiction of various sexual behaviors. The VRT® assessment produces two objective measures taken beyond the client's awareness. For comparison, the client also self-reports their ratings of sexual arousal to these same images.

Your client's ABID responses are transmitted electronically to Abel Screening, Inc. (ASI) where they are scored. The results are sent back to your Abel application in minutes. You can integrate the ABID results into your overall clinical assessment results, written client reports, and recommendations.

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Test and Retest Clients to Assess Progress

The ABID will register the client's progress during treatment, including any reductions in sexual interest in children as measured by the VRT®. ASI recommends that the clinician assess the client's treatment progress at three different times.

- **Before treatment**: The ABID results can help you refine or expand your diagnosis. The results also provide a baseline record as treatment progresses and concludes.

- **Mid-treatment**: The ABID results can be useful in determining whether the client is benefiting from treatment. Results can pinpoint those areas where the client is not improving and may require a more intense treatment focus. For example, a given client may require greater focus on behavioral techniques designed to reduce or eliminate inappropriate sexual interests, cognitive distortions, and continued behaviors from the Danger Registry. Mid-treatment testing can also provide your client with an opportunity to admit to previously denied behaviors, as this may be easier when filling out a questionnaire than discussing it face-to-face or in a group. Furthermore, by showing the client their VRT® Graph during treatment, you can help the client to reduce their denial of their sexual interest or continued sexual interest in children. Mid-treatment can also help the client see their improvement.

- **Post-treatment**: The ABID results are often helpful in determining whether the client should begin a maintenance phase of treatment or is ready to discontinue treatment. In addition, the results occurring at 6-month and 12-month intervals provide empirical support for recommendations you may be asked to make to the court or the probation office.

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You and Abel Screening, Inc.

At Abel Screening, Inc. (ASI), we recognize the challenging and often underappreciated work you do to protect children. Our goal is to make your professional life easier. Abel Screening designs our assessment suites to give you sex-specific information to increase the precision of your diagnoses and evaluate your clients' treatment progress.

Two Numbers That Protect Confidentiality

To maintain confidentiality for your client, data sent to and reports sent from Abel Screening are identified by:

- A Site ID Number, and
- A Client ID Number

Your Practice's Site ID Number

Abel Screening assigns a unique four-digit **Site ID Number** to your practice. The Abel Administrator application automatically enters your Site ID Number after you enter the Product Key to activate your assessment(s).

When Do You Need Your Site ID Number?

Your Site ID Number is needed in the following situations:

- When you call ASI Technical Support, you will provide your Site ID Number.
- When you schedule a free video or phone case consultation with an Abel Screening clinician to discuss case-specific Abel Assessment results, you will provide the scheduler with your Site ID Number.
- When you access the private "Customer Only" section of the Abel Screening website, the login area prompts you to enter your Site ID Number.

Your Client's ID Number

When you start an assessment, the Abel Administrator application automatically assigns each new client a Client ID Number in sequential order from the previous number assigned. If you have your own numbering system, you can override the automatically assigned number. As part of setting up the assessment, you will record your client's name, date of birth, race, and gender in the assessment application. Abel Screening only receives the Client ID Number and does not receive your client's name, or other therapist-entered information. Only you have your client's name and date of birth.

Your client's results come back identified only by your **Site ID Number** and **Client ID Number**.

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The Abel Blasingame Assessment System

For individuals with intellectual disabilities™

For Men

An Abel Screening Assessment System

Client ID: 000151

Gender: Male

Language: US English

Date Assessed: 09/14/25

Assessment by: Site 9000

The ABID™ was developed by Gene G. Abel, M.D.

The ABID™ results are not conclusive. The Information provided in this report is based solely on data developed from the ABID™. This report should be interrupted in the context of other information about the individual and should be used as one of many criteria in making a decision.

Administrator Version 5.1 Report Version 4.2y ©2025 Abel Screening, Inc. Serial 457287 Page 1

Benefits at No Additional Cost

As part of your AASI clinician benefits you receive access to an additional client questionnaire, unlimited technical assistance, a private customer-only resource portal with training materials and research data, and expert case consultations—all at no additional cost.

The Abel Psychological and Sexual History Questionnaire (APSHQ)

The APSHQ is optional and asks your client demographic, medical, legal, and sexual history questions. The APSHQ report lists your client's response to each question and can be printed for your own use. None of the client's answers are transmitted to Abel Screening.

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Unlimited Access to Abel Screening Technical Support

For technical support, call (404) 874-4772, Ext. 2, Monday - Friday, 9 AM - 7 PM Eastern Time.

- You will need to provide your Site ID Number
- It is helpful if you are near your computer

You can also send an email to ASI Technical Support at asisupport@abelscreening.com.

Access to Abel Screening's Private "Customers Only" Website

The Customers Only website provides numerous materials such as Quick Case Reviews recorded by Gene G. Abel, M.D, Abel Assessment Orientation Trainings, and audio-visual PowerPoints of Interest that go beyond this guide. To access go to abelscreening.com and click on "Customers Login Here." You will be prompted for a Username and Password. Your Username is your email address. If you don't know your password, please call or email ASI Technical Support to have the password reset.

Abel Assessment Clinician Referral List

The Abel Screening website at www.abelscreening.com maintains a list of licensed AASI Clinicians who offer the AASI-3, AASI-2, and the ABID. You can add or update your listing by filling out the online form at https://www.abelscreening.com/add-or-update-information.

Unlimited Access to Our Experts for Clinical Case Reviews and Court Preparation

Case-specific video or phone consultations are available to assist you with the clinical interpretation of your ABID results. You will be guided by one of our experts who will consult with you on the ABID's measures found in the results report. Our expert will teach you how to understand the interrelationship of the measures as they apply to your client, instilling confidence in your interpretation.

After you have completed your first client assessment and received your report, call Abel Screening at 404-874-4772, Ext. 4, to schedule a video or phone consultation with one of our experts to review your client's report and VRT® graph. **Please provide the scheduler with your Site ID Number and your Client's ID Number.** You may continue to schedule consultations until you are comfortable interpreting the results independently. You may also schedule a consultation any time you have a complex case and would like a second opinion on the interpretation of the client's results. There are limited half-hour time slots available, scheduled on a first-come, first-served basis. Please call to schedule case consultations as early as possible to secure the time slot that works best for you.

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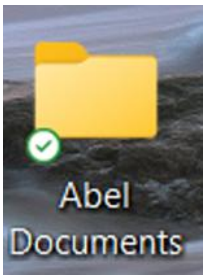
To Get Started:

1. **Install the Abel Administrator Application 5.1**
   Click on the application download link provided in your welcome email. Once you have downloaded the file, open it and follow the setup instructions.

2. **Access Your Abel Administrator Desktop Icons**
   After installing the Abel Administrator application, two icons will appear on your desktop.



Abel Documents: Double click this desktop folder to open these ASI Documents:

- ABID Clinical Guide - Study the Clinical Guide to pass the Therapist's Brief Exam
- Therapist's Questions
- Client's Informed Consent
- Standardized Report Templates of the Measures on the AASI for Easy Inclusion in Your Reports Concerning Your Clients.

Abel Administrator: After you pass the appropriate certification exam, ASI will email you your Product Key. You can then double-click this icon to open your Abel Administrator application. Do not delete any prior versions of the Abel Administrator on your laptop as it's possible you may want to access reports stored there in the future.

3. **Study for the Required ABID Certification Exam**

In the interest of maintaining quality and consistency in the field, we require new users to pass our ABID certification exam. You will use this guide to prepare for the ABID exam. The instructions for accessing the online certification exams are at the very end of this guide.

A. Requirement Before Taking the Exam
Before taking the exam, determine how you will be utilizing the assessment and which certification exam you need to take:

- **AASI Authorized:** This user administers and interprets the ABID.
  - ***Requirement:*** A professional clinical license must be on file with Abel Screening. Please email a copy to contact@abelscreening.com.

- **AASI Under-Supervision of a Site Clinician:** This user administers and interprets the ABID under the supervision of an AASI Authorized user.
  - ***Requirement:*** Written approval by an AASI Authorized supervisor is required stating you are authorized to administer and interpret the AASI reports under their supervision. Please email this authorization to contact@abelscreening.com.

- **Administrator:** This user administers the ABID only and does not interpret the results. This user must pass the Administrator Exam only.

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B. After You Take the Required Exam(s)

You will need to take an exam for each Abel Assessment you have purchased or will be administering or interpreting. After successfully passing an AASI exam, within one-to-two business days Abel Screening will email a certificate of completion and the Product Key to the primary contact on the account. You or the primary contact will use this Product Key to activate your Abel Assessments in the Abel Administrator application.

Study Questions to Prepare for the ABID Exam:

Where do you find the instructions on how to administer the ABID?

a) in an email from ASI
b) in the Clinical Guide
c) call ASI Support
d) the Internet

Abel Screening, Inc. (ASI) identifies your practice using:

a) a four-digit number
b) the name of your practice
c) a software product key

Abel Screening, Inc. (ASI) requires your client to have an Identification number:

a) true
b) false

ASI offers free case consultations to help improve your use of the ABID:

a) true
b) false

The Visual Reaction Time™ (VRT®) component of the ABID measures:

a) sexual arousal
b) pupil diameter
c) sexual interest
d) pedophilia

The Abel Visual Reaction Time™ (VRT®) measure has been accepted in state and federal courts:

a) true
b) false

It is recommended that the ABID be used with persons with Full Scale IQ`s of at least what level?

a) 50
b) 95
c) 60

How often should you test a client with the ABID to demonstrate treatment progress?

a) every 3 months
b) every 6 months
c) before treatment, halfway through treatment and at the end of treatment
d) all of the above
e) none of the above

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Preparing to Use the ABID

Prepare Your Assessment Laptop — Screen Resolution and Keyboard

Screen Resolution: Ensure that your assessment computer's screen resolution is set to 1280 x 768. This setting is designed to standardize your VRT® testing.

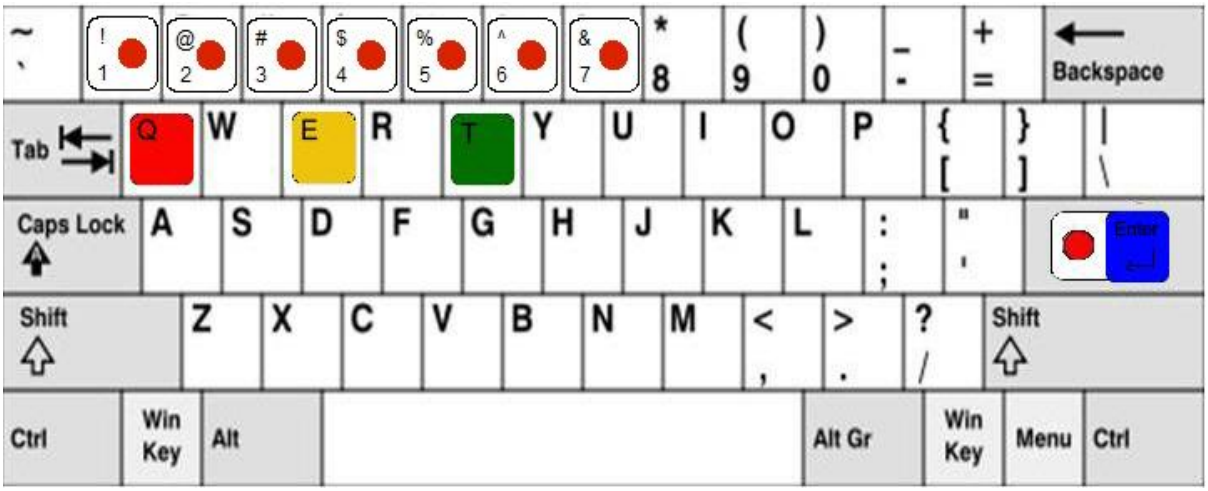
Your Assessment Keyboard: In your Abel Screening mailed welcome packet, you will find a laminated VRT® Checklist and set of stickers used to mark the keys on the keyboard your clients will use when rating the images in the VRT® assessment. **These stickers are not optional. They are a required part of using your computer as a testing instrument.** If you need more stickers, please contact ASI.

For the ABID, place the red square sticker on the Q key, the yellow square sticker on the E key, the green square sticker on the T key, and the blue square sticker on right side of the Enter key

Take care to apply the stickers so the letters on the sticker match those on the key.

For the ABID, put a **red** sticker on the **"Q"** key, a **yellow** sticker on the **"E"** key, and a **green** sticker on the **"T"** key. For the **"Enter"** key, apply a **blue** sticker on the **right** side of the "Enter" key.

If you are applying stickers for both the ABID and AASI-3/AASI-2, you will also apply red dot stickers to number keys 1 - 7 and be sure to apply the **red** "Enter" sticker for the AASI-3/AASI-2 first, and apply the **blue** "Enter" sticker for the ABID second.



Prepare the Assessment Room

Administer the ABID in a room with no distractions. The room must be in a quiet, dimly lit, and private. The room should have a closed door and be away from areas with heavy traffic and loud conversations. You should remove any distractions. This includes closing windows, closing blinds, and removing phones, cell phones, and clocks from the room.

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A Word on Subsites

If you use only one computer to administer Abel Assessments, there is no need to create a subsite.

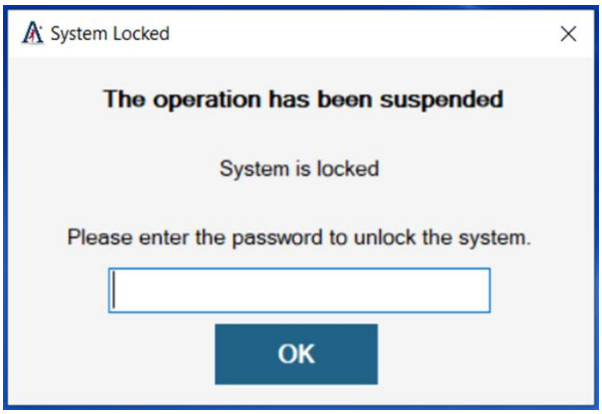
If you install the Abel Administrator application on multiple laptops for use by various individuals, you should set up each computer as a subsite at no additional charge. The principal advantage of using subsites is that each computer will then track your clients using a combination of the Client ID Number and the Subsite ID Number. Creating subsites will prevent the intermingling of client assessment data and duplicate Client ID numbers from being used more than once. Creating subsites also allows reports associated with different computers to be sent to and retrieved on different computers.

Each subsite requires a separate Product Key, which you can request directly from Abel Screening. Please email your subsite request to Abel Screening Technical Support at asisupport@abelscreening.com. When you enter your new Product Key, the application automatically updates your Site ID Number and Subsite ID Number into the correct fields in the settings page.

Open the Abel Administrator Application

Double-click the **"ASI Administrator"** icon on your laptop.

Every time you start or stop the Abel Administrator application, and whenever you complete an assessment, the application locks. The application will prompt you for the password to unlock the system. The default password to unlock the system is “admin.”



Enter “admin” as the password

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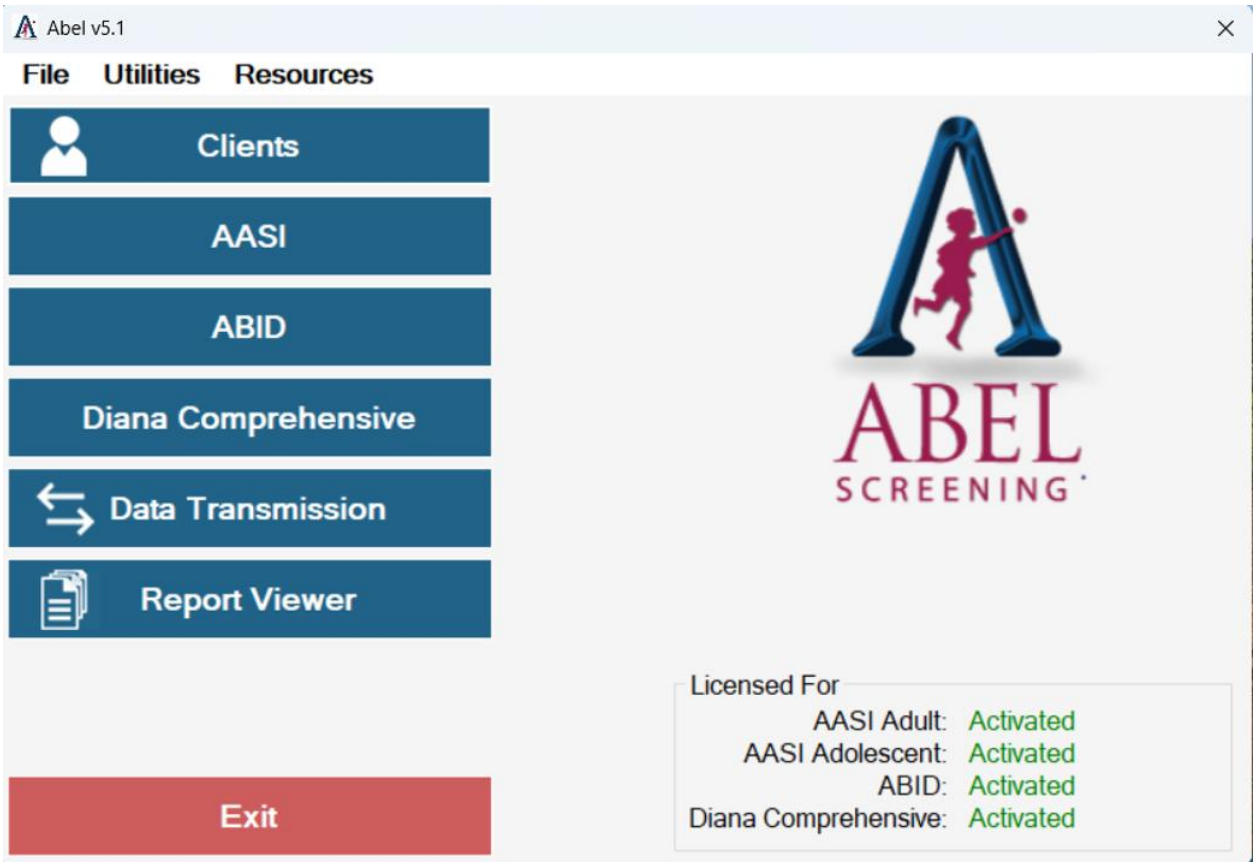
Abel Application Main Menu



You will use this Main Menu:

- To change the Product Key (File/Settings)
- To backup/restore the database (Utilities)
- To add, edit, or delete a client
- To view your client list
- To choose which assessment you will give
- To transmit your client's assessment and results
- To review the assessment reports
- To exit the application

Add a New Client

You must first create a record for your client in the database. You should enter your client's information before the client arrives for the assessment.

To ADD a New Client:

1. **From the Main Menu, click "Clients."**
   The Client Maintenance dialog screen will open. There you will see all of the client records that you have previously entered.

2. Click the "Add" button.

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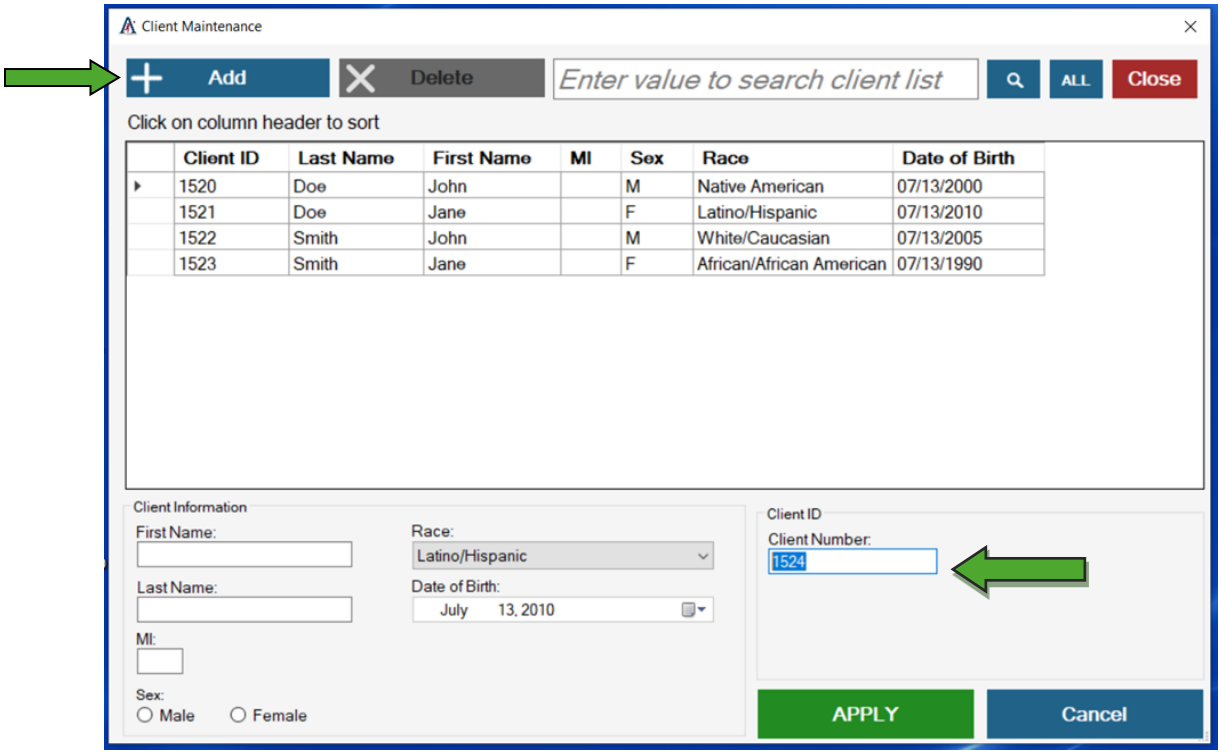

The application will automatically display the following number in the "Client Number" field.

You can use this number or type in a different Client ID Number. We recommend using the application's automatic numbering. If you accidentally assign the same Client ID number to two clients, the results for both clients will be inaccurate. This problem typically occurs when you use more than one laptop to administer the assessment and don't request a subsite for each laptop.

> Each Client ID Number must refer to one and only one client.
> Do not use the same Client ID number for two clients.

3. Complete the fields for “First Name,” “Last Name,” “MI” (middle initial), “Sex,” “Race,” and your client’s “Date of Birth.” You can click on the birthdate digits and edit them directly, or you can click on the arrow and use the calendar interface. This information stays in your application on your laptop. Abel Screening receives only the Client ID Number.

   To administer an assessment to the same client for a second or third time, be sure to use the client's original Client ID Number. Do not create a new Client ID Number for clients taking the same assessment mid-treatment or post-treatment. To assess a client's progress at mid-treatment or post-treatment, highlight the client in the list of existing clients. Click on the client's name so you will be selecting the same client with the same Client ID number.

4. Click “APPLY.”

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To CHANGE a Client Record
Return to the Client Maintenance screen, select the client, and then click the “Edit" button.

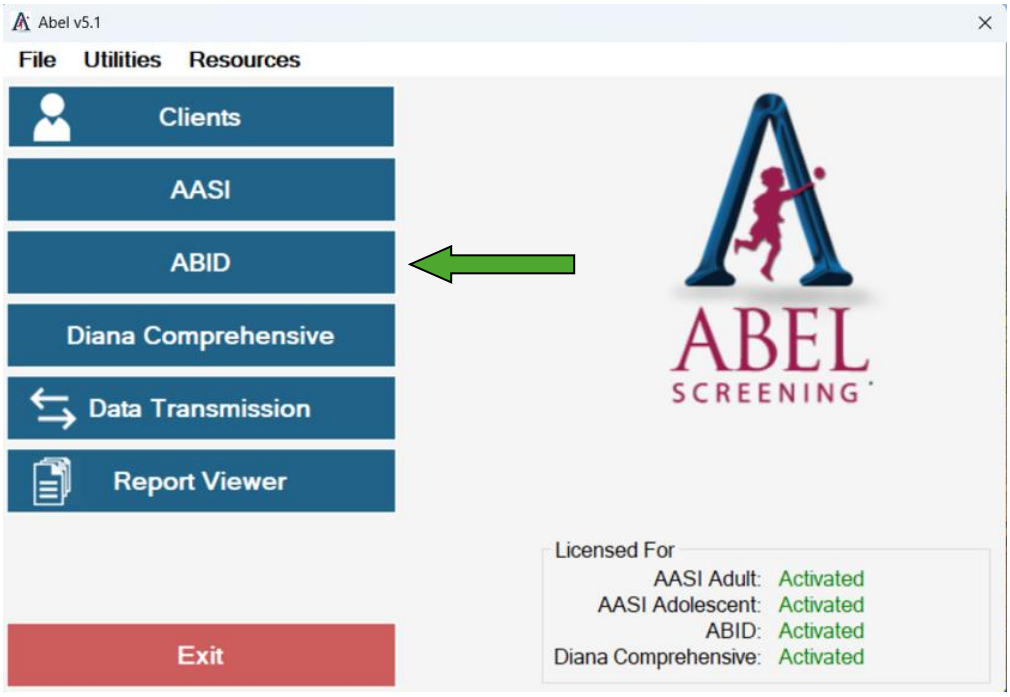
The only part of the information you cannot edit is the "Client ID Number." If you have typed in the wrong Client ID Number, you must delete that client and create a new client with the correct Client ID Number.

To DELETE a Client Record
Return to the Client Maintenance screen, select the client, and then click the "Delete" button.

Begin an ABID

Once you have created a record for your client, you can proceed with the ABID Questionnaire or ABID Images (VRT® Images)**.**

- To start the Questionnaire or VRT® Images, in the Main Menu window, click the "ABID” button.



- On the ABID Assessment Screen, click the "ABID Questionnaire" button. After the client takes the questionnaire, click the Practice Images. A system timer test will determine if your computer meets the minimum requirements for proper VRT® testing. If your computer passes, the “Select Clients” dialog screen will display.

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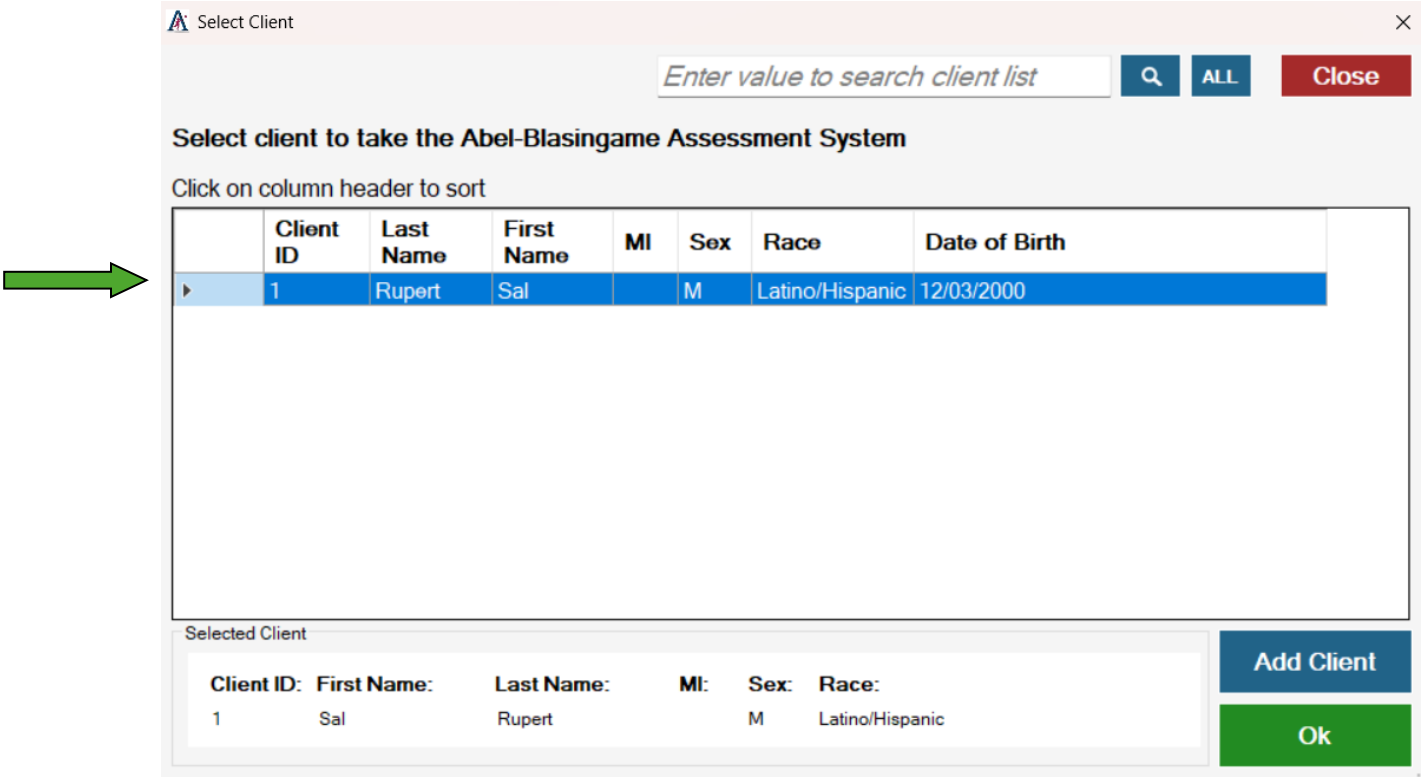
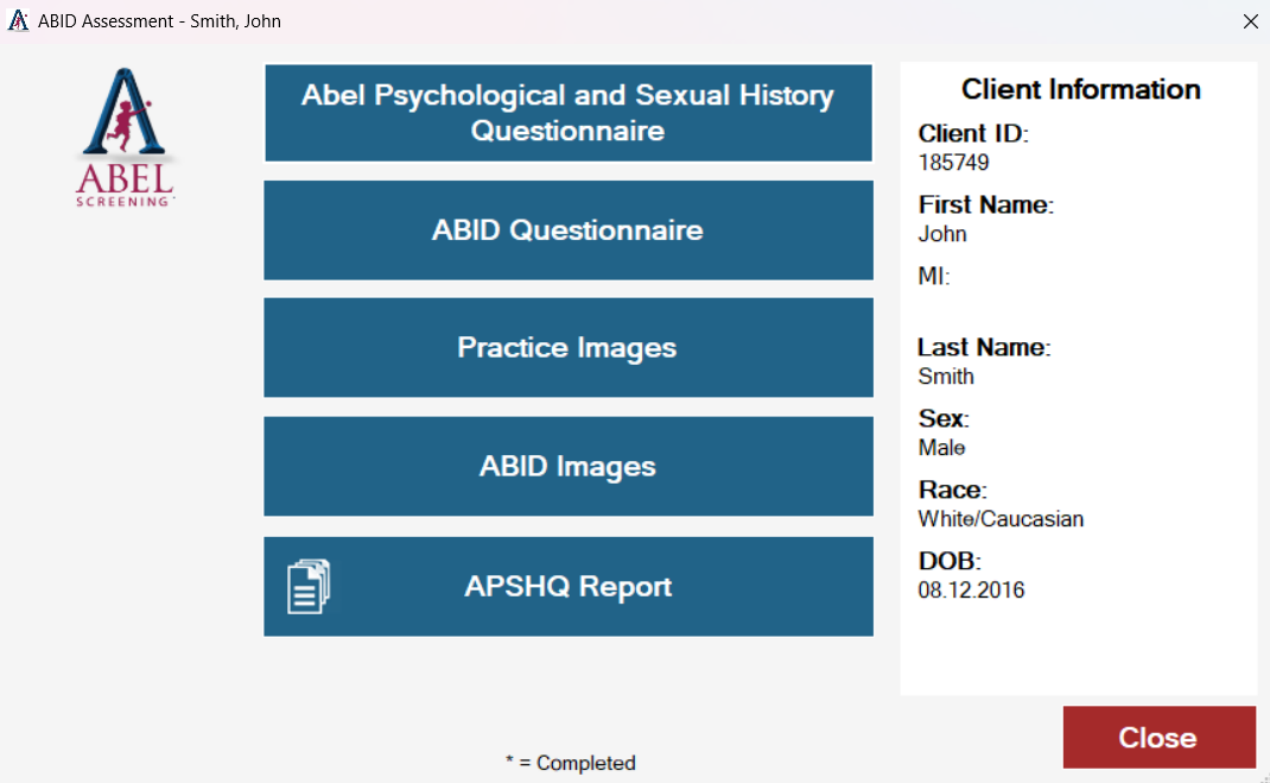


Next, click on the client's name to highlight it. Client information will display on the right of the dialog screen. Verify that you have selected the correct client and click the "OK" button. The "Select Questionnaire" or "Select Images" dialog screen will display showing the assessments appropriate for the selected client's age and gender. The selected client's name will also appear in the title bar of the dialog screen.



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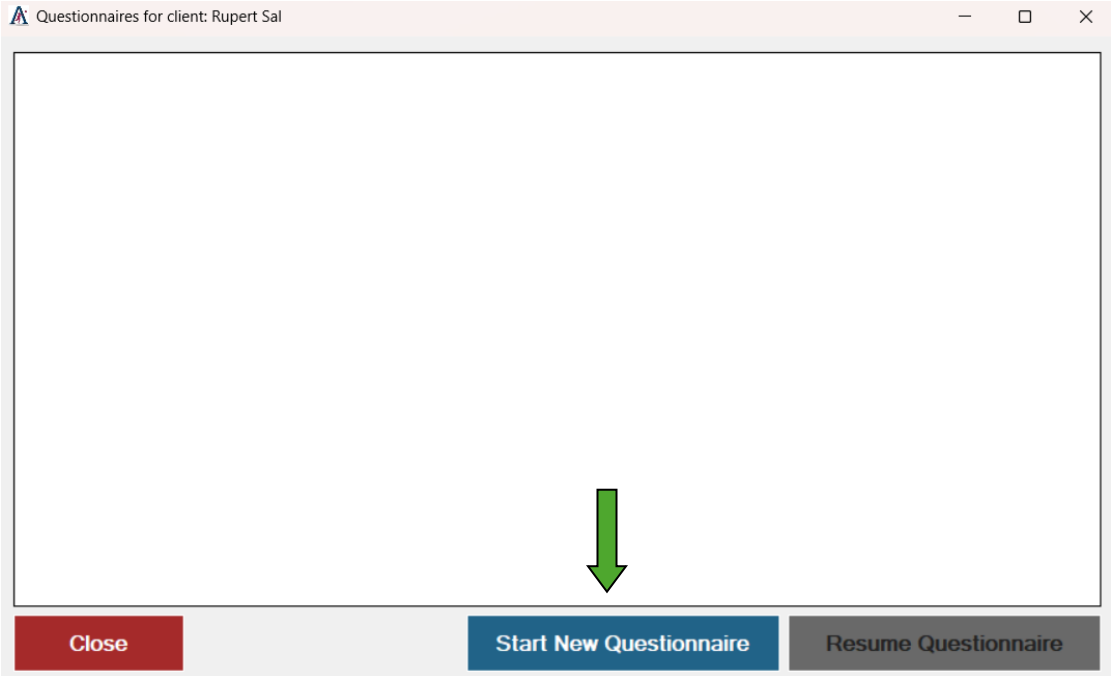
You will see a confirmation screen showing your selected client and module. The Abel Psychological and Sexual History Questionnaire (APSHQ) is for your internal use and is *optional*. The APSHQ collects contact information, education, criminal, and legal history.

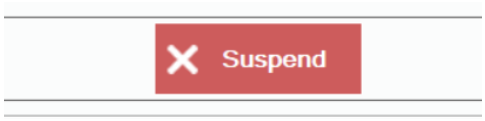
Choose “Start New Questionnaire”



Suspend, Resume, and Review Questionnaires

SUSPEND the ABID Questionnaire

At any point during the administration of the questionnaire, if the client needs to leave for an extended period, you may suspend the questionnaire. To do this, click on the "Suspend" button at the top of the screen.



The application will prompt you for the “admin” password to exit the assessment. Be aware that you will not be able to process partial assessment results, so the client must complete the entire questionnaire eventually.

You may suspend, resume, or review the ABID Questionnaire at any time. However, you may NOT suspend or pause the ABID Images (VRT® Images) portion of the assessment.

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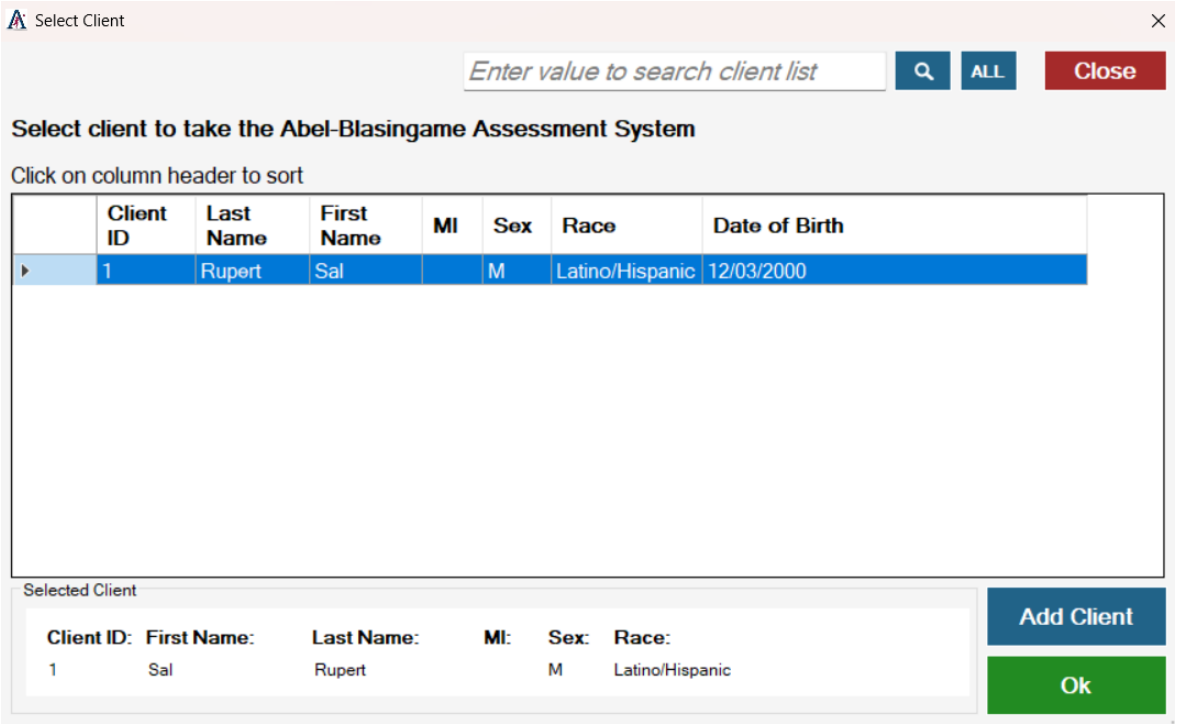
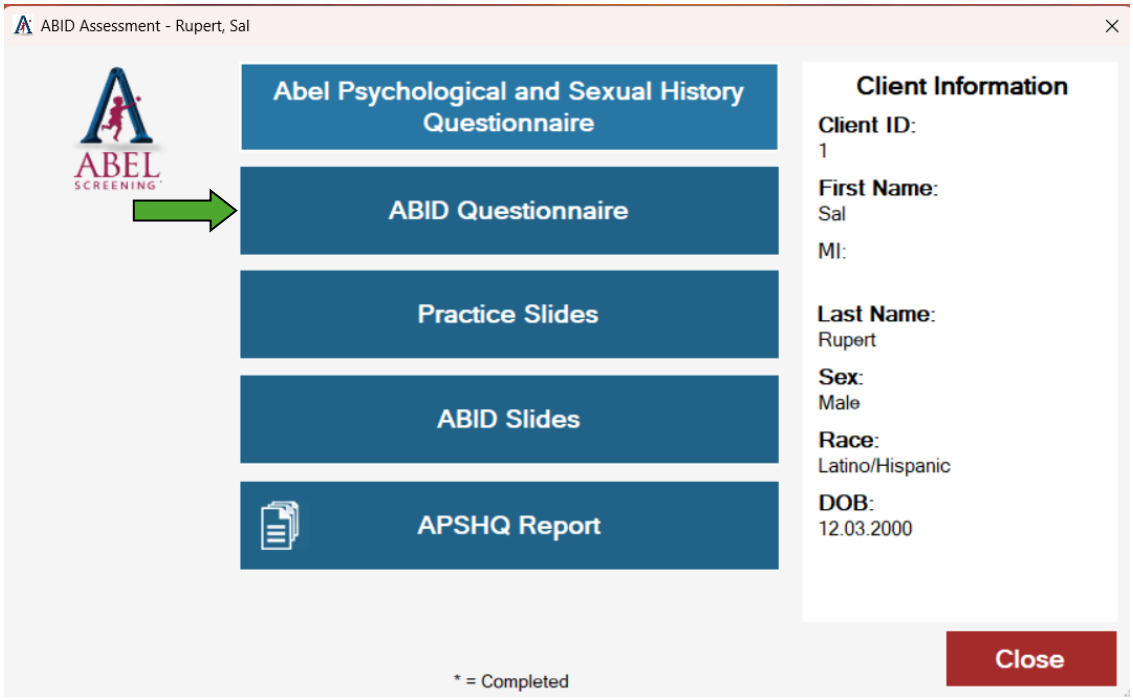
RESUME the ABID Questionnaire

To resume any questionnaire that you previously suspended, select ABID. This action will open a dialog screen, which displays the clients who have been created for the ABID Assessment. Next, choose the client you wish to resume and click “OK”



Next, choose ABID Questionnaire



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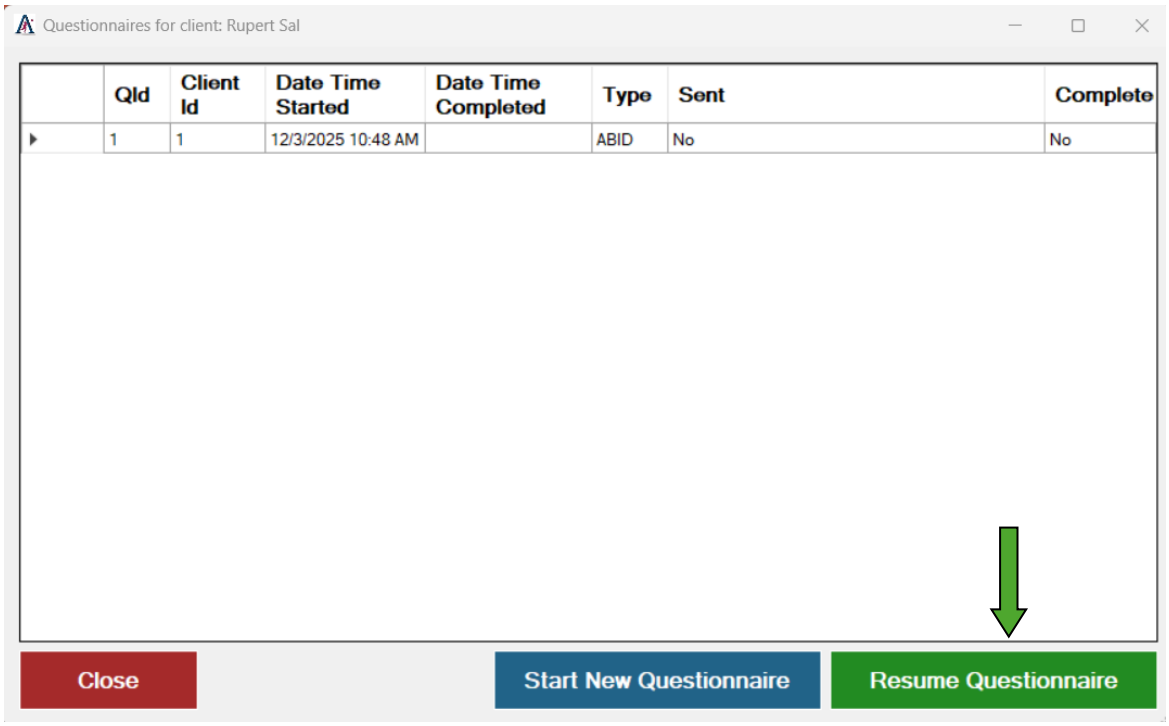
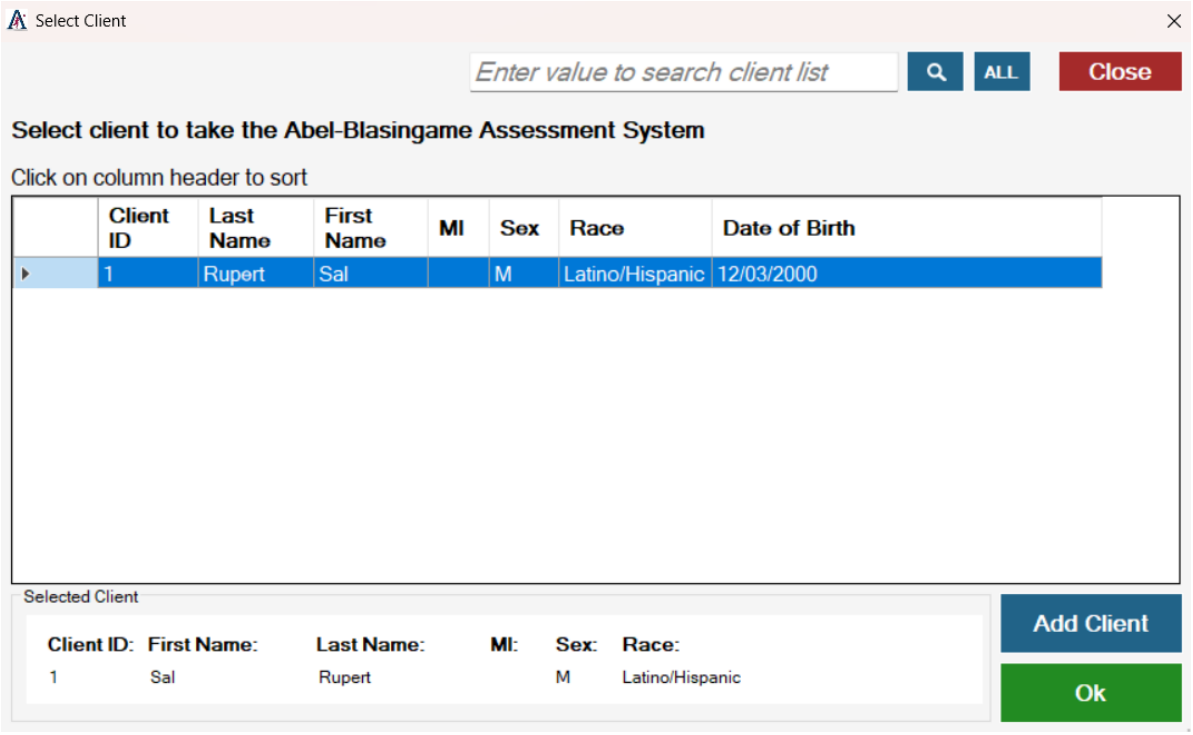
The next screen will allow you to select the questionnaire you wish to resume. Choose “Resume Questionnaire”



REVIEW the ABID Questionnaire

To review any questionnaire that you previously completed, select ABID. This action will open a dialog screen, which displays the clients who have been created for the ABID Assessment. Next, choose the client you wish to review and click “OK.”



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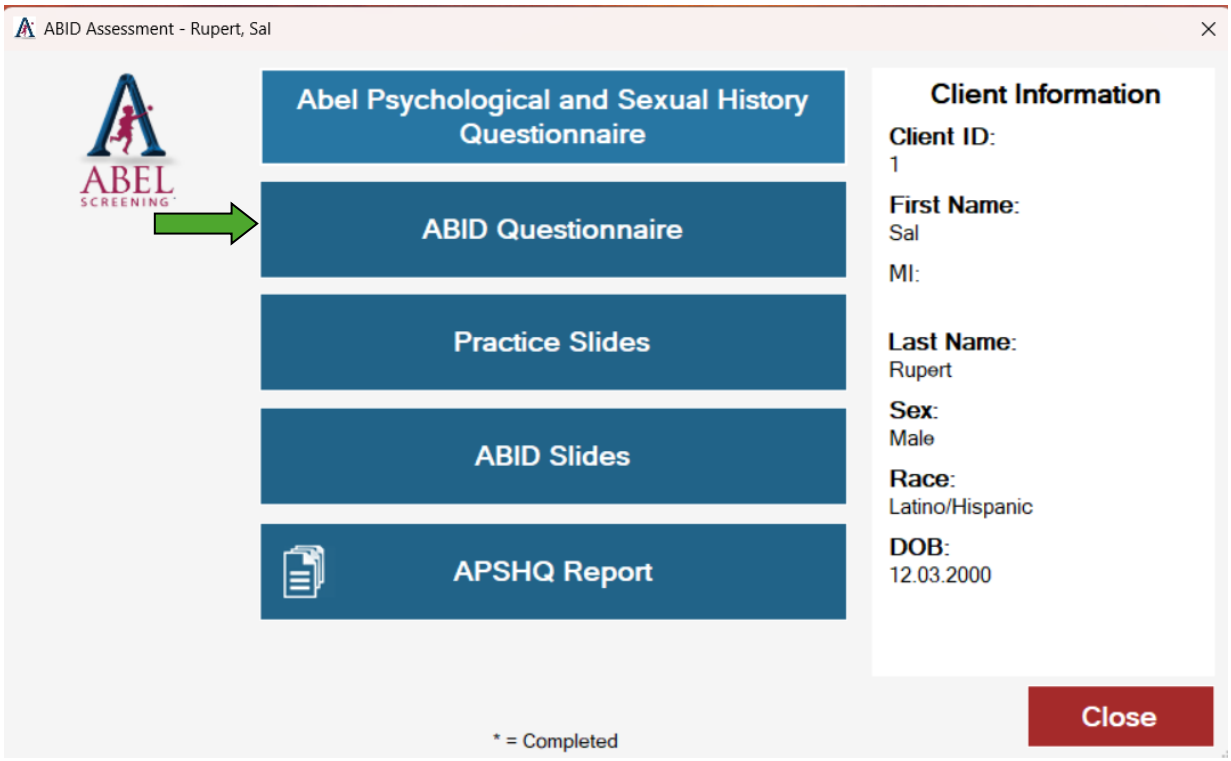
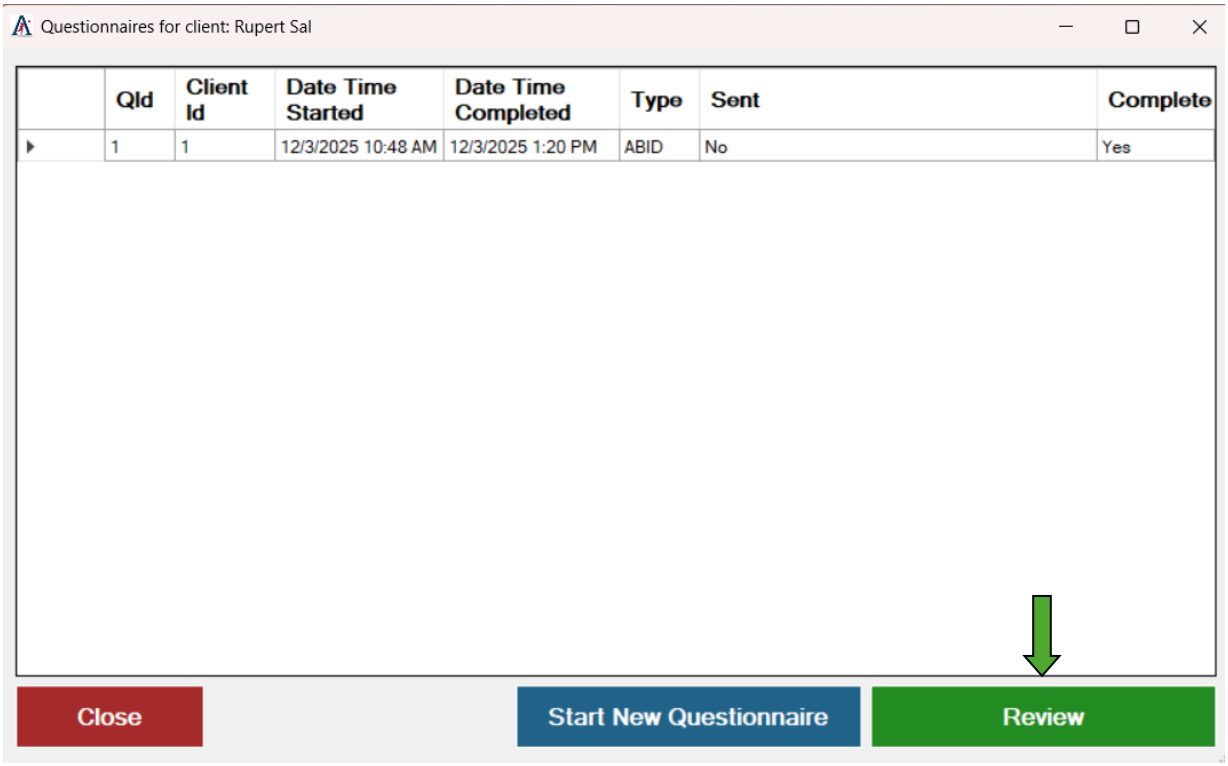
Next, choose ABID Questionnaire



The next screen will allow you to select the questionnaire you wish to review. Choose “Review”



	Qld	Client Id	Date Time Started	Date Time Completed	Type	Sent	Complete
▸	1	1	12/3/2025 10:48 AM	12/3/2025 1:20 PM	ABID	No	Yes

Note: You can only "Review" completed questionnaires. Questionnaires that have been "Suspended" can only be "Resumed."

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Send Client Data and Receive Assessment Reports

Internet Direct Connect:

- Your Abel Administrator application automatically connects you to this method of sending data and receiving assessment results.
- This method provides the fastest and most reliable way to transmit data and results.
- Your laptop must be connected to the internet.

If you have questions, please contact ASI Technical Support at 404-874-4772, Ext. 2.

Once the client has completed the ABID Questionnaire and/or ABID Images (VRT® Images), you will transmit your client's responses electronically to ASI for checking, processing, and report generation.

To Send the ABID Questionnaire and/or ABID Images responses, there are two methods:

Method 1:

1) In the Abel Administrator Main Menu, select "Data Transmission."

   A screen will display all unsent assessments. You can view both sent and unsent assessments by toggling the buttons at the bottom of the screen.
2) Next, click to select the client assessment data you want to transmit. You can choose assessment data for multiple clients by holding the "CTRL" key down while clicking on each set of client assessment data you want to transmit.
3) Click "Send."

   A screen will appear containing your transmission information. You will receive a message on the screen that indicates a successful transmission.

   Once you have transmitted your data to ASI, it is automatically checked for errors and processed. Within 5 to 10 minutes after the electronic transfer, your report will be ready for retrieval.

Method 2:

1) In the Abel Administrator Main Menu, select "Data Transmission." A screen will display all unsent assessments. You can view both sent and unsent assessments by toggling the buttons at the bottom of the screen.
2) Next, click to select the client assessment data you want to transmit.
3) Click "Save to File"
4) Choose where to save the .txt data file – Do no change the name of the file
5) Attach file to email and send to data@abelscreening.com

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Receiving Reports

1) In the Abel Administrator Main Menu window, click "Data Transmission," then click "Receive Reports." The application will transfer all processed reports to the Abel Administrator application on your laptop.
2) Close the “Data Transmission” screen.
3) Click the “Report Viewer” button.
4) Once the Report Viewer is open, you will see your reports listed there. Scroll down the list until you find the report you wish to open and then double-click to open.
5) You may view different pages by clicking on the blue arrows at the top of the screen. Click on the printer icon at the top of the page to print the report.

Administering Practice Assessments

You and your staff should practice administering both the ABID Questionnaire and the ABID Images (VRT® Images) before administering to an actual client.

You can complete the entire assessment and data transmission process and receive the result of your practice assessment at no charge.

Contact Abel Screening Technical Support at 404-874-4772, Ext. 2, and inform us you are sending practice data. ASI will not charge a processing fee for any practice assessments.

Preparing Your Client Reports to Include ABID Results

The Abel Administrator includes a set of report templates within the application. The templates will help you include the AASI Assessment Measures in your Client Reports and Recommendations. These templates provide explanations of the various measures and psychological testing in general, helping people outside your practice understand the measures. The report templates must be modified before use to include your identity information and to reflect the unique needs of your practice.

Preparing for the Client

Intended Population

The ABID is designed to be used with individuals who have intellectual disabilities, and/or learning disorders. The ABID can be used with individuals whose full-scale IQ (FSIQ) is as low as 60. The ABID may also be appropriate for individuals with FSIQ lower than 60. However, the evaluator will need to decide this on a case-by-case basis.

The ABID can be used with individuals whose full-scale IQ (FSIQ) is as low as 60, or lower than 60 if determined appropriate by the evaluator

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A lower chronological age limit has not been set because in individuals with intellectual disabilities, chronological age is not always a good indicator of functioning ability. Again, clinical judgment may be necessary in deciding whether the ABID is appropriate to use with any particular client.

The integrity of the ABID is dependent on the client's ability to follow instructions, comprehend the questions read aloud to them, be a reasonably accurate historian, have reasonable acuity to see the images, maintain attention, and not be influenced by auditory or visual hallucinations. Having been diagnosed as having a major psychosis is not a contraindication for undergoing evaluation with the ABID unless psychotic symptoms are active and interfere with understanding the testing procedures and maintaining attention. Evaluators and assessment administrators must use their own judgment when determining whether a client is capable of providing accurate information and/or tolerate completing the ABID.

The ABID can be used with both adults and adolescents. While the ABID comprehension level is 2nd Grade, clients do not need to be able to read or write to take the assessment.

It may be helpful to have interviewed knowledgeable informants regarding the client's history and capacities, to allow the evaluator to decide that it is appropriate to administer the ABID and that the information gathered is as accurate as possible. In addition, since the evaluator reads the questions aloud and records the client's answers, the evaluator will be able to determine the client's comprehension, ability to provide accurate information, and maintain attention during the ABID Questionnaire administration.

To facilitate the client's understanding and attention, the ABID should be administered in a quiet, dimly lit, private room or office. Sources of distraction within the room should be removed such as phones and clocks. Window blinds should be closed. The Administrator should remove the client's cell phone.

Informed Consent/Assent

As with any clinical assessment, especially those involving testing, it is essential to obtain informed consent or assent in the case of minors and individuals with a guardian. The process of obtaining informed consent should be explained simply and clearly. In addition, during the process of explaining the evaluation and obtaining informed consent, the evaluator will be able to get a sense of the client's ability to understand information and maintain attention. This can help a therapist decide whether the ABID is appropriate for the particular client given the client's level of functioning.

Sample consent forms are in the Abel Documents folder within the application.

You should consult the principles, standards, and guidelines of your professional society as well as the prevailing state or federal laws to draft an adequate consent form for your organization or practice or to revise these provided sample consent forms to meet your needs.

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During the process of explaining the evaluation and obtaining informed consent or assent, you will be able to gauge your client's ability to comprehend information and maintain attention. This will help you determine whether the ABID is appropriate.

Study Questions to Prepare for the ABID Exam:

Some thought and planning must go into the physical location of the ABID equipment in your office because:

a. your clients must take the ABID in a quiet environment with no distractions
b. you want at least one staff person watching your clients at all times
c. the room should be brightly lit

On which keys on the keyboard should the red, yellow, green, and blue stickers be placed for proper ABID VRT® administration?

a) red on 1, yellow on 4, green on 7, and blue on ENTER
b) red on Q, yellow on E, green on T, and blue on ENTER
c) red on F1, yellow on F2, red on F3, and blue on ENTER
d) none of the above, only red stickers are used for the ABID VRT® administration

When managing your Client ID numbers, you should:

a) call ASI to get an original number for each new client
b) only use a number that starts with the first three letters of your practice name
c) for ABID clients only, use names because numbers would be too confusing
d) be sure you never use the same ID number for two different clients

If a client takes the ABID for a second time, you assign them a new Client ID Number.

a. true
b. false
c. only if it is in the same year
d. only if it is not in the same year

If you mix up your clients' IDs, you can always give ASI the clients' names and ASI will connect the names with the ID numbers.

a. true
b. false

You may suspend and resume the ABID during:

a. the VRT® Images
b. the sex-specific questionnaire
c. both of the above

First: ABID Questionnaire

Before You See Your Client, Answer the Therapist Questions

The Therapist Questions appear first. Use the mouse to select from the appropriate answer choices from the 23 Evaluator Questions about your client. **Answer these questions before calling the client into the room.**

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The clinician must answer these questions and not an assistant helping to administer the assessment. Some therapists have a paper answer sheet that they answer and put in the chart. An assistant administering the assessment inputs the therapist's answers. You can print a paper copy from the Abel Documents folder on your desktop. **When you have completed the Therapist Questions, call the client into the room to begin the interactive portion of the questionnaire.**

Reading the ABID to the Client

Abel Screening designed the ABID for **you, the evaluator, to read aloud** all of the instructions, questions, and answer options to your client. After reading the question and the corresponding answer options, use the computer mouse to mark (click) the client's answer in the appropriate answer choice(s) following the question. Read each question and the corresponding answer choices exactly as written. If the client does not appear to understand the question or parts of the question/answer choices, you may rephrase the question slightly or clarify to facilitate comprehension and avoid misunderstanding.

You should never leave a client alone to answer the questionnaire independently, as the ABID was not designed for such use. You should also make sure the client has adequate hearing capabilities since you will be reading the questions to the client. The comprehension level for this assessment is measured at a 2nd Grade reading level, so you will find it easy to read aloud. You will, however, need to monitor the client to ensure understanding of the vocabulary and to assure yourself of the veracity of the client's responses and test results.

Remember, the client questions are all intended for the client to respond to, so the tone of your voice will need to be calm and clinical. **Some of the items in the questionnaire are sexually explicit, so you will need to monitor your own reaction to the items to ensure the client does not pick up some cue about social desirability regarding how the client should respond to the item.** You want to avoid emphasizing some words, in order to prevent the client from detecting something sexual/sensual in your voice rather than from the questionnaire item itself - it's the difference between "breast" and "breast!!"

Evaluators will also want to be cognizant of the sexual nature of many of the questionnaire items and use caution to avoid sexualizing the context of the evaluation procedure. Some clients are highly responsive and over-respond to cues that may not be intended to be sexual, so by reading the questionnaire items in a clinical tone you will be able to better manage and reduce such distortions. You will want to make sure the client is responding to the questionnaire but not becoming sexually interested in you, since you are using sexual words with the client. Again, the clinical tone is important.

Recording Additional Qualitative Information

It is highly recommended that you have a notepad available to write down miscellaneous information that the client may divulge during the course of the ABID, as many items will elicit responses and/or create opportunities for you to ask clinical interview/follow-up questions that are not in the ABID itself. Some clients have their own vocabulary that they may prefer you to use in place of some words in the questionnaire. You will want to record those in your case notes, and in your ultimate use of the evaluation report you will need to consider such vocabulary modifications.

The term "sexy" is used in the ABID. To ensure that the client understands this term, ask the client to explain what it means. You should record the client's explanation in your notepad.

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Avoiding Yes-Bias

Many times people who have intellectual disabilities will provide “yes” answers when they are confused, scared, or simply don’t know the answer to a question. Evaluators will need to carefully monitor and check to ensure the client is not simply providing socially desirable responses. “Yeah-saying” should not necessarily be construed as overt attempts to be deceptive or make a good impression, but such response sets may limit the value of testing outcomes. Reminding the client that true or honest answers will help you make the best plan to help the client handle their problem or situation may be one way to gain increased attention to each question. You will also want to encourage the client to let you know when they don’t understand, are confused, or simply don’t know the answer to a particular question.

Taking Breaks

The ABID has built-in break times, cued by an instruction page. However, if the client is not able to maintain attention, has become bored, or is for some other reason not able to remain on task, you will want to take extra breaks. In addition, the administrator is able to “suspend” the ABID administration, which would allow you to “resume” the questionnaire at another time. The “suspend” button is located at the top of each questionnaire page. You will be able to resume testing at another time as shown earlier. Do be aware that you will not be able to process partial questionnaire results, so it is important that the client be able to eventually complete the entire procedure. There is no ability to take breaks during the VRT® portion of the ABID.

Items Referring to Sexual Abuse of Minors

Several items on the ABID ask, “Who did you do this behavior with?” The possible answer options can range from adult women and men to infant girls and boys. The term “adult” refers to someone who is 18 years of age or older, “teenage” means between the ages of 14 and 17, while “grade school” corresponds to ages 6 through 13, “preschool” includes ages 2 to 5, and a “baby” is anyone under the age of 2 years old.

When you are determining whether someone has sexually abused a minor, it is important to keep in mind the age difference between the person who perpetrated and the target minor. If the client is young (a 15-year-old sexually touching a 12-year-old), a common convention is to use a minimum age difference of three years. If the client is an adult (18 years or older), a conservative approach as used in the DSM-IV-TR, is to use a five-year age difference. The instructions in the questionnaire refer to age differences of three or more years. Since you will be inputting the client’s responses, you will be able to clarify age differences between the client and individuals the client may have touched sexually.

Items Referring to the Client’s History of Sexual Victimization

The ABID contains a detailed section regarding the client’s history of sexual victimization. This section is preceded by six questions designed to help the evaluator determine whether the client can emotionally tolerate discussing their own sexual victimization. The sixth question asks the evaluator whether in their belief questioning the client about being sexually victimized would cause significant client distress. If the evaluator answers this question with “Yes,” the sexual victimization questions are skipped automatically. In addition to asking about the extent of the sexual victimization, this section also contains the Emerick Sexual Victimization Items, as well as visual aids to facilitate discussing the abuse.

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Administer the ABID Questionnaire

As a reminder, to start the questionnaire, in the ABID Window use the menu to select “ABID Questionnaire.” You will see a screen that has a list of your clients. Identify the client whom you are assessing and click on the client’s name to highlight it and click “OK.” You will see a confirmation panel with the client and assessment you have selected, If the information is correct, click “O.K.”

When administering the ABID to a client more than once (e.g., at mid- or post-treatment), find the client in the list of existing clients. Do not add the person as a new client because that will result in the client having more than one ID number and will lead to errors in the processing of subsequent ABID data for that client.

When you and your client complete the questionnaire, a message will appear on the screen. You will then use the “admin” password to end the questionnaire and save the responses. Do not allow the client to watch as you type in this password.

Study Questions to Prepare for the ABID Exam:

A client`s information should be entered into the laptop:

a) while the clients sits there and watches you
b) before the client arrives for the assessment
c) by using either the drop down tabs or the buttons on the left side
d) both b & c

A client can be present and in view of the laptop:

a. only when the client instructions screen shows up
b. while you enter the password
c. while the therapist questions are being entered
d. while you move from the practice images to the Visual Reaction Time™ images

To get the best results:

a) read the instructions to each client in the same manner
b) have the client take the practice images until you are positive the client understands the procedure
c) use a standard procedure with each client
d) administer the questionnaire first
e) have each client sign a consent form
f) all of the above
g) just c & d

Which do you administer first?

a) sexual interest images
b) practice images

During which portions of the ABID is it important to take breaks to ensure that the client is able to maintain attention on the test?

a) the ABID Questionnaire only
b) the ABID VRT® portion only
c) both the ABID Questionnaire and VRT® portions
d) neither the ABID Questionnaire nor VRT® portions

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If a client with intellectual disabilities can read and write without problems, it is O.K. to let the client fill out the questionnaire on the computer themself?

a) true
b) false

When reading the ABID questions to the client, when is the evaluator allowed to rephrase the wording of the question?

a) at any time as long as the evaluator does not change the basic meaning of the question
b) after reading the question and answer choices once exactly as written
c) never, because the ABID is a standardized test, questions and answer choices should always be read exactly as written

On the ABID, what should a clinician do if a client with intellectual disabilities was sexually abused as a child, but asking the client about it would, in the clinician`s judgment, cause substantial distress to the client?

a) ask the questions concerning the client`s sexual victimization, since the information might be very important for making treatment recommendations
b) STOP the ABID administration immediately
c) use the Evaluator Question immediately preceding the section on the Client`s History of Sexual Victimization to skip those questions

The ABID is designed for the client to read:

a) true
b) false

The comprehension level for this instrument is measured at approximately 2nd Grade reading level:

a) true
b) false

Many times people who have intellectual disabilities will provide "yes answers" when they are confused, scared, or simply don't know the answer to a question:

a) true
b) false

To start the questionnaire, in the ABID Window use the menu to select "Questionnaire." You will see a screen that has a list of your clients

a) true
b) false

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Second: ABID Images (VRT® Images)

Visual Reaction Time™ (VRT®) objectively measures sexual interest. The evaluation of individuals with possible paraphilias must include assessment of their sexual interest patterns, especially the evaluation of any sexual interest in children. Some people with intellectual disabilities who sexually abuse may be unaware of their sexual interest in children. Other people who sexually abuse are highly motivated to conceal their sexual interest and therefore, objective instruments that are difficult to fake are essential. A client's sexual interest cannot be interpreted as an indicator of guilt or innocence.

Objective sexual response patterns such as VRT® reflect a client's sexual interest. They cannot, and should not, be interpreted as indicators of guilt or innocence.

Images

The measure of VRT® included in the ABID involves the client looking at a series of images, each depicting a person of a specific gender, age-category, and racial background. The images contain four age categories: adults, adolescents, grade-school children, and preschool children. The adult category includes adults 21 years of age or older. The adolescent category encompasses teenagers aged 14 to 17 years. The grade school category encompasses children aged 6 to 13 years. The preschool category encompasses children aged 5 years and younger. Two pediatricians and five community members of diverse ethnic backgrounds age-rated all images. Each category is seven pictures deep and show a frontal view of an adult, adolescent, or child in a bathing suit. None of the images show sexual content or sexually aroused individuals.

Select the Client and Assessment from the Application

If the Abel Application is not already open, open the Abel Administrator and on the Main Menu, click "ABID." Select the client from the list of clients and click OK. The ABID Assessment screen will appear. Click the "Practice Images" button. At this point, **the mouse is disabled**, and you should position it to the left or right of the laptop, depending on the client's non-dominant hand. Next, call the client into the room.

Check the Room and the Client for Distractions

Setting for Best Visual Reaction Time™ Testing

It is extremely important to administer the VRT® portion of the ABID in a quiet, secluded room with soft lighting. To obtain the most accurate VRT® assessment possible from the client, they need privacy and freedom from any distractions that might interfere with their attention to rating the pictures. The room should have a closed door and be located away from areas with heavy traffic and conversation. Any distractions should also be removed from the room. This includes closing windows, closing blinds, dimming lights, and removing phones, cell phones, earbuds, headphones, and clocks from the room. **You should remove your clients' cell phones or other electronic devices.**

Important: If the client gets up during the image portion of the assessment, the administrator must restart the image portion from the beginning. No exceptions are allowed. Take the time to inform the client of this before

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they take the image portion of the assessment, and emphasize this point again if they interrupt the image part of the assessment.

Breaks during the ABID Images (VRT® Images) session are not allowed.

Administer the Practice Images (VRT® Images) to the Client

To teach the client how to take the actual VRT® assessment, which consists of four cycles of 80 images, you provide the client with a 15-image practice session. **You should remain in the room and observe your client throughout the entire practice session.**

Tell the client to sit in front of the laptop and rest their non-dominant hand on the mouse. Tell the client to use the hand they write with to press Enter to advance the images.

The purpose of the 15 practice images is to familiarize the client with the VRT® procedures, and to give you (the evaluator) a chance to ensure that the client understands the instructions and subjective rating scale. While the client is going through the practice images, make sure that the client is using their dominant hand to advance the images (or type in the ratings) and has the non-dominant hand on the mouse. Also, get a sense of how well the client comprehends the three-point subjective rating scale.

Client Instructions

It is very important that you explain the instructions to the client clearly. When viewing and rating the images, the client is to imagine being sexual with the person in the picture, and rate how sexy that would be. This is different from rating how cute or attractive the person in the image is. For example, thinking a child is cute is different from finding the idea of engaging in sexual behavior with that child as sexually arousing.

Tell the client:

> "Now you are going to look at some pictures of people. All the people in the pictures will have their clothes on. First, you are just going to look at the pictures. Think about how sexy it would be to do sex touching with the person in the picture. When you have finished looking at the picture, press the 'Enter' key – this one here," (blue button).
>
> "After you have looked at the pictures, you will look at them a second time, but this time you will say how sexy the person in the picture is to you. Think about how sexy it would be to do sex touching with the person in the picture. The second time you look at each picture, you will press the green button ("T") if doing sex touching with the person would be 'sexy to you,' press the yellow button ("E") if doing sex touching 'may be sexy to you,' and press the red button ("Q") if doing sex touching is 'not sexy to you.' What does the word 'sexy' mean to you? (Make sure your client has an accurate understanding of the word "sexy.") When you have picked the rating for each picture, press the 'Enter' key – this one here (blue button)."
>
> "We are going to practice this on some practice pictures to make sure that you understand how to do it. I will be in the room while we go through the practice pictures, but when you do it for real I will leave the room. What questions do you have before we do the practice pictures?"

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You may need to walk the client through one or two practice images, as well as giving the client feedback and repeating the instructions. For example, after viewing the 15 practice images for the first time, remind the client:

> "Okay, you have seen the practice pictures. Now you are going to look at each one again and pick a rating. You see, here is the first picture again, and here are the ratings. Look at the picture; think about doing sex touching with this person…would that be 'sexy to you?'…Then press the green button ("T"). Or 'maybe sexy to you?'…Then press the yellow button ("E"). And if 'not sexy to you'…then the red one ("Q"). Okay, you have chosen _____, that means it would be _____ to you to do sex touching with this person."

You should administer the practice images as many times as needed to ensure the client understands the procedures and subjective rating scale. When writing your report regarding the bar graph data, you will need to make note of the alternate self-report instructions and affirm that the client understood the instructions during the practice component of the VRT® segment of the testing procedures.

Begin the practice session of sexual images by pressing the **"Practice Images"** button from the ABID Assessment screen. A system timer test will be performed to determine if your system meets the minimum requirements for proper VRT® testing. If your system fails the timer test, you will not be able to administer the assessment on this computer. Should this happen please contact ASI Technical Support.

You will next see a screen that says, "You have selected client (your client's name) to take the ABID Practice Images. OK to proceed?" If the client's name is correct, press "OK." If not, press "Cancel."

Use of the dominant hand

The proper administration of the ABID VRT® component requires that the client use their dominant hand (usually the one with which the client writes) to press the ratings and "Enter" key, while they keep the non-dominant hand on the mouse at all times. This is a very important part of the administration. Make sure the client understands this.

> ASI conducted the original research with the client's non-dominant hand resting on a GSR device that resembled a mouse. We continue to use the same setup today, only instead of a GSR device, the clients rest their non-dominant hand on the external mouse connected to your laptop. The mouse is used as a distraction; however, many clients think that the mouse is measuring something. The application disables the computer mouse during the Abel Assessment, so the client's movement of the mouse or their pressing the buttons has no effect. If the client questions you about the mouse, simply state, "I don't know, it is part of the design of the test," and give no further information.

You remain in the room with the client during the entire "ABID Practice Images" in order to clarify instructions and ensure the client is doing the procedures correctly. **You are to repeat the VRT® instructions as many times as necessary, until the client understands these ideas.**

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At the end of the first round of “ABID Practice Images” you will be asked to input the password to unlock the system. Ask your client to turn around and type in “admin.”

Administer the ABID Images (VRT® Images) to the Client

When the “ABID Images” begin you will leave the room, allowing the client to take the sexual interest image portion in private. Each set of 80 images is viewed twice: The first time is to familiarize the client with the images, and the second time the client rates each image on the three-point Likert scale. Thus, the sequence for the sexual interest images is:

Set 1: 80 images (just view)
Set 1: 80 images (give rating)

Call administrator into the room

Set 2: 80 images (just view)
Set 2: 80 images (give rating)

Tell the client:

> “O.K., the test is now going to begin. I will leave the room. At different times the test will instruct you to call me back into the room to advance the test to the next section. Do you have any questions?”

After the client has looked at and then rated the first 80 images, the application will instruct the client to call you back into the room. Anytime a portion of the VRT® assessment ends and the screen instruction says to “call the administrator back into the room” you must press the enter key to go to the next portion of the VRT® assessment. Take this opportunity to make sure the client is having no problems and has no questions regarding the VRT® assessment.

When you are ready, ask your client to turn around and then enter the password to unlock the system and the second half of the VRT® assessment will begin. Leave the room and allow the client to finish the assessment. When the client is finished with both series of 80 images, the system will call for the password again to complete and exit the assessment.

IMPORTANT: If the client gets up during the image portion of the assessment, the VRT® assessment must be re-administered. NO EXCEPTIONS ARE ALLOWED.

If you need to cancel the VRT® assessment at any time, press the “CTRL + ATL + T” keys at the same time. Next enter the password to unlock the application and click “OK**.” When you cancel the VRT® assessment you will lose the data for that client’s current assessment, and any future VRT® assessment will have to be re-administered from the beginning.**

<u>Study Questions to Prepare for the ABID Exam</u>:

Regarding the practice images:

a) the practice images are optional
b) observe the client to see if the client is processing each slide differently
c) observe the client to be sure the client has rated at least one picture at a 5 or greater

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d) administer the practice images until you observe b & c and you are positive the client understands the procedure and is in a mindset to think sexually about the images

During the practice images, the client must report at least one picture as "sexy to me." This means the client will select the _____ key at least once to indicate sexual interest.

a) red
b) yellow
c) green
d) blue

Should you stay in the room during the entire VRT® practice session?

a) yes
b) no

During the VRT® Images portion, how many times do you tell your client that they don't have to memorize the rating scale?

a) once
b) twice
c) until the client understands this idea

When instructing your client on taking the test, how often should you say, "think about doing sex touching with this person"?

a) once
b) twice
c) three times
d) until the client understands this idea

When are objective sexual response patterns interpreted as indicators of guilt or innocence?

a) if the victim is the perpetrator's biological child
b) if the victim is not the perpetrator's biological child
c) when the perpetrator and victim are female
d) never

What do you tell the client if, during the VRT® Images portion of the test, the client asks what the mouse does?

a) it measures vibration
b) explain you don`t know, it is part of the design
c) none of the above

If your client comes to you with a question or problem while taking the VRT® Images portion of the test:

a) you should respond quickly so the client can continue with the test
b) have the client continue regardless of how much time passes
c) have the client start the sexual interest images over again

How do you quit the ABID VRT® in case of a problem?

a) unplug the computer
b) press quit
c) press CTRL + ALT + T on the keyboard at the same time

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Clinical Judgment
Interpreting the ABID's Results

Once you have administered the ABID Questionnaire and ABID Images (VRT® Images) and transmitted the data to ASI, ASI typically returns the results to you within minutes.

Only a licensed ABID certified clinician may interpret the results. These clinicians may be psychiatrists, licensed clinical psychologists, licensed clinical social workers, or licensed professional counselors.

Each ABID Report Includes:

- Visual Reaction Time (VRT®) Objective Measurements of Sexual Interest
  - Sexual Interest in Children
  - Paraphilias
  - S&M
- Report Synopsis
- Demographic Information and Presenting Problem
- Social Desirability Scale (Lie Scale)
- 16 Sexual Behaviors Table and Summary
- Sexual Attraction and Fantasy Ratings
- Cognitive-Distortion Scale
- Psychosexual and Sexual Abuse Victimization History
- Summary of Drug and Alcohol Use
- Accusations, Admissions, Arrests, and Convictions Review
- Assessment of Conduct Disorder/Antisocial Behaviors
- Abel Screening Questionnaire Data (optional, upon request)

Interpreting the ABID Questionnaire

The ABID items on which the information in the report is based are specified at the beginning of most sections. Descriptions of each report section follow the chart.

Report Synopsis

The report begins with a brief synopsis or summary of the client's results in a bulleted list.

Introduction and Background

This section reports on the client's age, race, gender, and intellectual disability or mental disorder. Additional information regarding the client's IQ, education, history of hospitalization, and living situation is also reported.

During the ABID Questionnaire, the client looks at several series of images depicting different aged and gendered individuals. The client is asked to rate them on how sexually attractive the client finds the type of person in the image as well as to categorize the type of individuals as either adult male, adult female, adolescent male, adolescent female, little boy, little girl, very little boy, or very little girl. The categories that the client misclassified (in terms of gender or grossly misclassified in terms of age) are listed in this section of the

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report, along with information on whether the client had trouble with basic knowledge (e.g., how many legs does a dog have?).

The information from the Abel Questionnaire Summary Report is based on the client's self-report and may contradict or disagree with information from other sources.

Social Desirability

The ABID contains 20 true or false items that assess the tendency for a client to respond in a socially desirable manner (i.e., a person's unwillingness to admit to any violation of common social mores).

Rather than develop separate cut scores for individuals with intellectual disabilities, the cut scores used in the ABID report were based on non-intellectually disabled sexual abusers. As a result, you should **use caution when interpreting the meaning of "Non-Problematic, Problematic, or Highly Problematic" social desirability scores for an individual with intellectual disabilities.**

Sixteen Sexual Behaviors Summary

An overview of the 16 sexual behaviors assessed by the ABID is presented in a summary table. The table contains columns indicating whether the client admitted to the particular sexual behavior, the age at which the client engaged in the behavior for the first time and the most recent time, the number of victims, the number of times engaged in the behavior, and the client's rating of control over that behavior. The client's admissions regarding sexual behaviors are summarized in a table and then described in greater detail on the following pages. In addition, the report contains a section concerning the client's self-reported attraction to different aged and gendered individuals based on the client's ratings of images.

Inappropriate Sexual Behaviors

For each problematic sexual behavior to which the client admits, a more detailed paragraph describing the client's behavior is included on the pages following the summary table. The therapist should question the client in detail regarding these inappropriate sexual behaviors.

Sexual Attraction and Fantasy

The "Sexual Attraction and Fantasy" section of the report describes which types of individuals the client reported finding sexually attractive. This section also contains a list of sexual fantasy themes the client endorsed as sexually arousing. The themes assessed in the ABID include: Female Peer, Female Peer with force/coercion, Male Peer, Male Peer with force/coercion, Female Child, Female Child with force/coercion, Male Child, Male Child with force/coercion, Incest-sister, Incest-brother, Male Transvestism, Theft, and Non-sexual violence.

Cognitive Distortion Scale

At this time, cut scores for the "Cognitive Distortion Scale" are not available for individuals with intellectual disabilities. As a result, each cognitive distortion endorsed by the client is printed in the ABID report. You can qualitatively interpret the list of endorsed cognitive distortions for assessment purposes, use them as a basis of further follow-up questions, as well as incorporate them into a treatment plan.

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Psychosexual History and Sexual Abuse History

The client's self-reported information regarding past social, romantic, and sexual relationships are summarized under the heading, "Psychosexual History and Sexual Abuse." This section also contains information regarding the client's history of being sexually abused, including scores from a modified version of the Emerick Sexual Victimization Scales. **Normative score ranges for high, medium, and low scores for the Emerick Sexual Victimization Scales have not been developed for individuals with intellectual disabilities. Endorsed items are listed to allow for qualitative interpretation.**

Drug and Alcohol Use

This section provides a summary of self-reported experience with drugs and alcohol, including the number of times the client used each substance and the age of first use.

Accusations, Admissions, Arrests, and Convictions Review

Items listed here are self-reported conduct disorder related behaviors and criminal history. This information should be interpreted in the context of the client's overall situation, and compared with other sources of information available to the therapist. If the client's responses are clearly at odds with the information from other sources, the therapist should follow-up with more detailed questioning.

Items of Concern or Requiring Follow-up

These represent items which the client endorsed, and that may indicate that the client is at an increased risk of acting out (self-reported lack of control over sexual behaviors), hurting others (endorsing items related to sadism or violence), or of sexually touching children (endorsing items related to having sexual interest in children AND endorsing items regarding being around or with children).

ABID Questionnaire Data

This optional final section, sometimes referred to as the "Data Dump," is simply a detailed listing of every questionnaire response made by your client. The application does not deliver this section by default, but you may request that it be added to your reports.

Once again, please remember that the information contained in the report is based on the client's self-report and the information may contradict or disagree with information from other sources**.**

The report must be interpreted in the overall context of all the information gathered during the assessment, including information from collateral sources.

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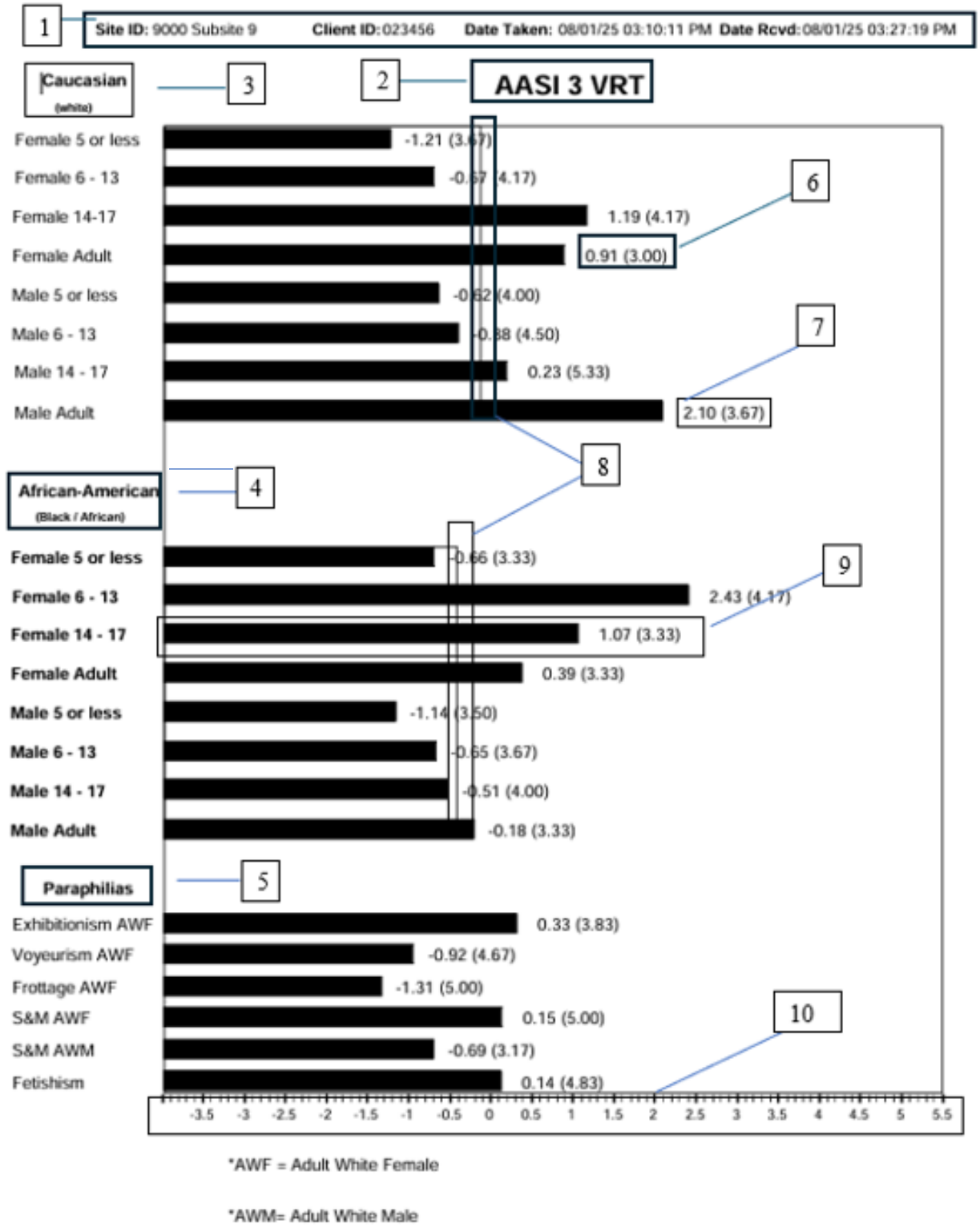
Interpreting the ABID Images (VRT® Images) Sexual Interest Graph

ASI returns the VRT® Images results to you as a sexual interest graph. Below is an example of a VRT® Images sexual interest graph and on the following page is a key to parts of the graph.



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1. **Header**: Contains the Site ID Number, the Client ID Number, and date the assessment was administered and received.
2. **Title**: The title indicates the type of assessment administered.
3. **Sexual Interest Graph for Images of Caucasians/Whites**
4. **Sexual Interest Graph for Images of African-Americans/Blacks/Africans**
5. **Sexual Interest Graph for Paraphilias**.
6. **Self-Reported Score**: The client's average self-reported sexual arousal for the category.
7. **VRT® Z-Score**: The VRT® sexual interest expressed as a Z-score to allow comparison of interest in one category relative to all other categories.
8. **Vertical Scoring Lines**: If a horizontal child sexual interest bar touches or exceeds the vertical line, strongly suspect high sexual interest in that category.
9. **Sexual Interest Bars**: The sexual interest bars indicate the client's relative VRT® for each category of images expressed as Z-scores. The assessment measures the client against themselves. Z-scores show the client's sexual interests in various categories of adults and children and paraphilias.
10. **Z-Score Scale**: Z-scores always have a mean of zero and are in units of standard deviations. For example, a Z-score of 1.5 is 1.5 standard deviations above the mean.

Visual Reaction Time™ Scoring Instructions

The VRT® results are presented in a bar graph, with a sexual interest bar for each age, gender, and race category. The bars do not reflect the raw VRT® data, but rather the derived Z-scores for each category. The bars represent the amount of sexual interest in each category relative to all the other categories. For example, a sexual interest bar showing a Z-score of 3 indicates that the client's sexual interest in that specific category is three standard deviations above the mean (average) of all categories.

VRT® Z-scores enable comparisons of a client's sexual interest across different age and gender categories. Each Z-score presents the degree of a client's sexual interest as compared with the client's other sexual interests. Because the assessment measures each client against themself, you cannot compare VRT® graphs from several clients.

Because the sexual interest bars reflect the relative sexual interest in a category rather than the absolute visual reaction time, sexual interest bars should NOT be compared between two different clients.

Our research shows that for Caucasians and Hispanics/Latinos, you should use the Caucasian sexual interest bars. For African-Americans, use the African-American bars. For all others, use the racial group with the highest self-reported sexual arousal, looking at the numbers in parentheses of Adult and Adolescent Males and Females, both Caucasians and African-Americans. The numbers in parentheses are average self-reported sexual arousal scores.

Only a few people with intellectual disabilities who sexually abuse children will have a sexual interest profile where the sexual interest bars for child images will be higher than those for adult or adolescent images.

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In addition, it is normal for males and females without a sexual interest in children to show an equal or greater sexual interest in the adolescent age categories as in the adult categories. This is because both categories depict post-pubescent individuals. This sexual interest in adolescents does NOT indicate any deviancy.

However, a client evidencing a substantial sexual interest in younger children, even if it is less than their sexual interest in adults, is problematic and a cause for concern. To determine how much sexual interest in the child categories is considered "substantial," the ABID Sexual Interest Graph has vertical scoring lines on it.

If a horizontal child sexual interest bar for females age five or less, males age five or less, females ages 6 to 13, or males ages 6 to 13 **touches or exceeds** the Vertical Scoring Line for an appropriate set of race-specific Sexual Interest Bars, strongly suspect high sexual interest in that category.

Because research on the validity of Visual Reaction Time™ in individuals with intellectual disabilities is limited compared to that in non-intellectually disabled populations, caution is advised when interpreting the VRT® Sexual Interest bars with this population.

Because sexual interest in a specific age and gender category within the client's own race may generalize (bleed over) into other races, it is essential not to overinterpret the VRT® Graph. To avoid such overinterpretation of the results, as a general rule, you should **only interpret the set of sexual interest bars that correspond to your client's race**. If the victims are from another race or if the bars on the other race are very high, you would interpret the other race's sexual interest bars or interpret both sets of sexual interest bars.

You should use BOTH sets of bars ONLY IF:

- Any self-reported arousal in adults/adolescents is HIGHER in the other racial group
- Your client has victims who are of the other race
- The results from the first racial group are unexpected

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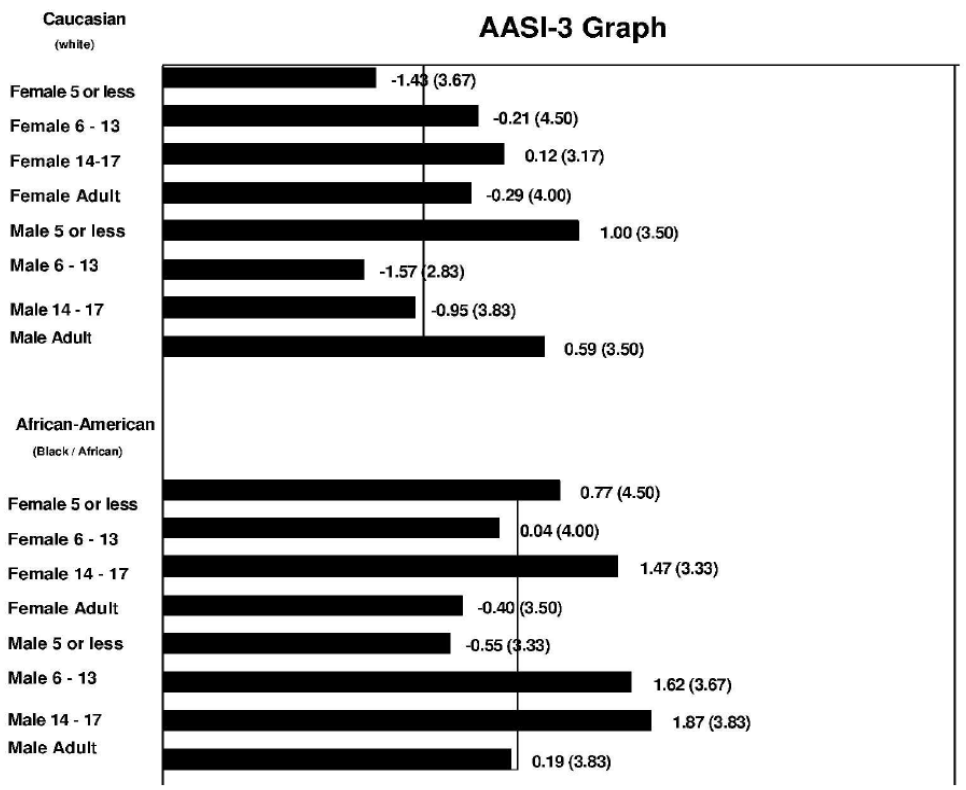
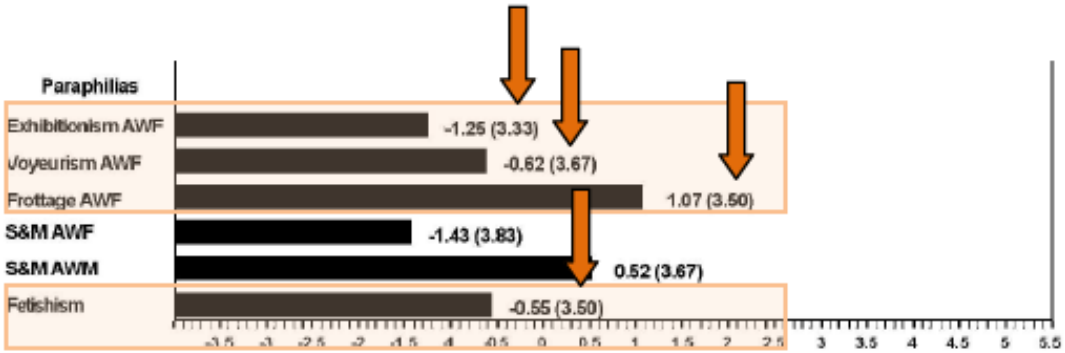


For a Caucasian Male, these African-American bars self-reported arousal measures are highest.

Interpreting the VRT® for Paraphilias

For the paraphilias (exhibitionism, voyeurism, frottage and fetishes) use only the client's average rating score for self-report on their arousal in parenthesis at the end of the bar**. Do not interpret the VRT® sexual interest bars.**



For the **S&M AWF** and **S&M AWM** bars, if they are at least one standard deviation (i.e., Z-score) higher than the respective adult or adolescent female and/or adult or adolescent male sexual interest bars, that suggests that the person may have an interest in sexual violence. Further assessment and follow-up may be needed.

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For example:

Here, **S&M AWF** exceeds the **Adult Male** bar by more than one standard deviation, so the clinician should follow up with the client regarding their interest in sexual violence

Here, **S&M AWF** exceeds the **Adult Female** bar, but it does not exceed the **Adult Female** bar by one full standard deviation, so this would NOT qualify as evidence that the person needs further follow-up assessment for possible interest in sexual violence.

VRT® Reflexive Responders

Some clinicians use the term "Reflexive Responders" to describe clients who exhibit a rigid pattern of responses when evaluating images of younger children. They rate the pictures of children equally, and have nearly the same average viewing time for all categories of children. They are labeled Reflexive Responders because they do not appear to reveal any information about their sexual attraction toward younger children. It is as if they are just reflexively pushing the one or four keys.

Reflexive Responder results may be avoided if the administrator takes the time to administer the Practice Images of the ABID correctly. This is the point where the administrator, by providing complete instructions and staying with the client while they follow those instructions, ensures that the client understands how to take the test correctly. If the client appears not to be following proper instructions, i.e., not self-reporting sexual interest in any category, the administrator should reiterate the instruction and have the client retake the Practice Images

Administrators can give the Practice Images to the client as many times as necessary until the administrator is convinced that the client understands and follows the instructions.

An ABID VRT® Graph meets the Reflexive Responder criteria if:

- The self-reported average ratings on the child categories (ages five and less and ages 6-13) are all the same (e.g., all equal to 1 or all equal to 4), and

- The difference between the lowest and highest VRT® standard scores (i.e., the number at the end of the sexual interest bar) in the child categories is not greater than 0.65 in standard units (Z-scores).

(This set of criteria is a modification of an earlier set of criteria presented by Steven R. Gray, Ed.D., and Joseph J. Plaud, Ph.D.)

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Originally, it was thought that all Reflexive Responders were attempting to conceal sexual interest in children. However, analysis has shown that reflexive responders were not more likely to be considered dissimulators by their therapists. In fact, they were less likely to be considered dissimulators. This indicates that individuals who show the reflexive responder VRT® profile are a mixed group of people who are denier-dissimulators, people who sexually abuse children, and/or those without sexual interest in children.

Because a client with a reflexive responder VRT® Graph could either be someone with a sexual interest in children who is attempting to dissimulate or someone without a sexual interest in children who is answering honestly, the interpretation of the graph must be done in the context of all of the information gathered in the entire evaluation.

Study Questions to Prepare for the ABID Exam:

High Social Desirability Scores will:

a) Increase the likelihood of a client self-reporting paraphilias
b) Decrease the likelihood of a client self-reporting paraphilias
c) Have no effect on the client self-reporting paraphilias

What are the cut scores for the Cognitive Distortion Scale on the ABID?

a) same as for adults on the AASI-3
b) same as for adolescents on the AASI-2
c) there are no cut scores for the ABID Cognitive Distortion Scale

On the ABID Graph, the numbers in the ( ) at the end of each bar are:

a) z-scores
b) sexual interest scores
c) self-reported sexual arousal

The last 6 bars at the bottom of the VRT® Graph are paraphilic behaviors. Which of these paraphilic behaviors can be interpreted by self-reported scores?

a) Exhibitionism AWF and Voyeurism AWF
b) Frottage AWF and Fetishism
c) S&M AWF and S&M AWM
d) All of the above can be interpreted with the self-reported scores.

The VRT® uses z-scored data (standard score data) because:

a) discriminant analysis is easier with z-scores
b) z-scores allow you to compare sexual interest categories with one another
c) computers only analyze data that is z-scored
d) z-scored data can be divided in quartiles

When interpreting the ABID Graph, you should strongly suspect high sexual interest in a child category if the sexual interest bar for that category:

a) exceeds the vertical line by one standard deviation
b) comes close to the vertical line
c) is the longest bar in the child categories
d) touches or exceeds the vertical line

Which statements are correct regarding VRT® measurement?

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a) An individual with high responses to image categories of their own race frequently will show high responses to those image categories of the other race
b) It is normal for heterosexual males in North America to have sexual interest in adolescent and adult females
c) All of the above

Which rule is a justification for looking at the client's sexual interest bars in both races?

a) the client has had victims who are of the other race
b) the client self-reports greater sexual arousal to adult or adolescent images in the other racial group
c) the client has unexpected or unusual VRT® responding in their own race
d) all of the above

Note from Abel Screening: For the interpretation part of the certification exam, in addition to the above Questionnaire and VRT® interpretation questions, you will download an AASI sample client and report. You will use this sample client and report to answer interpretation questions not provided in this clinical guide

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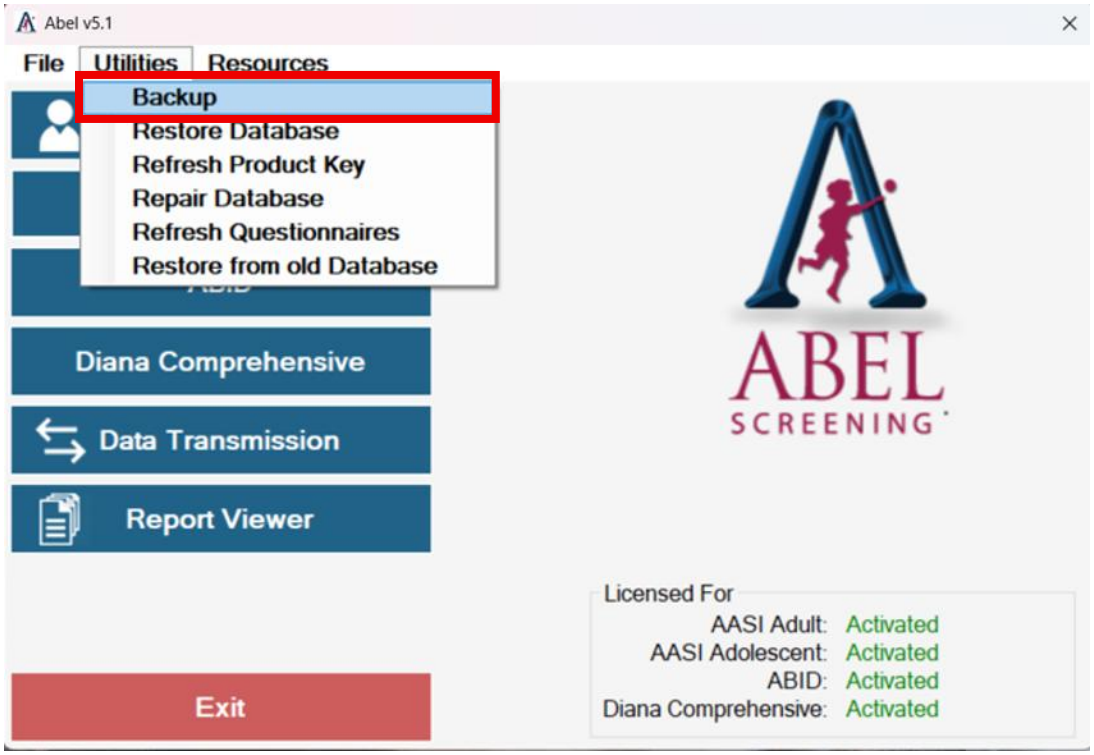
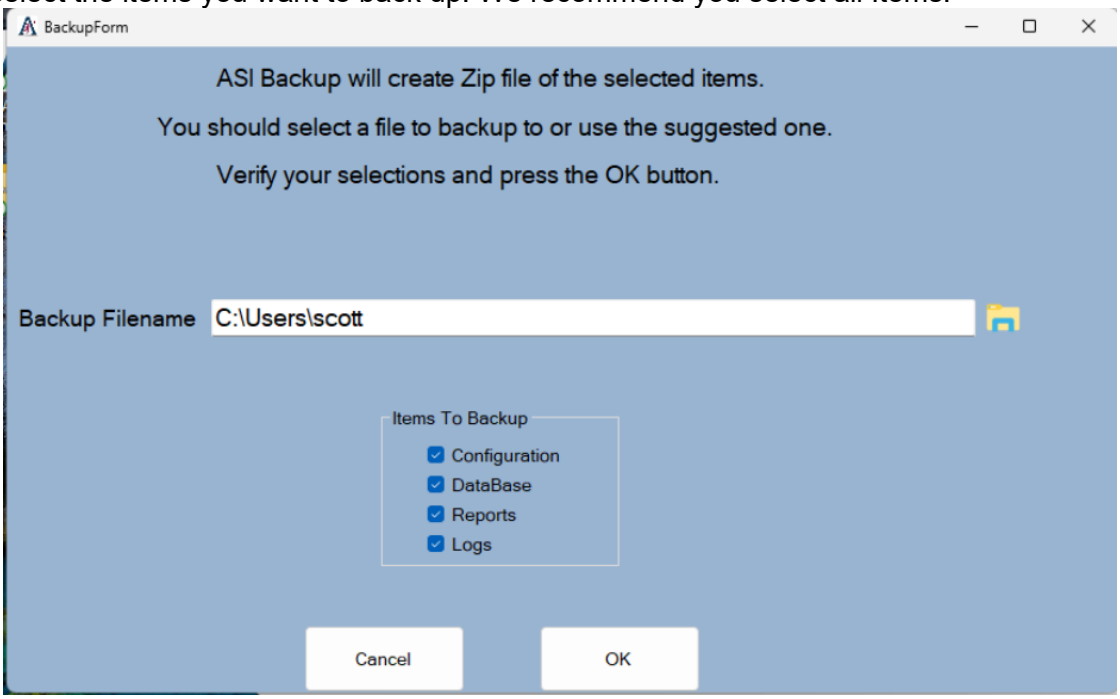
How to Back Up Your Data

Abel Screening recommends backing up your client data at least every three months. This process will help ensure that you are able to consistently retain your client data.

1. Once the Abel Administrator is open, select Utilities>Backup



2. Next, select the items you want to back up. We recommend you select all Items.



3. Click on the little folder next to the location of the backup and select a location for your backup

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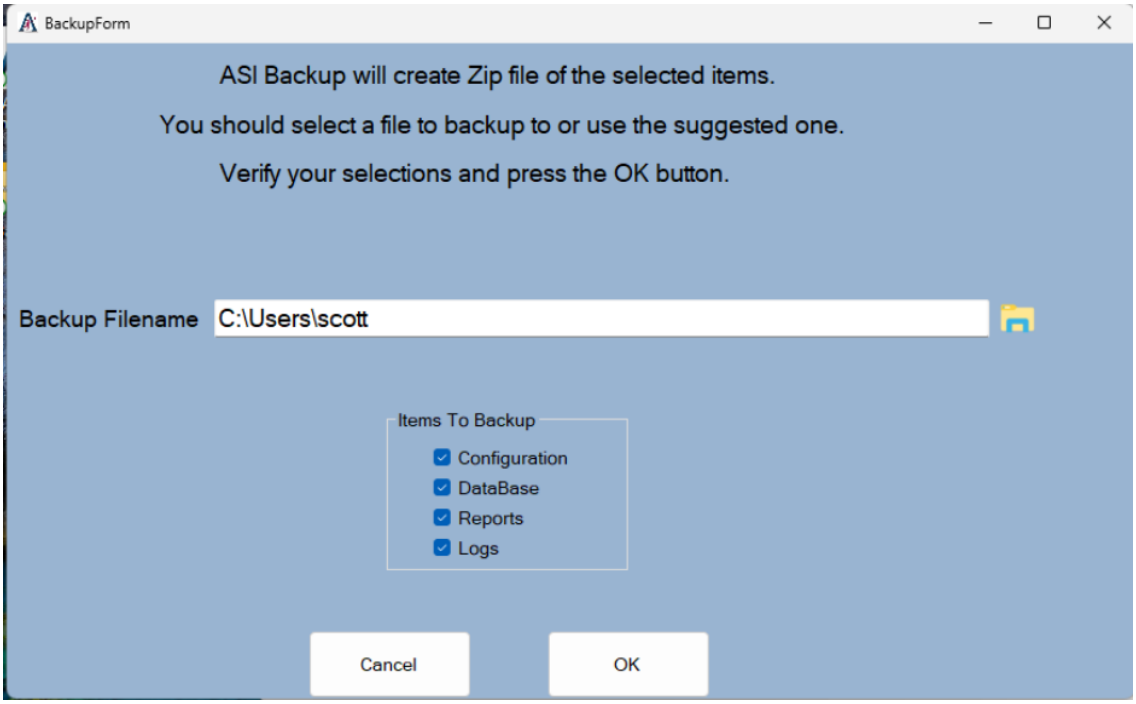
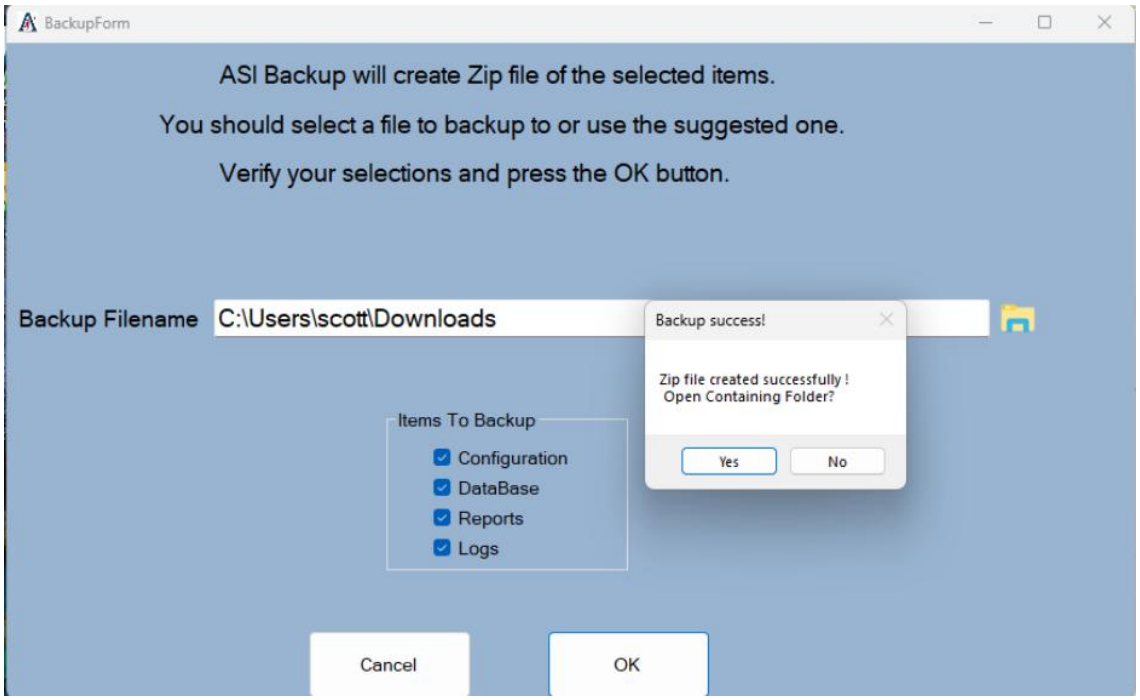


4. Next press OK, this will perform the backup.

5. Once the backing up process is complete, you will see another pop-up.



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How to Access the AASI Certification Exams:

Congratulations! You've completed your study of this Clinical Guide. Now it's time to take the appropriate certification exam(s).

All AASI Exams are available online to take at your convenience. After completing and submitting an exam, your result is available immediately.

To begin taking an AASI Exam(s):

- Go to abelscreening.com
- Click on "CUSTOMERS LOGIN HERE" on the upper right corner of the homepage.
- Enter your email address and customer-only password to access the Customers Only platform
    - If you do not recall your Customers Only password, call Abel Screening technical support at 404-874-4772, Ext. 2, for help resetting your password.
- Your Site ID Number is needed for the exam.
    - This is in your "Welcome to Abel Screening" email or you may ask the primary contact on the account for your practice's Site ID Number.
- To access the AASI Exams from the Customer Only home page:
    - Select the Training and Support menu option and then AASI Exams.
    - Alternatively, you can click the AASI Exams link located at the footer.
- You have Abel Administrator version 5.1
- Next, select the appropriate certification exam and the version of the exam appropriate for your use:
    - Administer and Interpret
    - Administer Only
- Fill out all fields and click Begin Exam

You will need to take an exam for each Abel Assessment you have purchased or will be administering or interpreting. After successfully passing an AASI exam, within one-to-two business days Abel Screening will email a certificate of completion and the Product Key to the primary contact on the account. You or the primary contact will use this Product Key to activate your Abel Assessments in the Abel Administrator application.

Next, you can administer practice assessments. We highly recommend this to familiarize yourself with the assessment(s) before giving them to your clients. Email or call Abel Screening to notify us of the Client ID Numbers on practice assessments so we do not bill you for those assessments.

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