## Massachusetts Child and Adolescent Assessment Protocol (M-CAAP)

## Comprehensive Assessment of Risk and Needs: Harmful/Problematic Sexual Behavior

Name:

Gender:

Date of Birth: Age:

Current Residence:

Legal Address:

Race/Ethnicity:

Primary Language:

School Grade:

Legal Guardianship:

Custodial Guardian:

Referral Agency/State Agencies Involved:

Referral Agency Contact Information:

Date of Report: Evaluation Date(s):

Evaluator and Credential:

**Purpose of the Massachusetts Child/Adolescent Assessment Protocol**

The M-CAAP is the format developed by Massachusetts Society for a World Free of Sexual Harm by Youth (MASOC) used for the comprehensive assessment of sexually harmful behaviors in children and adolescents. It provides a format for the completion of comprehensive risk and needs assessments of juveniles who have engaged in sexually harmful or sexually problematic behavior.

The M-CAAP evaluates concerns for continued sexually harmful behavior or other problematic sexual behaviors. However, concerns about risk for continued sexually problematic behavior are not based upon any single factor or group of factors. Instead, concerns are based upon a thorough review of not only the history of sexually problematic behavior, but also personal and contextual factors that lend themselves to a more complete understanding of the young person and the circumstances that led, contributed to, or in some other way influenced, the problem sexual behavior.

**Informed Consent**

HIPAA compliant consent for Release of Information forms were signed by the young person’s legal guardian, or the young person if 18 or older, prior to the evaluator contacting, speaking to, or seeking information from anyone outside of the state agency or other referral source.

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| **INSTRUCTION TO THE EVALUATOR** *(this instruction will not appear on printed report)*   * For Massachusetts’ Assessment for Safe and Appropriate Placement (ASAP), use M-CAAP prescribed consent forms only. * For others, consent forms serve as a guide. |

**Statement of Informed Consent/Assent and Limits of Confidentiality**

The young person and legal guardian were informed that the referral agency is the client for purposes of this evaluation. Information reported to, or discovered by the evaluator will be used by the evaluator to provide a report and recommendations to the referral agency or entity. The young person and others may decline to participate in the evaluation, decline to respond to particular questions, or end an interview with the evaluator at any time, but any information shared with the evaluator is not private, confidential, or privileged since it may be used if relevant for the report and recommendations to the referral agency. The report will become part of the referral agency record of the young person and/or family, and there may be circumstances when it might be accessible under state law such as in the event the young person should ever become the subject of civil commitment proceedings due to convictions for sexual offenses.

The young person and legal guardian were informed that the evaluator is a mandated reporter for purposes of reporting known or suspected neglect or abuse of a child under age 18, a disabled person, an elder aged 60 years or older, or other circumstances triggering a mandated report or a duty to warn/protect should a person pose a risk of significant harm to themselves or others.

The evaluation is being conducted for the referral agency or entity for purposes of safe and appropriate case management and treatment planning. It is not being prepared with the intention of using it in a legal proceeding. However, the referral agency may choose to introduce it in legal proceedings involving the care and protection of the young person and/or may be required to release it in response to a court order or other legal process in other legal proceedings.

The young person and their legal guardian have signed a statement attesting that they have been informed of the nature and purpose of the evaluation, that the referral agency is the identified client for purposes of the evaluation and will be receiving a report and recommendations and limits upon confidentiality and privilege, including potential uses of the evaluation in legal proceedings. They attest that they have been given an opportunity to ask questions or express concerns regarding the evaluation. Signing of this statement also attests that the legal guardian authorizes the evaluation to proceed (informed consent) and that the young person has received a developmentally appropriate explanation of the evaluation.

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| **INSTRUCTION TO THE EVALUATOR** *(this instruction will not appear on printed report)*  For Massachusetts ASAP use M-CAAP prescribed notification of confidentiality/purpose of evaluation forms only. For others, forms serve as a guide. |

**I. EXPLANATORY, DEMOGRAPHIC, AND DESCRIPTIVE INFORMATION**

1. **Identifying Information and Reason for Evaluation**

|  |
| --- |
| **INSTRUCTION TO THE EVALUATOR** *(this instruction will not appear on printed report)*   * This section is intended to provide a brief overview only, with details provided in the report that follows: * Name, age, living situation, school grade, IQ and special education services * Brief psychosocial circumstances that help describe the young person * Behavioral and other psychosocial history in brief, if relevant * Other brief descriptive information that help frame the evaluation and evaluation circumstances * Reason for evaluation. Briefly describe…. * Reason for the M-CAAP, as described in the referral material available at the time the evaluation was requested by the referral agency * Brief summary/description of the problematic sexual behavior, to be described in detail later in the report * Do not include name of alleged/substantiated victim, unless an immediate relative, such as a sibling. Use first initial only, or variant of first initial if there is more than one identified victim with the same initial. |

1. **Informants to the Evaluation**

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| **INSTRUCTION TO THE EVALUATOR** *(this instruction will not appear on printed report)*   * List informants, including roles and relationships. * Identify informants contacted, but not reached. |

**Comment, if necessary:**

**C. Documents Reviewed for this Evaluation**

|  |
| --- |
| **INSTRUCTION TO THE EVALUATOR** *(this instruction will not appear on printed report)*   * List all records reviewed, type and date of records, and author of reports. * Identify records requested, but not received or reviewed. |

**Comment, if necessary:**

**D. Legal Status**

|  |
| --- |
| **INSTRUCTION TO THE EVALUATOR** *(this instruction will not appear on printed report)*   * Legal status, including charges, adjudications, open cases * List any sexual adjudications * List non-sexual adjudications * List current probation or conditional liberty, including contact names/case workers and court location |

**E. Sexual Offender Registry**

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| **INSTRUCTION TO THE EVALUATOR** *(this instruction will not appear on printed report)*   * Describe whether young person is required to register as a sexual offender * If “yes,” provide status and state(s) of registry |

**II. PRESENTATION AND RESPONSE TO THE ASSESSMENT PROCESS**

**A. Mental Status Exam (MSE)**

|  |  |  |
| --- | --- | --- |
| **1. Appearance and Behavior** | | Within normal/expected limits |
| Assess age appropriate dress, grooming, physical appearance, facial expression; motor behaviors such as slow, restless, agitated; attitude; and unusual mannerisms, tics, etc. | | |
| *Comment if unusual or necessary:* | | |
| **2. Speech** | Within normal/expected limits | |
| Assess volume, rate, rhythm, spontaneity, impairments, word-finding problems, pressure, etc. | | |
| *Comment if unusual or necessary:* | | |
| **3. Mood and Affect** | Within normal/expected limits | |
| Assess subjective state of predominant emotional feeling, including range of emotions, flatness, blunted, normal, labile, and inappropriateness of affect to content. Note eating or sleeping problems. | | |
| *Comment if unusual or necessary:* | | |
| **4. Stream of Thought** | Within normal/expected limits | |
| Assess rate of thoughts, as slow or fast, and content as coherent, tangential, loose, or flight of ideas. | | |
| *Comment if unusual or necessary:* | | |
| **5. Thought Content** | Within normal/expected limits | |
| Assess for worry, preoccupation, fears, phobias, obsessions, compulsions, ideas of reference, persecutory or other delusions, grandiosity, jealousy, and somatization, auditory, visual, or other hallucinations. | | |
| *Comment if unusual or necessary:* | | |
| **6. Orientation and Concentration** | Within normal/expected limits | |
| Assess for orientation to person, place, and time, attention skills, and distractibility. Assess ability to do serial 7's or 3's, basic arithmetic skills, and spelling, such as spelling words backwards. | | |
| *Comment if unusual or necessary:* | | |
| **7. Memory** | Within normal/expected limits | |
| Assess for immediate recall of digits, objects, and interviewer’s name, recent memory for digits and three objects after five minutes, and remote memory for historical details like past presidents. | | |
| *Comment if unusual or necessary:* | | |
| **8. Judgment, Insight, and Abstraction** | Within normal/expected limits | |
| Assess based on information from interview, past decisions, and proposed social situations, assess for awareness of current problems, concreteness, and analysis of age appropriate metaphors. | | |
| *Comment if unusual or necessary:* | | |
| **9. Suicidal Ideation** | Within normal/expected limits | |
| Assess current and previous thoughts and behaviors. If positive, assess for plan and intent to act on it. | | |
| *Comment if unusual or necessary:* | | |
| **10. Homicidal Ideation** | Within normal/expected limits | |
| Assess current and previous thoughts and behaviors. If positive, assess for plan and intent to act on it. | | |
| *Comment if unusual or necessary:* | | |

**B. Young Person’s Level of Participation, Engagement, and Response to Assessment Process**

**III. TREATMENT AND PLACEMENT HISTORY**

**A. Placement History/Treatment Type**

|  |  |  |  |
| --- | --- | --- | --- |
|  | *Day treatment/partial hospitalization* |  | *Outpatient* |
|  | *Foster care* |  | *Prison/jail* |
|  | *Intensive outpatient* |  | *Psychiatric hospitalization* |
|  | *Juvenile detention/correctional facility* |  | *Residential treatment/group home* |
|  | *Out of home: family members/other* |  | *Other:* |

|  |
| --- |
| **INSTRUCTION TO THE EVALUATOR** *(this instruction will not appear on printed report)*  **Following completion of the prior checklist, use “comment” sub-heading below to provide a narrative description of the young person’s history of treatment, including:**   * Reasons for prior treatment, relevant dates, and ages * Dates and ages, duration, and the nature and range of behavioral difficulties * Response to prior treatment |

**Comments:**

**B. Diagnostic History**

|  |  |  |  |
| --- | --- | --- | --- |
|  | *AD/HD* |  | *PTSD* |
|  | *Anxiety* |  | *Reactive Attachment Disorder* |
|  | *Autism spectrum disorder* |  | *Schizophrenia* |
|  | *Behavioral/conduct difficulties* |  | *Sexually abusive, harmful, or problematic behavior* |
|  | *Bipolar disorder* |  | *Substance abuse* |
|  | *Depression* |  | *Suicidal/self-injurious* |
|  | *Eating disorder* |  | *Other*: |
|  | *OCD* |  | *Other*: |
|  | *Psychosis/psychotic symptoms* |  | *Other*: |

**Current Diagnosis:**

**Comments:**

**C. Relevant Medical History**

|  |
| --- |
| **INSTRUCTION TO THE EVALUATOR** *(this instruction will not appear on printed report)*   * General and significant medical history, relevant to understanding case, or youth development. |

**D. Medication History and Current Medication**

|  |
| --- |
| **INSTRUCTION TO THE EVALUATOR** *(this instruction will not appear on printed report)*   * Include general/medical and psychiatric medication * History of prior medications, doses, and reasons (if known) * Identify current medications and reasons for medications * History of medication compliance * History of known adverse medication reactions or serious side effects |

**IV. FAMILY HISTORY**

This section describes the family history as related to the young person’s development and present circumstances, and generally describes the history of the family rather than the detailed or specific history of the young person.

1. **Current Living Situation and Family History**

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| --- |
| **INSTRUCTION TO THE EVALUATOR** *(this instruction will not appear on printed report)*   * ***Create and use sub-headings in this section if helpful, and for readability*** * Describe the young person’s current living situation * This section should describe the family most relevant to the young person, describing current living arrangements of family-of-origin, adopted family, and/or other family/caregivers, dependent upon circumstances of each young person * Composition and names of members of immediate family-of-origin, including sibling status (full, half, step, adopted) and ages or approximations, if known * If relevant, composition and names of substitute caregiver (foster, pre-adoptive, or adoptive, or other biological extended) family * Current and history of circumstances of family-of-origin or current family/caregiver, including socioeconomics, stability of living circumstances, and significant family issues * Current and historical relationships among family-of-origin members, and/or family members in substitute family environments (extended family, foster care, pre-adoptive, adoptive, other custodial, as relevant to case) * Description of family-of-origin history and family environment in young person’s developmental years through early, middle, and older childhood, and into early, mid, and late adolescence, depending on young person’s current age * Include descriptions of family changes, including births and marriage, events affecting or shaping the family, and other important milestones, developments, and/or changes in family environment from young person’s early developmental years to current * Basic and relevant history of parents, with content limited to that important to understand young person’s development * Include any significant behaviors of important family or substitute family members, including non-sexual and sexual criminality * Description of current mental health, behavioral, or general psychosocial functioning of immediate family members, including parents and siblings, and/or substitute family members * Family mental health and behavioral history, including siblings and other close family members. Include grandparents * Family substance abuse history, including siblings and other close family members, including grandparents * If young person is in moderate to long-term and stable substitute family care – extended family members, foster care, pre-adoptive, and adoptive – also describe relevant and important history of the substitute care family, following instructions provided above |

**B. Family/Caregiver Strengths and Vulnerabilities**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Vulnerabilities** | | | **Strengths** | | |
| **Yes** | **Partial** |  | **Yes** | **Partial** |  |
|  |  | *Conflicts about parenting* |  |  | *Acknowledges need for treatment* |
|  |  | *Family disengaged from treatment providers* |  |  | *Consistency in family prosocial behaviors* |
|  |  | *Detached/disengaged family relationships* |  |  | *Engaged with treatment providers* |
|  |  | *Enmeshed family relationships* |  |  | *Parental agreement* |
|  |  | *Family denies problems* |  |  | *Positive family environment* |
|  |  | *Confused family roles or hierarchy* |  |  | *Positive view of young person* |
|  |  | *Family substance abuse* |  |  | *Positive marital/partner relationship(s)* |
|  |  | *Hostile/unsupportive family relationships* |  |  | *Prosocial family values* |
|  |  | *Marital conflict* |  |  | *Prosocial role models* |
|  |  | *Problematic family problem solving* |  |  | *Siblings are well-adjusted* |
|  |  | *Problematic view of young person* |  |  | *Stable living conditions/environment* |
|  |  | *Punitive family* |  |  | *Supportive/warm family relationships* |
|  |  | *Unstable living circumstances* |  |  | *Support for young person* |
|  |  | *Weak/absent supervision of young person* |  |  | *Appropriate supervision for young person* |
|  |  | *Other:* |  |  | *Other:* |
|  |  | *Other:* |  |  | *Other:* |

Comment:

**V. PSYCHOSOCIAL HISTORY**

This section describes the young person’s developmental and psychosocial history, from early development to current day.

**A. Developmental Experiences**

|  |
| --- |
| **INSTRUCTION TO THE EVALUATOR** *(this instruction will not appear on printed report)*  Provide brief details, if known:   * Prenatal conditions, course of pregnancy, planned or unplanned pregnancy, birth complications, medical or physical complications, weight and size, developmental milestones * Maternal substance use/abuse during the pregnancy * Behavioral, emotional, cognitive, or physical difficulties * Early social and functional behavior (prior to age 5) * Ongoing psychosocial experiences |

**B. History of Adverse Childhood Experiences/Trauma**

|  |  |  |  |
| --- | --- | --- | --- |
|  | *Death of significant/important family member* |  | *Multiple school moves* |
|  | *Disrupted housing* |  | *Multiple home moves* |
|  | *Disrupted parenting of young person* |  | *Parental incarceration* |
|  | *Emotionally abused* |  | *Physically abused* |
|  | *Exposure to community violence* |  | *Sexual perpetrators in immediate family* |
|  | *Exposure to criminality* |  | *Sexually abused* |
|  | *Exposure to family mental illness* |  | *Significant personal loss* |
|  | *Exposure to family substance abuse* |  | *Socioeconomic hardship* |
|  | *Exposure to pornography* |  | *Witness to domestic/family violence* |
|  | *Exposure to significant peer substance abuse* |  | *Witness to sexual behaviors* |
|  | *Family instability* |  | *Other:* |
|  | *Has not lived with biological parents to present age, or age 18* |  | *Other:* |
|  | *History of neglect* |  | *Other:* |

|  |
| --- |
| **INSTRUCTION TO THE EVALUATOR** *(this instruction will not appear on printed report)*  Using the “comment” sub-heading below, following completion of checkbox provide written narrative that describes and explains circumstances of significant events of a traumatic nature and/or adverse childhood experiences, including:   * Ages and dates * Young person’s known or apparent response to the events * Young person‘s perspective |

**Comments:**

**C. History of Behavioral Problems**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | *Anger issues* |  | *Inability to express emotions prosocially* | |
|  | | *Physical aggression* |  | *Lacks remorseful responses to problematic behaviors* | |
|  | | *Verbal aggression* |  | *Limited/poor coping skills* | |
|  | | *Property damage/destruction* |  | *Non-abusive/harmful sexually problematic behavior* | |
|  | | *AD/HD related behavioral difficulties* |  | *Oppositionality* | |
|  | | *Animal cruelty* |  | *Persistent/chronic dishonesty/lying* | |
|  | | *Arrests and/or court involvement* |  | *Persistent significant non-sexual behavioral difficulty* | |
|  | | *Autistic spectrum related behavioral difficulties* |  | *Pre-adolescent onset of conduct difficulties* | |
|  | | *Auto theft/break in* |  | *Runaway* | |
|  | | *Biting others* |  | *School behavior problems (describe under section E)* | |
|  | | *Biting self* |  | *Sexually harmful behavior (describe in detail in section VI)* | |
|  | | *Compulsive behaviors* |  | *Social isolation/disconnection* | |
|  | | *Delinquent affiliations* |  | *Spitting at others* | |
|  | | *Drug sales (describe under section D)* |  | *Substance use/abuse (describe under section D)* | |
|  | | *Easily stimulated/triggered* |  | *Suicidal/self-injurious behavior/attempts/ideation* | |
|  | | *Fails to recognize or accept personal responsibility* |  | *Theft/shoplifting/burglary* | |
|  | | *Fire setting/fire play* |  | *Use of weapon for intimidation or coercion of a victim* | |
|  | | *Gang involvement* |  | *Other:* | |
|  | | *Impulsivity/poor self-regulation* |  | *Other:* | |
| **INSTRUCTION TO THE EVALUATOR** *(this instruction will not appear on printed report)*  **Using the “comment” sub-heading below, following completion of checkbox** **provide written narrative that describes and explains a history of behavioral incidents, from early development to present day, including home, family, school, and community**   * Include dates and ages, duration, and the nature and range of non-sexual behavioral difficulties | | | |

**Comments:**

**D. History of Substance Use/Abuse**

|  |
| --- |
| **INSTRUCTION TO THE EVALUATOR** *(this instruction will not appear on printed report)*   * Type of substance use, including alcohol and drug use * If drug use, describe drugs used * Age at onset * Duration of use * Frequency of substance use, including both alcohol and drugs * Most recent use * Use alone * Use with others |

**E. Academic History/School Behaviors**

|  |  |  |  |
| --- | --- | --- | --- |
|  | *Alternative school placement* |  | *Persistent behavioral difficulties in school* |
|  | *Below grade level* |  | *Poor school engagement* |
|  | *Expulsion/Long-term suspension* |  | *Repeated absenteeism/tardiness/dismissal* |
|  | *History of fighting in school* |  | *Sexual behavior in school* |
|  | *Individualized Education Program* |  | *Substance use in school/vaping* |
|  | *504 Plan* |  | *Suspension* |
|  | *Isolated socially* |  | *Theft in school* |
|  | *Learning difficulties/disabilities* |  | *Other:* : |

|  |
| --- |
| **INSTRUCTION TO THE EVALUATOR** *(this instruction will not appear on printed report)*  **Using the “comment” sub-heading below, following completion of checkbox provide written narrative that describes:**   * General academic school performance * Strengths or difficulties in any particular academic domains * History of school behaviors and interactions * Disciplinary problems for tardiness, truancy, or behavioral difficulties in school |

**Comments:**

**F. Social/Relational Development: Strengths and Vulnerabilities**

|  |  |  |  |
| --- | --- | --- | --- |
| **INSTRUCTION TO THE EVALUATOR** *(this instruction will not appear on printed report)*  **Using the “comment” sub-heading below, following completion of checkbox provide written narrative that describes:**   * Young person’s relationships with peers and adults * Friendships * Family relationships * Social activities and interests, including extracurricular school activities * Dating or sexual relationships * Include family, school, and community relationships | | | |
|  | *Academic strengths* |  | *No/limited involvement in school/community social activities* |
|  | *Associates with delinquent peers* |  | *No or limited friends* |
|  | *Bullying history as bully* |  | *No romantic relationships* |
|  | *Bullying history as victim* |  | *Positive relationships with prosocial peers* |
|  | *Care and concern for others* |  | *Prosocial interests/activities* |
|  | *Connects better with adults than peers* |  | *Social isolation/disconnection* |
|  | *Difficulty attaching to others* |  | *Supportive family relationships* |
|  | *Lacks age-appropriate perspective taking skills* |  | *Supportive peer relationships* |
|  | *Lacks close peer relationships* |  | *Supportive other non-family adults* |
|  | *Lacks empathy or concern for others* |  | *Other*: |
|  | *Lacks interest in community activities* |  | *Other*: |
|  | *Lacks interest in peer activities* |  | *Other*: |

**Comments:**

**G. Prior Psychological Assessments**

|  |
| --- |
| **INSTRUCTION TO THE EVALUATOR** *(this instruction will not appear on printed report)*   * History and results of IQ/psychoeducational testing * Conclusions/results from any prior psychological testing * Concerns or identified special educational needs or identified learning difficulties * Overview and important details from other previous testing or evaluation * List reports and evaluations by type and date, with name of evaluator/author and credential * Summarize key points * If relevant, note any errors, discrepancies, or inconsistencies across different test results or conclusions * Refer reader to original report (with author if known, and date) for detail |

**H. Psychiatric Assessment**

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| --- |
| **INSTRUCTION TO THE EVALUATOR** *(this instruction will not appear on printed report)*   * Briefly describe any prior or concurrent psychiatric evaluation, and conclusions * Give names, credential of evaluating psychiatrist * Date of psychiatric evaluation * If relevant, note any discrepancies or inconsistencies across different psychiatric evaluations |

**I. Sexual Development and Non-Harmful Sexual Interests and Behaviors**

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| --- |
| **INSTRUCTION TO THE EVALUATOR** *(this instruction will not appear on printed report)*   * Describe prior *non*-harmful sexual development/history * Include onset of masturbation if known * Describe prior sexual or romantic relationships * Describe young person’s level of sexual awareness and education, identifying to what degree the young person is sexually well-informed |

**VI. HISTORY OF SEXUALLY HARMFUL/PROBLEMATIC BEHAVIOR**

**A. Description of the Sexually Harmful or Problematic Behavior**

|  |
| --- |
| **INSTRUCTION TO THE EVALUATOR** *(this instruction will not appear on printed report)*   * Describe key sources from which information was gathered, such as police reports, victim statements, prior written reports, etc. * Nature and extent of the sexual behavior * Circumstances under which the sexual behavior occurred * Frequency and duration of the sexual behavior * Age (or age range) of the young person * Age (or age range) of alleged or substantiated victims and/or other parties involved in the sexual incident(s) * Relationships between young person, victims, and others involved in the behavior * Describe how the behavior was discovered * Do not include name of any alleged or substantiated victim, unless victimized person is family member; otherwise, use first initial only, or variant of first initial if there is more than one alleged/substantiated victim with the same initial * Describe any legal/delinquency action taken, and current legal or social services status of case * Young person’s description of the alleged or substantiated incident(s), including denial and discrepancies * Young person’s perspective about the allegation or substantiated sexually abusive/harmful behavior |

**B. Family Perspective Regarding Sexually Harmful/Problematic Behavior**

|  |
| --- |
| **INSTRUCTION TO THE EVALUATOR** *(this instruction will not appear on printed report)*   * Perspective, attitude, and beliefs of parental figures or other key family members regarding the substantiated or alleged sexually problematic behavior. |

**C. Prior Sexual Behavior Risk Assessment**

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| --- |
| **INSTRUCTION TO THE EVALUATOR** *(this instruction will not appear on printed report)*   * Prior completed assessments and decisions regarding current or prior sexually problematic behavior or for other reasons relevant to the current M-CAAP evaluation * Dates, name, and credentials of evaluators * Outcomes and recommendations of prior sexual risk evaluations |

**VII. SEXUAL BEHAVIOR RISK AND NEEDS ASSESSMENT**

**A. Understanding Assessments of Risk and Need**

The M-CAAP reflects the potential for continued sexually harmful behavior or problematic sexual behavior if the young person is not provided with an appropriate level of continuing care, supervision, and treatment, and circumstances remain unchanged. However, even the presence of multiple risk factors does not necessarily mean that the young person willcontinue to engage in problematic sexual behavior. The prognosis for most young people who engage in sexually harmful behavior following treatment is positive if continued appropriate care and supervision is provided.

It is more helpful to understand risk assessment as a process for identifying concerns, risk factors, and needs most pertinent to the individual that may be a focus for treatment, management, supervision, support, or resources. If seen this way, an assessment of “risk” is also an assessment of needs that may be targets for intervention.

**Assessing Risk and Protective Factors**

An assessment of risk represents the number and type of risk and protective factors most pertinent to each young person, and areas of risk that require treatment and supervision. In turn, this leads to recommendations for addressing and reducing risk, and developing treatment and case management interventions that build strengths and limit, diminish, or mitigate risk.

**Assessment Limitations**

Most research regarding the assessment and treatment of young people who engage in sexually harmful behavior is based upon adolescent male offenders of low-to-average IQ. Assessments of females, pre-adolescents, and young people with intellectual disabilities, higher IQ youth, and young people with autism spectrum disorders and other developmental disabilities are less well-informed by the practice and research literature. Young people referred for M-CAAP assessment may belong to linguistic, ethnic, racial, religious, or other groups which may not have been sufficiently represented in assessment tools or methods. Assessment of young people belonging to under-represented groups should be approached with cultural sensitivity and consideration of their group and/or individual differences over the course of assessment.

**Time Limitations on Assessments of Young People**

It is recommended that the current evaluation remains effective for no more than one year, in accordance with literature and research. Additionally, important changes in life circumstances may warrant re-evaluation if they occur within a year. These may include family reunification if the victim(s) are family members, discharge from residential treatment or juvenile justice facilities for community re-entry, a new incident of sexually problematic behavior, or changes in treatment modalities or failures/negative responses to treatment.

**B. Assessment of Risk and Protective Factors**

The M-CAAP takes into account factors that serve to increase risk or the possibility of harm. Some of these are *static* risk factors, as they reflect circumstances that have occurred, but may contribute to harmful behaviors in the future. Dynamic risk factors are those that continue to be present, and are important targets in treatment.

The M-CAAP also assesses for *protective* factors, or those things that protect against, buffer, or neutralize risk in some way. Protective factors have the strength to reduce the impact of risk, or against risk, and are thus important targets for assessment, and very important targets in treatment. Of importance, not all juvenile risk assessment instruments include identified protective factors, which must then be identified and assessed by the evaluator independent of the risk assessment instrument.

**Assessment is Contextual**

Assessments of youth behavior focus on both individual risk factors and risk factors that reside and operate in the young person’s social and physical environment. Risk not only resides in the individual, but also in the young person’s environment, and risk must be understood as contextual. In this respect, risk for continued sexually problematic behavior should be considered in the context of environments that provide low supervision, access to potential victims, and overwhelming emotional demands or stressors. Risk is contextual; it is a function of the individual and the individual in their environment.

**VIII. ASSESSMENT OF RISK FOR SEXUALLY HARMFUL BEHAVIOR**

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| --- |
| **INSTRUCTION TO THE EVALUATOR** *(this instruction will not appear on printed report)*   * Describe risk assessment instrument or instruments used for the M-CAAP * If a risk assessment instrument was not used, describe why not and how risk factors were instead derived and assessed, including the use of the M-CAAP format itself * Because the risk assessment instrument used will not be attached to the M-CAAP report summarize and highlight the findings of the risk assessment in the checklists and narrative sections below |

**A. Overview of Risk Assessment Outcome**

**B. Key Concerns:** **Prominent Individual, Situational, and Contextual Risk Factors**

|  |  |
| --- | --- |
|  | Evidence of acute stressors within 90 days of alleged incident(s) of sexually problematic behavior *(describe under section E below)* |
|  | Evidence of callous traits during early-middle childhood |
|  | Evidence of current alcohol or controlled substance use |
|  | Evidence of currently inadequate adult supervision |
|  | Evidence of frequent rule-breaking and disregard for others during early-middle childhood |
|  | Evidence of multiple victims |
|  | Evidence of primary social relationship with peers who engage in antisocial or poor behavior |
|  | Evidence of potential victim(s) to whom young person may have access during the next 12 months |
|  | Evidence that the extent of sexually harmful behavior was significant |
|  | Evidence that sexually harmful behavior included physical assault or threat |
|  | History of poor response to prior treatment |
|  | Pre-adolescent onset of behavioral or emotional dysregulation |
|  | Pre-adolescent persistent antisocial attitudes and behaviors |
|  | Other: |
|  | Other: |
|  | Other: |

|  |
| --- |
| **INSTRUCTION TO THE EVALUATOR** *(this instruction will not appear on printed report)*   * Describe the most prominent or significant *static* risk factors identified by the assessment. * Describe the most prominent or significant *dynamic* risk factors identified by the assessment. * Describe prominent or significant factors in the young person’s home, school, or living environment that may increase or fail to protect against risk. * Describe community-level factors that may increase or fail to protect against risk. |

**Comments:**

**C. Protective Factors/Mitigators of Risk**

|  |
| --- |
| **INSTRUCTION TO THE EVALUATOR** *(this instruction will not appear on printed report)*   * Mitigating, or protective, factors can be found in the individual or the individual’s environment, at the levels of family, school, peer group, and community |

Just as risk factors increase the possibility of harmful behavior or a harmful incident, protective factors are those things, relationships, and situations that reduce the impact and power of risk factors and build strength and resilience in individuals.

**Key Protective Factors/Mitigators of Risk**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Present* | *Mostly*  *Present* | *Mostly Not*  *Present* | *Not*  *Present* | *Needs*  *Attention* |
| History of positive response to prior treatment |  |  |  |  |  |
| Positive personal characteristics |  |  |  |  |  |
| Positive/prosocial school experiences |  |  |  |  |  |
| Prosocial beliefs/attitudes |  |  |  |  |  |
| Prosocial peer relationships |  |  |  |  |  |
| Strong community relationships |  |  |  |  |  |
| Strong social skills |  |  |  |  |  |
| Strong supervision available |  |  |  |  |  |
| Successful engagement in school or work |  |  |  |  |  |
| Supportive family relationships |  |  |  |  |  |
| Warm and stable family relationships |  |  |  |  |  |
| Other: |  |  |  |  |  |
| Other: |  |  |  |  |  |
| Other: |  |  |  |  |  |
| Other: |  |  |  |  |  |
| Other: |  |  |  |  |  |
| Other: |  |  |  |  |  |

**Comments**

**D. Situations/Circumstances that May Destabilize or Increase Risk for Sexually Harmful Behavior**

|  |  |
| --- | --- |
|  | Antisocial peer group contact |
|  | Experiencing victimization by others |
|  | Family instability |
|  | Inadequate communication among members of treatment team, including family |
|  | Increases in mental health difficulties |
|  | Inconsistency of family support |
|  | Loss of important personal relationships or family support |
|  | Non-compliance with prescribed medication |
|  | Poor/disrespectful communication by treatment staff |
|  | Poor/disrespectful interactions with treatment staff |
|  | Premature termination of/failure to complete treatment |
|  | Unsupervised contact with prior victims |
|  | Unsupervised/inadequately supervised contact with children age 6 or younger |
|  | Unsupervised/inadequately supervised contact with children age 12 or younger |
|  | Unsupervised interactions in the community |
|  | Other: |
|  | Other: |
|  | Other: |

**Comments**

**E. Acute Stressors**

|  |
| --- |
| **INSTRUCTION TO THE EVALUATOR** *(this instruction will not appear on printed report)*  Acute stressors that have occurred within the past 90 days, which may have overwhelmed the young person’s capacity to manage. For example:   * Exposure to domestic violence * Disruption of living or school placement * Disruption of supportive adult or peer relationships * Incident(s) resulting in school suspension or expulsion * Incidents resulting in police/arrest or court involvement |

**F. Summary of Risk Assessment (Section VIII)**

|  |
| --- |
| **INSTRUCTION TO THE EVALUATOR** *(this instruction will not appear on printed report)*   * *Be aware that the presence of many of these risk factors can be and are disproportionately affected by race, ethnicity, socioeconomics, and culture* * Summarize results/outcome/conclusions of the risk assessment instrument(s), if used * The assessment of risk involves both risk and protective factors, and both should be taken into consideration * Rather than describing risk simply as *low*, *moderate*, or *high*, describe concern for further sexually problematic or harmful behavior with respect to the number, presence, and influence of risk factors in this young person’s life, including the presence and influence of risk factors in the young person’s social and physical environment * Note particular risk situations or factors that present greater concerns than others |

**IX. SUMMARY AND CASE FORMULATION**

This assessment reviews multiple details of the young person’s life, providing a basis for understanding risk and forming case management and/or treatment decisions. However, an assessment regarding concern for continued sexually problematic behavior is not a statement of certainty that a young person will or will not engage in further problematic sexual behavior.

The assessment instead reflects the nature, preponderance, and severity of risk and protective factors for any given young person, and also identifies areas in need of treatment and/or supervision. The M-CAAP additionally assesses areas or circumstances in the young person’s life that may elevate risk for sexually problematic behavior, as well as protective factors and circumstances that may mitigate or reduce the risk for further sexually problematic behavior.

|  |
| --- |
| **INSTRUCTION TO THE EVALUATOR** *(this instruction will not appear on printed report)*   * A case formulation is a concise and individualized conceptualization of the case that provides meaning and explanation for client behaviors and relationships. The case formulation should be drawn entirely from information presented in the M-CAAP report, and should be seen to logically flow from information obtained during the evaluation period. * The case formulation should:  1. Summarize the case 2. Demonstrate an understanding of the young person’s behaviors 3. Describe development of the sexually problematic behavior, including factors that may have led or contributed to the sexually harmful behavior 4. Identify key contributors or point to causes for sexually problematic behavior, including possible motivations 5. Describe and help explain current functioning and relationships 6. Describe likely trajectory absent of intervention 7. Project or describe young person’s likely responses to treatment, or specific types of treatment |

**X. RECOMMENDATIONS**

**Principles of Risk, Need, and Responsivity (RNR)**

The M-CAAP evaluation recognizes and responds to the three principles of the RNR model, which not only help distinguish among young people, but also help allocate necessary treatment or case management resources and form treatment recommendations.

Recommendations are based on **R**isk for continued sexually problematic behavior, the primary treatment **N**eeds of the young person, including developmental and social needs, and the young person’s likely **R**esponsiveness to treatment. This includes special learning needs and/or factors related to race, ethnicity, culture, and/or gender, which should be taken into account to ensure treatment services are best matched to the young person.

**Recommendations for Services Based on Risk Factors**

This evaluation is intended to recognize and make recommendations regarding the potential for future harmful behavior, including recommendations regarding treatment, case management, and other intervention services. For these purposes, it is most useful to recognize specific risk factors as areas of concern, as well as recognizing areas and sources of protection and strength, and possible trajectory if untreated.

This section provides standardized recommendations individually selected for this case, followed by an explanation and specific recommendations that pertain directly to this young person’s case. However, the M-CAAP is not designed to serve as safety or behavioral plan. Recommendations are intended to guide decision-making. It remains the responsibility of the treatment or service provider to further develop specific behavioral, treatment, and/or case management plans that fit the young person’s needs and the needs for safety.

**1. General Recommendations: Treatment/case management services directed toward specific needs/mitigating risk.**

|  |
| --- |
| **INSTRUCTION TO THE EVALUATOR** *(this instruction will not appear on printed report)*   * When an item in the checklist below is marked \*\* do not recommend services unless the need for the service has previously been evaluated or clearly established. Otherwise, note the need for further testing/evaluation in the following sub-section * After completing checkbox, describe and amplify in adequate detail specific recommendations, and/or recommendations that clarify checked off items |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Anger management* |  | *\*\*Fire setting* |  | *Self-harming ideation/behavior* |
|  | *Anxiety* |  | *Gender related* |  | *Self-regulation* |
|  | *Assertiveness training* |  | *Hygiene/self-care issues* |  | *Social skills deficits* |
|  | *Attachment issues* |  | *Independent living skills* |  | *\*\*Speech and language* |
|  | *Attentional problems* |  | *Intellectual disability* |  | *Stress management* |
|  | *\*\*Atypical sexual interests* |  | *Learning disabilities* |  | *Substance abuse* |
|  | *Behavioral containment* |  | *Leisure time management* |  | *Trauma focus* |
|  | *Building support network* |  | *Medication management* |  | *Victim awareness* |
|  | *Depression* |  | *Mood disorder* |  | *Victim-abuser clarification sessions* |
|  | *\*\*Eating disorder* |  | *\*\*Occupational therapy* |  | *Vocational skills* |
|  | *Family communication/relationships* |  | *Perspective taking/empathy* |  | *Other:* |
|  | *Family reunification* |  | *Prosocial sexual attitudes* |  | *Other:* |
|  | *Family safety planning* |  | *Relationship building skills* |  | *Other:* |

The items checked off above point generally to either specific targets for therapy or the content and focus of treatment. Items marked \*\* may require further evaluation/testing, as recommended in section 2 below.

**Comments**

**2. General Recommendations: Further Testing/Evaluation**

|  |
| --- |
| **INSTRUCTION TO THE EVALUATOR** *(this instruction will not appear on printed report)*   * After completing checkbox, describe in adequate detail recommendations for further testing, including rationale |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Assessment of sexual interest* |  | *Fire setting* |  | *Remedial education* |
|  | *Anxiety* |  | *Intellectual disability* |  | *Social skills deficits* |
|  | *Autistic spectrum* |  | *Learning disabilities* |  | *Speech and language* |
|  | *Deviant sexual arousal* |  | *Medication evaluation* |  | *STD Testing* |
|  | *Attachment issues* |  | *Neuropsychological testing* |  | *Substance abuse* |
|  | *Attentional problems* |  | *Occupational therapy* |  | *Vocational skills* |
|  | *Drug testing* |  | *Psychological testing* |  | *Other:* |
|  | *Eating disorder* |  | *Psychiatric evaluation* |  | *Other:* |

**Comments**

**3. General Recommendations: Treatment/Case Modalities or Services**

|  |
| --- |
| **INSTRUCTION TO THE EVALUATOR** *(this instruction will not appear on printed report)*   * After completing checkbox, describe in adequate detail specific recommendations, and/or recommendations that clarify checked off items * Note again any special conditions regarding placement, including legal restrictions, safety of others, locations of any victims of sexually harmful behavior perpetrated by the young person, etc. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Sexual-behavior-specific** | | **General Treatment Modalities** | |
|  | *Atypical sexual interest* |  | *Expressive (non-verbal) therapy* |
|  | *Behavioral cycles* |  | *Family therapy* |
|  | *Family safety planning* |  | *Group therapy* |
|  | *Family therapy* |  | *Individual therapy* |
|  | *Group therapy* |  | *Leisure time management* |
|  | *Individual therapy* |  | *Occupational therapy* |
|  | *Thinking errors* |  | *Recreational therapy* |
|  | *Victim awareness* |  | *Psychiatric: medication management if prescribed* |
|  | *Victim-abuser clarification sessions* |  | *Vocational training* |
|  | *Other:* |  | *Other:* |
|  | *Other:* |  | *Other:* |

The items checked off above point to specific types/forms of therapy, including those directed specifically toward sexually problematic behavior and those aimed at more general areas of important (non-sexual) psychosocial functioning. However, the treatment team must make decisions regarding appropriate and relevant treatment interventions, plans, and targets, and modes of treatment.

**Comments**

**4. Level of Recommended Supervision/Placement**

|  |
| --- |
| **INSTRUCTION TO THE EVALUATOR** *(this instruction will not appear on printed report)*   * Use the checklist below to describe the types of services required for safety * Include recommended treatment and case management services, psychiatric services, and social support services * Include any recommendations regarding safe behavioral and emotional containment |

|  |  |
| --- | --- |
|  | *May require staff trained in both behavioral de-escalation and safe restraint/behavioral management practices* |
|  | *Requires routine monitoring/supervision in community settings* |
|  | *Requires routine monitoring/supervision in family/home settings* |
|  | *Requires routine monitoring/supervision in school settings* |
|  | *Risk of behavioral problems in community setting* |
|  | *Risk of behavioral problems in family/home setting* |
|  | *Risk of behavioral problems in school setting* |
|  | *Supervision around children age 12 and younger* |
|  | *Supervision around children age 9 and younger* |
|  | *Other:* |
|  | *Other:* |

**Comments**

**As noted, the M-CAAP is not a safety or behavioral plan. Recommendations are intended to guide decision-making and point to areas for further consideration. It is the responsibility of the treatment or service provider to develop safety and/or treatment plans that fit the young person’s needs and the needs for safety over time.**

**Signature, Credentials, and Date Report Completed**

*Signature and credential(s) Date signed*