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Sexual Behavior Evaluation

Clients who seek my services for a sex offender or sexual compulsivity evaluation usually do so for one of 2 reasons:

- (1) *behavior or relationship problem (therapeutic)*- someone has complained about the client's behavior or temperament, or evidence has been found, usually pornography or fetishes. Sometimes the partner has been asked to watch or engage in sexual behaviors which make them uncomfortable.
- (2) *forensic examination, Criminal* - Clients are being adjudicated for related offenses and either voluntarily or involuntarily present for an evaluation.
- (3) *forensic examination, custody evaluation* - Clients are going through a divorce and one spouse makes an allegation about the other; since custody is always about the children's welfare, evaluations are either agreed to by the attorneys versus being ordered by the Court.

Format

There are many formats / protocols for such evaluations. Mine consists of some or all of the following depending on the case:

- (a) Completion of hand-written questionnaires;
- (b) A series of individual interviews with clients, usually 3; complex cases sometimes require 4.
- (c) Scope of clinical foci includes psychoactive substance history; history of broad spectrum addictive disorders; sexual history; deconstruction of deviant sexual behavior cycle; mental health functioning; family system identification; collateral (family member) interview; records review; and drug testing.
- (d) Drug testing will be conducted by an independent laboratory, where sample collection is monitored by a technician. The first test will be scheduled by the client; additionally, the client will be notified by the Evaluator on a random basis twice during the interview period and prior to the dissemination of the final report to present to the laboratory for additional testing. The client will be given only a 24-hour window in which to comply with the notification. Urine, hair, saliva, blood, or metered exhaling are the kinds of testing that may be used
- (e) Summary findings and review of the draft narrative will be conducted with the client prior to the dissemination of any report.
- (f) Consent will be necessary before beginning any phase of the evaluation.
- (g) Additional consent is necessary before any reports will be generated to any third parties.
- (h) Clients will be given a copy of the final narrative, but official copies will be mailed to the party for whom it is intended, provided that the client consents.

Fees

I bill at the rate of \$200 per 60-minute unit hour for the following: client and/or collateral interviewing; review of records; review of substantive emails or long text messages (not those to set up appointments); substantive phone calls in excess of 5 minutes. For therapeutic evaluations, where abbreviated documentation is required, the rate is \$160 per 60-minute unit hour.

Narratives are prepared when the client is not present and are billed at the rate of \$50 per page, maximum of \$750.

Sexual Behavior Evaluations, cont'd

Typically the fee schedule is **approximately** the following:

<i>Forensic Sex Behavior Evaluation, Court-Ordered OR Custody-Evaluation</i>	<i>Format</i>	<i>Length of Time</i>	<i>Fees \$200 per hour</i>
<i>3-4 meetings</i> <i>Requires initial retainer of \$600, with balance to be paid prior to release of reports.</i>	Meeting 1: Goals & Outcomes, Authorizations, Questionnaires, Target Identification, Brief Mental Status	90 minutes	\$300.00
	Attorney Conference and/or Custody evaluator Conference	15 minutes	\$50.00
	Meeting 2: Substance & Addictive Spectrum History, Mental Health Assessment, Psychosocial History, Sexual History & Cycle Deconstruction	120 minutes	\$400.00
	Meeting 3: Collateral Interview (client not present)	60 minutes	\$200.00
	Meeting 4: Client Follow-up Interview, Continuation of Behavioral Assessments	60 minutes	\$200.00
	Meeting 5: Final Meeting with Recommendations and Report	30 minutes	<u>\$100.00</u>
			<u>SUB-TOTAL</u> <u>\$1,250.00</u> + Narrative <i>[Narratives cost \$50 per page, maximum of \$750]</i>
<i>Behavior Problem, Therapeutic, Non-Forensic</i>	<i>Format</i>	<i>Length of Time</i>	<i>Fees \$160 per hour</i>
<i>2 meetings</i>	Meeting 1: Goals & Outcomes, Authorizations, Questionnaires, Target Identification, Brief Mental Status; Collateral Interview	120 minutes	\$320.00
	Meeting 2: Substance & Addictive Spectrum History, Mental Health Assessment, Psychosocial History, Sexual History & Cycle Deconstruction, Brief-Therapy	90 minutes	\$240.00
No narrative; as results are recorded in the client's treatment chart.			<hr/> TOTAL \$560.00

Retainers

A retainer of \$600.00, representing 3 hours of work, is required on all forensic evaluations. The balance of the fees are required to be paid prior to the dissemination of any written reports. In some cases, the Evaluator may negotiate a reduction in retainer with a schedule of offsetting payments.

Variance

The above chart represents an approximation of time values. The fees will be adjusted if the intervals are shorter or longer.

Referral to Drug Toxicology Laboratory

Dr. Barrilleaux uses BAL & Associates out of Elmwood in Harahan, a Quest Diagnostics Laboratory. Any and all fees associated with drug screening and reports are the responsibility of the client being referred.

Description of Procedures

1. Goals & Outcomes – At the outset we define the scope and context of the evaluation; client identifies goals; and “wish-list” vis-à-vis the outcomes and their ramifications.
2. Questionnaires – Evaluator will disseminate 6-12 pages of documents by electronic mail, depending upon the nature of the Evaluation selected. Client will download the blank forms, complete them, and bring completed forms to the evaluation.
3. Substance Use History – a comprehensive historical inquiry into client’s use of mood-altering chemicals be it medicinally, recreationally or something else and the effects of that use on the client.
4. Mental Health Assessment – Attention to client’s strengths and needs; mental status examination; identification of mood disorders, thought disorders, impulse control disorders, adjustment disorders, especially in relation to chemical use. Diagnostics will be used.
5. Sexual History – Attention to the development of relationships with opposite sex and/or same sex partners; intimacy issues; sex & aggression; states of arousal and degree of dissociation; shame ideation; personal responsibility and blame.
6. Sexual Cycle Deconstruction – An extension of the session exploring sexual history, the Evaluator will map the relationship between stress, triggers, dissociation, arousal, mental rehearsal, sexually deviant behavior, euphoria, anxiety, depression, and return to intrapsychic or environmental stressor.
7. Review of Records – Documents demonstrating participation in treatment programs, certificates of completion, therapist narratives, collection of sobriety chips, letters of recommendation from sponsors, rap sheet, notifications by licensing or administrative boards.
8. Laboratory Testing – Referral to an independent laboratory for drug and/or alcohol screening. Client must authorize Laboratory to release results to Evaluator.
9. Additional Random Testing – Because substance abusers often attempt to manage their chemical use by staying clean for a few days in anticipation of being drug tested (characteristic of the binge/purge cycle of addiction), testing at random intervals is necessary as a measure of reliability to underscore the accuracy of the Evaluator’s findings. We also know that the 2 chief symptoms of chemical dependency are denial and delusion; therefore, reliance merely on the perspective of the client being evaluated is insufficient to make an accurate determination. Because substance use is often a component of hypersexual arousal, the substance abuse protocol is a component of the Sexual Behavioral Evaluation.

10. Collateral Interviewing – For our purposes, a “collateral” is a person in close relationship with a client, e.g. spouse, parent, child, friend, supervisor, sponsor – who can present another perspective in addition to the client’s regarding client functioning. While clients may elect NOT to use collaterals for their sexual behavior evaluation, not doing so calls into question the reliability of the Evaluator’s findings, and the Evaluator will note this in the narrative report.
11. 3rd Day & 4th Day – Usually needed for comprehensive forensic procedures.
12. Attorney Consultation – Clients being adjudicated in criminal court, or facing contempt orders in Family or Civil Court, are often either mandated by the Court versus voluntarily presenting for evaluation (and sometimes treatment) in order to demonstrate mitigating circumstances. Since attorneys are interested in outcomes, conferring with them is helpful.
 - (a) Depending upon the forensic procedure the client is engaged in, there are occasions when attorney consultation (*ex parte*) is not allowed by the courts.
13. Narratives – Summary findings written up in letter form documenting the nature and scope of the evaluation and the format used; the particulars of client history of bot normative and deviant sexual behavior by classification, frequency, and outcomes; summary of mental health functioning highlighting both strengths and deficits; psychoactive substance abuse history in terms of the nomenclature – “use, abuse, addiction”; results of drug testing by laboratory; multi-axial diagnosis according to the Diagnostic & Statistical Manual for Mental Disorders – Fourth Edition Text Revision & the Fifth Edition – highlighting both psychoactive substance and/or mental health diagnostics, Axis IV stressors, and Axis V Global Assessment of Functioning; descriptions of current and previous functioning; description of mitigating or aggravating circumstances; description of family system dynamics; prognosis, and recommendations.
14. Review of Narrative - Evaluator will meet with client to review the draft report and answer questions. In some cases, modifications can be made; however, particulars germane to the evaluative process will not be suppressed, nor should client expect that modifications will be made because the Evaluator doesn’t agree with the client with respect to findings.
15. Consent – Consent is required before the evaluation begins. Consent is also required to collaborate with the Laboratory. Additional consent is required to communicate with any other party – attorney, collateral, Court, Collaborative Divorce team, custody evaluator.
16. Consultation with Custody Evaluator – meeting in person or by telephone to discuss findings.