

**ARIZONA SUPREME COURT  
ADMINISTRATIVE OFFICE OF THE COURTS  
JUVENILE JUSTICE SERVICES DIVISION  
Contract Year 2009-2010  
SERVICE SPECIFICATIONS  
ABEL ASSESSMENT  
Service Code 174**

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**SERVICE DEFINITION:**

This service provides an assessment to determine a youth's interest in numerous sexually deviant behaviors.

**STANDARDS/LICENSURE REQUIREMENTS:**

The individual must hold at least a Masters degree and be licensed by the Arizona Board of Behavioral Health Examiners or by one of the following: Board of Psychologist Examiners, Board of Nursing, Board of Osteopathic Examiners or Board of Medical Examiners. The individual must also be able to demonstrate experience which is equivalent to:

1. 800 hours of direct client treatment (preferably juvenile) and have been supervised 200 hours in one hour of supervision to every four hours of treatment.
2. The 1,000 hour total (client contact and supervision) must have been completed within a thirty-six (36) month period.
3. Complete 20 CEU's every two years on sex offender treatment issues.

**UNITS OF SERVICE:**

One unit equals one hour. The assessment is limited to a maximum of 2.5 hours including report writing.

**SERVICE GOALS:**

To identify the youth's sexual interests.

**SERVICE TASKS:**

Provide a written report which includes a sexual interest and arousal profile and treatment recommendations.

1. Sexual arousal profile, including:
  - a. Type (kind) of individuals found to be sexually appealing-ages, sex, race, traits, stature, etc.;
  - b. Molester, rapist, or other category;
  - c. Nature of offenses-ritualistic, commercial, etc.;

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2. Treatment recommendations, including;
  - a. Techniques
  - b. Prognosis
  - c. Modalities
  - d. Level of care

**PROFESSIONAL CONSULTATION:**

Provide consultation services to the court which may include, but not be limited to staffing, training, expert testimony or other assistance as may be required. Legibly document client's file all services provided, summary of progress, including date, duration, type of service and therapist name, signature, degree and title. Consultation must be billed in 15 minute increments.

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I have read and fully understand the requirements to provide the Abel Assessment, agree to all requirements and restrictions and propose the following rate:

**Proposed rate:**

Abel assessment (service code 174):                   \$ \_\_\_\_\_ / hour

\_\_\_\_\_  
\_\_\_\_\_  
Provider Signature / Date

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**AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE**

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**Final contract rate:**

Abel assessment (service code 174):                   \$ \_\_\_\_\_ / hour

Other agreement \_\_\_\_\_

\_\_\_\_\_  
Provider Signature / Date

\_\_\_\_\_  
AOC Signature / Date