

**Training on the Revised Assessment for Safe and Appropriate Placement:
Using the MASOC Child and Adolescent Assessment Protocol (M-CAAP)**

Twenty Question Post-Test
(80% passing score: 16/20)

1. The M-CAAP recommends that informing readers about at-risk conditions and risk factors is more important than assigning a "risk level"
 - a. True.
 - b. False.
2. Based on current research, what is the likely base rate for juvenile sexual recidivism
 - a. 80-90%
 - b. 3-13%
 - c. 20-30%
 - d. 15-25%
3. Comprehensive risk assessment refers to:
 - a. An assessment of at-risk and risk conditions based on a broad and in-depth understanding of the young person being assessed.
 - b. An assessment that gathers information from multiple sources and types of information.
 - c. An assessment that reviews psychosocial functioning in multiple life domains.
 - d. An assessment that bases estimates of risk and at-risk conditions upon maximum information about the young person being assessed.
 - e. All of the above.
4. The developmental context for risk assessment refers to:
 - a. Creation of a timeline that described the development of the problematic sexual behavior.
 - b. Understanding juvenile behavior of all kinds, including sexually abusive and problematic sexual behavior, in the context of child and adolescent emotional, neurological, psychological, and social development.
 - c. Developing a timeline for completing the risk evaluation.
 - d. The length of time allotted for completion of the written evaluation report.
5. The Risk, Needs, and Responsivity model refers to:
 - a. A model for evaluating individuals that provides a similar treatment framework for all young people.
 - b. A treatment model that considers adults to be very different than adolescents.
 - c. A treatment model that considers adolescent offenders to be very much like adult offenders.
 - d. A model for individualizing and providing different levels of treatment based on three principles that shape case management and treatment interventions.
6. In juvenile sexual risk assessment, it is adequate to assess or estimate risk for sexual recidivism based primarily on the use of a sexual risk assessment instrument.
 - a. Yes. Juvenile sexual risk assessment instruments are almost always accurate in their estimates of risk.
 - b. Yes, but only if the evaluator uses more than one sexual risk assessment instrument.
 - c. No. The use of a juvenile sexual risk assessment instrument should be embedded within a larger and more comprehensive risk assessment process.
 - d. No. Juvenile sexual risk assessment instruments have or add no value whatsoever.
7. The M-CAAP can be used to help estimate risk and at-risk conditions and in treatment planning because...
 - a. It provides a structured and detailed review of the young person being evaluated and provides a wide range of information about risk and protective factors that can serve as the foundation for case management and treatment planning.
 - b. It provides an accurate estimate of what a young person will do in the future.
 - c. It is a statistically based instrument that yields statistical probabilities upon which case management decisions can be based.
 - d. It removes any clinical judgment from the evaluator regarding decision-making and recommendations.
8. The MASOC Child and Adolescent Assessment Protocol (M-CAAP) is...
 - a. A protocol that provides structure, guidance, definition, content, and consistency to the process of juvenile sexual risk assessment.
 - b. A risk assessment instrument that unfailingly predicts future human behavior
 - c. An instrument for assessing the motivation of young people to re-engage in problematic sexual behavior.
 - d. A brief screening instrument for making treatment and placement decisions.

9. The M-CAAP recommends that a structured risk assessment instrument be used as part of the comprehensive assessment for sexual recidivism.
 - a. Never.
 - b. Always.
 - c. Sometimes.
 - d. It all depends.

10. In completing ASAP evaluations, which of the following is **not** part of the evaluation process?
 - a. Data gathering.
 - b. Data organization and consolidation.
 - c. Data interpretation.
 - d. Making definite statements about what a young person will do in the future.
 - e. The development of recommendations.

11. The M-CAAP has been implemented to compete ASAP evaluations because...
 - a. The prior ASAP format did not reflect a contemporary and evidence-informed model of juvenile risk assessment or ensure evaluator consistency in the completion of risk evaluations.
 - b. The M-CAAP provides a current and evidence-informed approach to the assessment of sexual behavior and sexual recidivism in young people.
 - c. The M-CAAP was developed by a working group of clinicians and researchers based upon a best practice model for assessing risk for juvenile sexual recidivism
 - d. The M-CAAP ensures that risk for continued problematic sexual or sexually abusive behavior is based upon a comprehensive and detailed assessment of the young person being evaluated and provides a strong foundation for case management and treatment recommendations.
 - e. All of the above.

12. A context-sensitive approach of the M-CAAP means that...
 - a. The ASAP evaluation of risk takes into consideration what will happen to the evaluation report and how case management and treatment decisions will be made.
 - b. Decisions about possible sex offender registration will be made based upon the evaluation report and the assessment of risk.
 - c. It is not possible to fully understand the possibility for a recurrence of sexually abusive behavior in children and adolescents without understanding the history of problematic sexual behavior in the context of the young person's life and circumstances at the time.
 - d. ASAP conclusions are based on the goals of the Department of Children and Families for each young person being evaluated.

13. The Risk principle of the Risk, Needs, and Responsivity (RNR) model asserts that...
 - a. Treatment and case management recommendations should in part be based upon the level of concern about risk for sexual recidivism, and that greater level of concerns suggest a greater need for treatment.
 - b. We can assume that a high risk situation will always result in sexual recidivism.
 - c. All young people who have engaged in sexually abusive behavior are at risk for sexual recidivism.
 - d. All risk levels should be treated equally with respect to case management and the provision of treatment.

14. The Needs principle of the RNR model asserts that...
 - a. Young people being assessed for sexual recidivism have a need to reengage in sexually abusive behavior.
 - b. Psychosocial needs of the young person tell us something about dynamic factors that represent current risk for continued sexual behavior problems and should serve as treatment targets.
 - c. All individuals have needs that should be treated equally in treatment.
 - d. Evaluations of risk must ensure that victim needs and the needs of public safety come first.

15. The Responsivity principle of the RNR model asserts that...
 - a. Individuals in treatment must respond to the treatment provided.
 - b. Treatment should be responsive to public safety needs.
 - c. Treatment responses and interventions must be targeted to and fit the level of the individual and any special or learning needs that the individual may have if the individual is to be most receptive and responsive to treatment.
 - d. Individuals in treatment are always responsive to effective treatment.

16. Case formulation:
 - a. Provides a simple method for ensuring all clients are assessed and/or treated in the same manner.
 - b. Is based on a formula for providing and delivering treatment to all clients.
 - c. Ensures the same ingredients of treatment are always present in order to ensure conformity in every case.
 - d. Is aimed at developing a clinical theory and understanding that is unique for each individual being assessed or in treatment.

17. Protective factors...
 - a. Are the exact opposite of risk factors.
 - b. Represent the sorts of supports, strengths, and other assets that reduce or buffer against the effects of risk factors.
 - c. Are factors that ensure that youth engaging in sexually harmful behavior will not re-offend.
 - d. Keep the public safe from sexual harm.

18. Assessing protective factors as well as risk factors is important in risk assessment because:
 - a. Assessing protective factors helps ensure a strength-based approach to risk evaluation, rather than only a deficits-based approach.
 - b. Protective factors help offset or mitigate the impact of risky situations, circumstances, and factors.
 - c. They provide a basis for treatment that focuses on strengths and assets rather than simply deficits and vulnerabilities.
 - d. Evaluating for the presence of supports, strengths, and assets provides a balanced overview of elements in each young person's life.
 - e. All of the above

19. Case formulation...
 - a. Is unnecessary when a good juvenile sexual risk assessment instrument is used.
 - b. Provides an evaluation summary that, beyond summary alone, also adds meaning, depth, and insight for each case, and describes the factors that may predispose, precipitate, and perpetuate problematic behaviors and interactions.
 - c. Requires only a description of the sexually abusive behavior, and its circumstances.
 - d. Accurately predicts future behavior.

20. The use and application of a juvenile sexual risk assessment instrument is most appropriate...
 - a. Before a psychosocial history or psychological assessment is undertaken.
 - b. As soon as a description of the sexually abusive behavior is available.
 - c. After a comprehensive psychosocial history is developed and allows for a knowledgeable evaluation of risk and protective factors present in the young person's life.
 - d. Whenever the evaluator has time to complete it.