



Training on the Assessment for Safe and Appropriate Placement:

Using the Massachusetts Child and Adolescent Assessment Protocol: PSB

(M-CAAP: PSB)

PART ONE

November 2022

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M-CAAP: General Introduction



Legislative Mandate: Assessment for Safe and Appropriate Placement



- DCF has been conducting ASAP evaluations since 1998.
- An ASAP is required by MGL 119, Section 33B (1997) for youth in care or custody of DCF who have been:
 - Adjudicated delinquent for a sexual offense or the commission of arson
or
 - Admitted to such behavior or the subject of a documented or substantiated report of such behavior
and
 - Who are being initially placed into foster care, a family homecare setting, or a community group home setting or residential school
 - Also appropriate for an ASAP are young people who are currently in a foster home, group home, or independent living program and exhibit sexually harmful and/or fire setting behaviors that were not previously known to DCF.

Legislative Mandate: Assessment for Safe and Appropriate Placement



- The young person must be referred for an ASAP assessment.
- The evaluation must be completed within 10 working days from receipt of referral.
- The evaluation must be completed by a qualified diagnostician who possesses specialized training and experience in the evaluation and treatment of young people who have engaged in sexually abusive behavior or arson.
- The agency responsible for placing the child shall prepare and implement a plan to address the safety of the young person and young people in the home or residence, and to address the safety of children and other young people in the immediate neighborhood.

Brief History: The ASAP and M-CAAP

- The initial ASAP report format provided the framework for only a basic assessment, but was limited in scope, depth, and number of evaluation questions.
- It provided no guidance with respect to report expectations or to help ensure consistency across evaluators.
- The ASAP required significant updating in language and concepts in order to ensure it kept pace with developing research and practice.
- The M-CAAP is a best practices model, providing an evidence-based approach to the assessment of sexual risk in children and adolescents.



Brief History: The ASAP and M-CAAP

- The M-CAAP is comprehensive and detailed, and provides clear guidelines to evaluators regarding content and other information related to each section of the report.
- It reflects terminology and concepts that embody the contemporary model of assessment and treatment for young people who have engaged in sexually harmful behavior.
- It is available as an interactive document that can be downloaded for use.



The Developmental Context of Juvenile Risk Assessment



Desistence and Sexual Recidivism Risk

- Virtually every study tells us that most young people who have engaged in sexually harmful behavior and who have been treated will not become adults who engage in sexually harmful behavior.
- Many juveniles who sexually abuse will cease this behavior by the time they reach adulthood, especially if they are provided with specialized treatment and supervision.
 - ATSA, 2001; Lussier, 2017
- A recent and important study suggests the sexual recidivism rate is more likely between 3 and 10%, with a global average of approximately 5%, and the most current sexual recidivism rate is likely to be below 3%.
 - Caldwell, 2016



Risk Assessment in a Developmental Context

- Throughout adolescence there is significant neurological, biological, psychological, and social change occurring.
- Recognizing these developmental factors needs to shape our approach to assessment.
- This means the young people are not only different from adults, they are different than other young people at different developmental stages



The Assessment of Young People is Developmental and Contextual

- The development and behavior of young people is greatly influenced by family dynamics, peer groups, connection to school, involvement in prosocial activities and community factors.
- Caldwell & Dickinson, 2009
- Risk factors emerge from and are embedded in these interconnected systems.
- This developmental perspective provides the context for how we understand their behavior, the foundation of their behavior, and the future of their behavior.
- This is the basis for the M-CAAP.



The Assessment of Young People is Developmental and Contextual

- The development of adolescent sexual misconduct differs from that of adult sexual offending and vary even among young people
- Methods of risk assessment developed for adult sexual offenders are unlikely to produce valid estimates when applied to juvenile sexual offenders.
- Caldwell, 2010



The Assessment of Young People is Developmental and Contextual

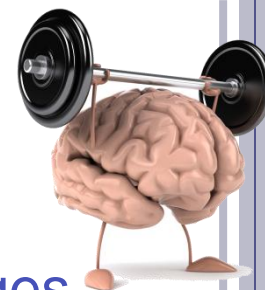
- Young people referred for M-CAAP assessment may belong to linguistic, ethnic, racial, religious or other groups that may not have been sufficiently represented in assessment tools or methods.
- Assessment of young people belonging to under-represented groups should be approached with cultural sensitivity and with consideration of their group and/or individual differences.

Young People Are Different



- Greater developmental flexibility and fluidity.
- More open to education and the acquisition of new skills.
- More experimental, fewer fixed ideas and personality characteristics.
- Patterns of sexual interest and arousal are still developing.
- Sexual knowledge may be less developed or more limited.
- Sexual perpetration behaviors are less consistent in adolescent who engage in sexually harmful behavior

The Developing Adolescent Brain



- Adolescents are going through a period where they are undergoing significant biological and physiological changes while managing increasingly complex personal and social demands.
- Simply as a function of normal adolescent development, dealing with these cumulative challenges frequently leads to increased emotional reactivity, stress, and risk-taking behavior.
 - Ahmed, Bittencourt-Hewitt, & Sebastian, 2015
- Research has proposed that there is a “developmental mismatch” or transient “imbalance” between limbic structures engaged in emotional reactivity and prefrontal structures involved in emotional regulation leave adolescents less effective at managing their emotions and more strongly affected by emotional context when making decisions.
 - Ahmed et al., 2015; Casey, Galvan, & Somerville, 2016

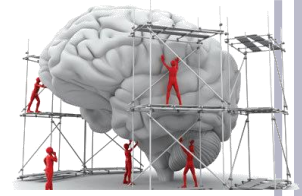
The Developing Adolescent Brain

- In describing the conceptual skills of adolescents, Steinberg (2005) writes, it is though

“One is starting an engine without yet having a skilled driver behind the wheel.”



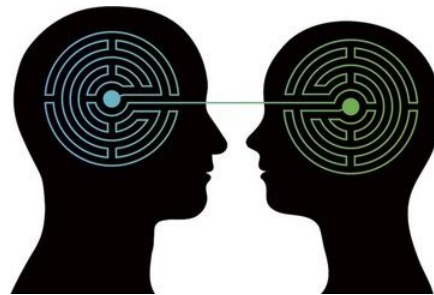
Adolescent Brain Differences



- The neurological capacity for greater emotion recognition, emotion regulation, perspective taking, and cognitive control appears to increase as development proceeds from childhood to adulthood. However there is evidence that individual and developmental factors also strongly impact decision-making behavior.
 - Diamond & Aspinwall, 2003; Sebastian, 2015
- In adolescence some of these factors include:
 - The need for peer acceptance and a hypersensitivity to rejection (Sebastian, 2015)
 - Lower impulse control in response to appetitive cues (Somerville et al., 2011)
 - Different assessments of risk and reward outcomes (van Duijvenvoorde et al., 2015)
 - Different responses to threat cues than are shown in children and adults (Dreyfuss et al., 2014)

Empathy and Moral Reasoning

- In understanding and assessing juvenile risk, it is important to understand the development of empathy.
- Empathy is a **developmental process** in children and adolescents.
- Adolescents experience less empathy than adults and “*empathy deficits*” can be viewed as more normative and may be less of a feature of antisocial behavior.
- D’Orazio, 2002



Empathy and Moral Reasoning

- Moral thinking and behavior is contingent on the development of empathy.
-Kagan, 1984; Stilwell, Galvin, Kopta, & Padgett, 1998; Vetlesen, 1994
- Moral development is also a feature of different developmental stages.

	I	II	III
Perry Cognitive	Dualism Dichotomous thinking, right vs wrong, good vs evil, etc	Relativism Right/wrong dependent on individual perspective, shades of gray	Commitment in Relativism Commitment to values as a life guide
Kohlberg Moral	Pre-Conventional Judge an act by its consequences	Conventional Judge an act by comparing it to society's values	Post-Conventional Judge an act by comparing it to one's own principles
Johnson Awareness	Two-Dimensional Focused on ego and self-interests	Three-Dimensional Focused on larger social systems and their complexity	Four-Dimensional Able to focus on personal interests with awareness of world complexity



Overview of the M-CAAP



Report Outline



- I. Explanatory, Demographic, and Descriptive Information
- II. Presentation and Response to the Assessment Process
- III. Treatment and Placement History
- IV. Family History
- V. Psychosocial History
- VI. History of Sexually harmful/Troubled Behavior
- VII. Sexual Behavior Risk and Needs Assessment
- VIII. Assessment of Risk for Sexually Harmful Behavior
- IX. Summary and Case Formulation
- X. Recommendations

Report Outline, by Section



I. Explanatory, Demographic, and Descriptive Information

- Identifying Information and Reason for Evaluation
- Informants to the Evaluation
- Documents Reviewed for this Evaluation
- Legal Status
- Sexual Offender Registry

II. Presentation and Response to the Assessment Process

- Mental Status Exam (MSE)
- Young Person's Level of Participation, Engagement, and Response to Assessment Process

Report Outline, by Section



III. Treatment and Placement History

- Placement History/Treatment Type
- Diagnostic History/Current Diagnosis
- Relevant Medical History
- Medication History and Current Medication

IV. Family History

- Current Living Situation and Family History
 - Family composition
 - General family history
 - Parent histories
 - Sibling histories
 - Family mental health/substance abuse
 - Family/Caregiver Strengths and Vulnerabilities

Report Outline, by Section



V. Psychosocial History

- Developmental Experiences
- History of Adverse Childhood Experiences/Trauma
- History of Behavioral Problems
- History of Substance Use/Abuse
- Academic History/School Behaviors
- Social/Relational Development: Strengths/Vulnerabilities
- Prior Psychological Assessments
- Psychiatric Assessment
- Youth Assets and Strengths
- Sexual Development and Non-Harmful Sexual Interests and Behaviors

Report Outline, by Section



VI. History of Sexually Harmful/Problematic Behavior

- Description of the Sexually Harmful or Problematic Behavior (including young person's description)
- Family Perspective Regarding Sexually Harmful Behavior
- Prior Sexual Behavior Risk Assessment

VII. Sexual Behavior Risk and Needs Assessment

- Boilerplate Text: Understanding Assessments of Risk and Need

VIII. Assessment of Risk for Sexually Harmful Behavior

- Overview of Risk Assessment Outcome
- Key Concerns: Risk Factors
- Protective Factors/Mitigators of Risk
- Situations That May Destabilize or Increase Risk
- Acute Stressors
- Summary of Risk Assessment (*just this section*)

Report Outline, by Section



IX. Summary and Case Formulation

- Demonstrate an understanding of the young person's behaviors
- Identify key contributors or point to causes for sexually problematic behavior, including possible motivations
- Describe and help explain current psychosocial functioning
- Describe trajectory absent of intervention

X. Recommendations

- Principles of Risk, Need, and Responsivity
- General Recommendations: Treatment/case management services directed toward specific needs/mitigating risk
- General Recommendations: Further testing/evaluation
- General Recommendations: Treatment/case modalities or services
- Level of Recommended Supervision

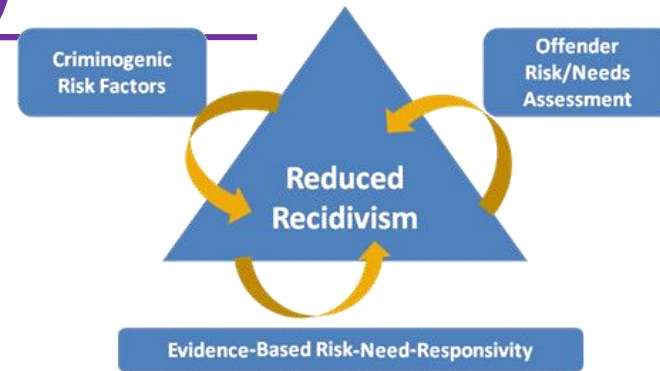


So Far...

Question-and-Answer/Discussion

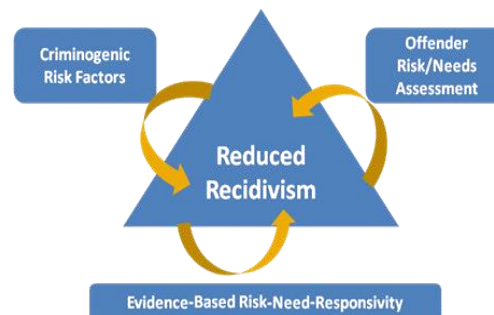


M-CAAP and the Principles of Risk, Need, and Responsivity



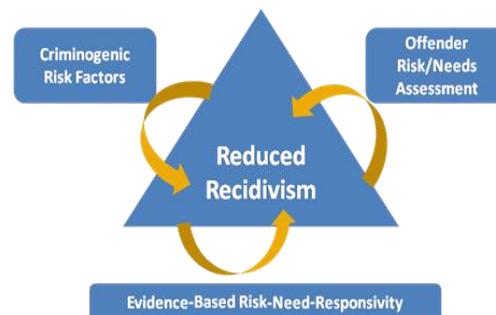
The M-CAAP and the Principles of Risk, Need, and Responsivity

- The M-CAAP recognizes and responds to the three principles of the RNR model.
- Expands the adult RNR model to explicitly include **Protective** factors and relevant factors in the **Social Ecology/Context** of a young person.
- This not only helps distinguish among young people, but also helps allocate necessary treatment or case management resources and form treatment recommendations.



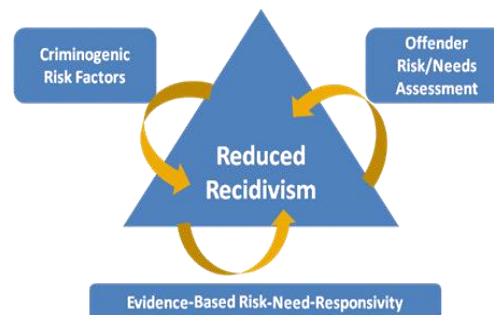
The M-CAAP and the Principles of Risk, Need, and Responsivity

- Recommendations are based on these three principles...
 - Risk for continued sexually problematic behavior, including Protective factors and Social Context factors
 - Specific interventions targeting with criminogenic and clinical treatment Needs of the young person, including developmental and social needs.
 - Young person's Responsivity factors to individualize interventions (e.g., learning style, diagnoses, cultural factors)

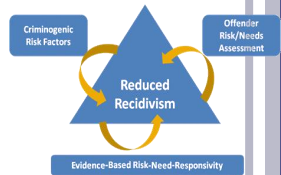


Risk-Need-Responsivity

- Conceptual model to organize data, drive formulation, and organize/prioritize interventions.
- Risk-Protective-Contextual factors.
- Interventions also address Criminogenic needs related to recidivism risk.
- Domains include family, peers, school, access to positive youth development assets, basic needs, substance use, leisure, other.
- Responsivity factors to individualize case planning.
- Yields a kind of “clinical IEP” to take into account relevant individual and contextual factors.



Risk-Need-Responsivity



RISK (includes Protective)

- Static
- Dynamic: Targets for Intervention
- Intensity of Intervention Matches Level of Risk

NEED

- Criminogenic Needs
- Individual-Specific Criminogenic Needs and Access to Positive Youth Development Assets

RESPONSIVITY

- Interventions Tailored to Populations
- Interventions Tailored to Individuals



Comprehensive Assessment of Risks and Needs



Juvenile Risk Assessment Must Be Comprehensive



- Risk assessment and related consequences for an adolescent who has engaged in sexually abusive behavior “must not be” based on the use of a risk assessment instrument alone.
- It must integrate a comprehensive consideration of the adolescent’s severity of offenses and history of psychosocial adversities in order to provide interventions that match individual recidivism risks and needs.

- Barra et al., 2018

Conducting Comprehensive Assessments



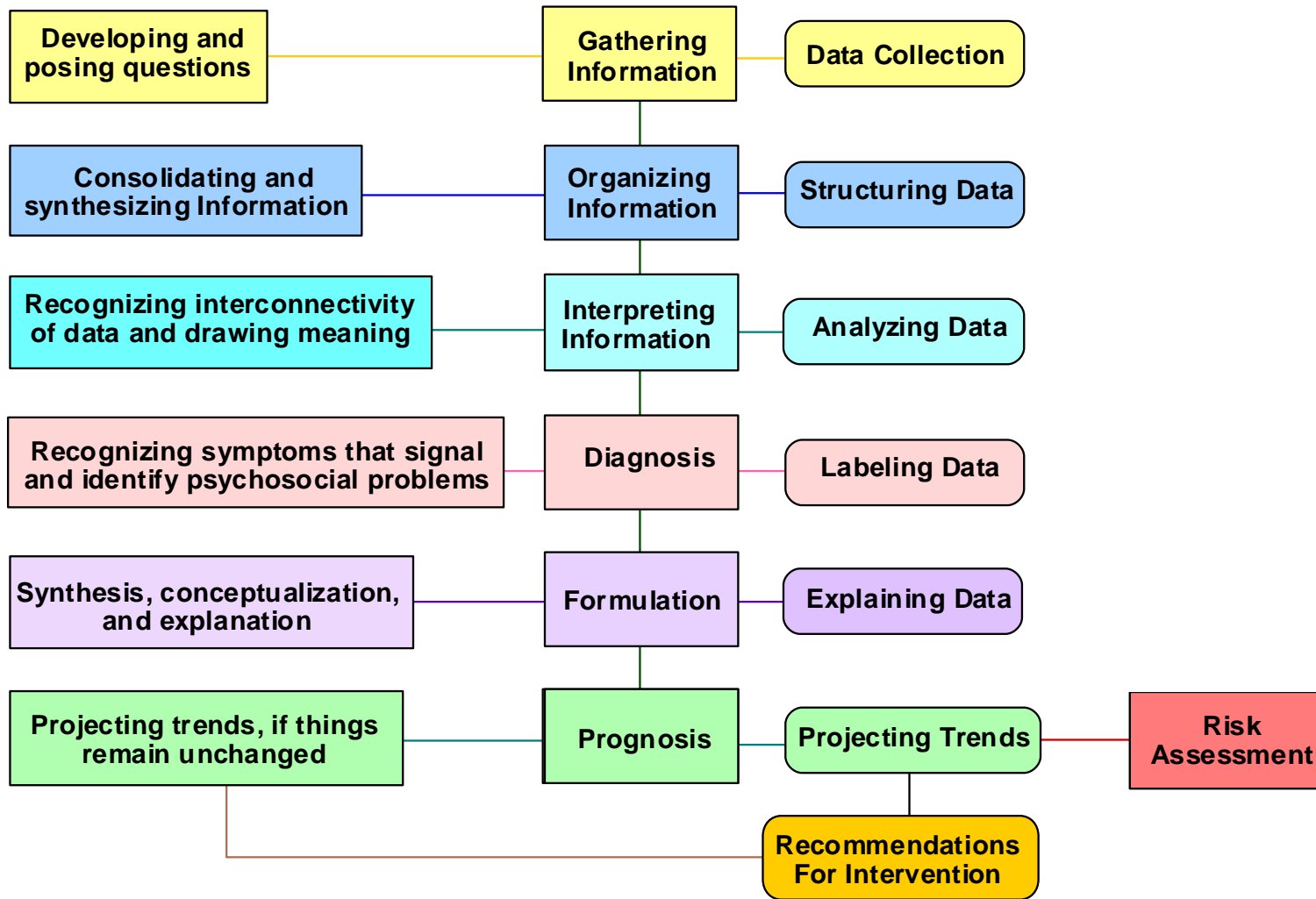
- However, there is no single way to conduct and organize a comprehensive assessment.
- Similarly, there is no universal structure by which to understand and organize the assessment process.
- However, assessment is a process with several distinct stages.
- Each stage includes structure, method, tasks, and content.

The Funnel of Assessment

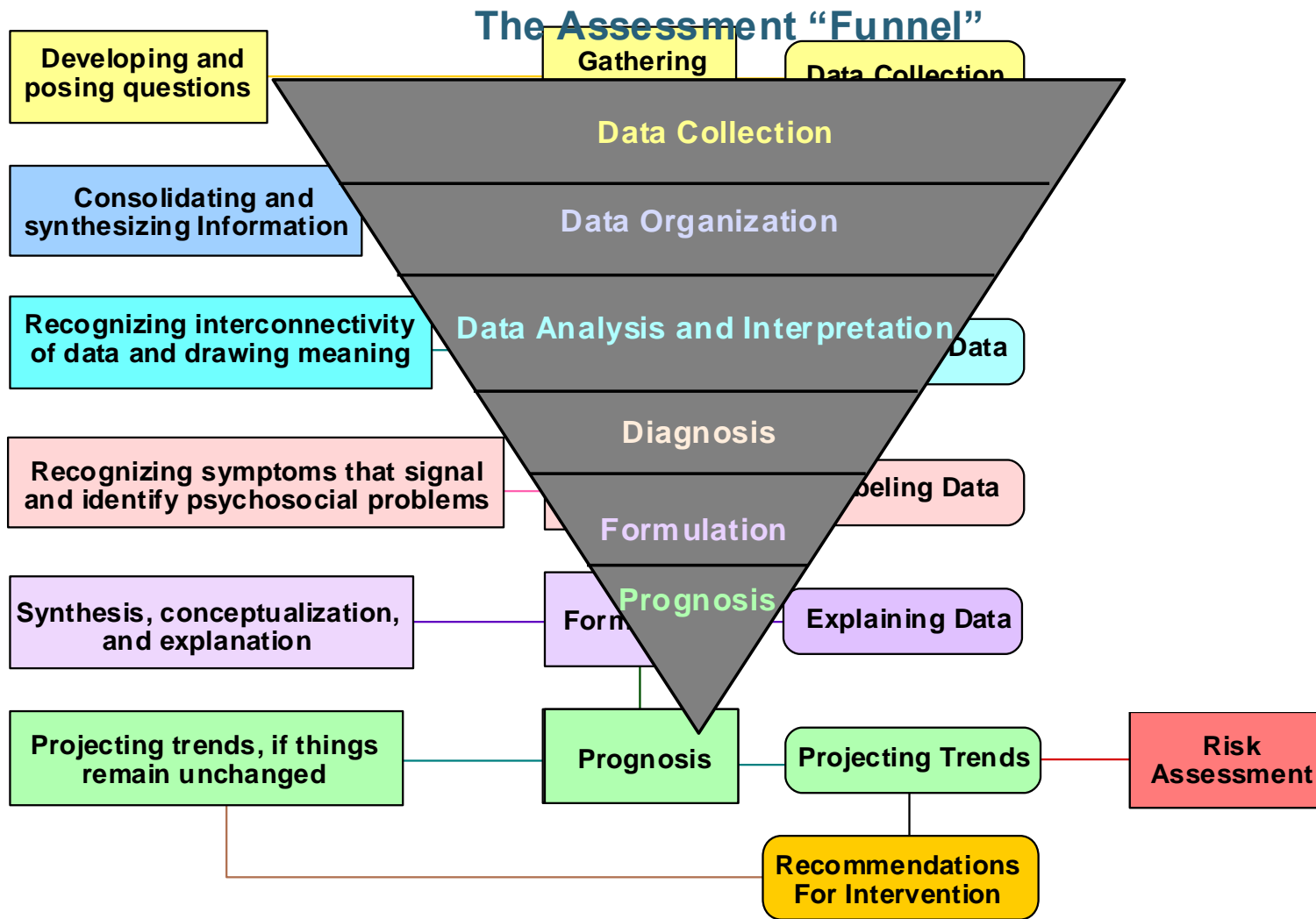


- Ultimately, in a comprehensive assessment there are a series of stages that pass through:
 1. Data gathering
 2. Data organization
 3. Data consolidation
 4. Data integration
 5. Data interpretation
 6. The assignment of meaning (addressing areas involving risk in the case of risk assessment)
 7. The development of interventions

The Funnel of Assessment



The Funnel of Assessment

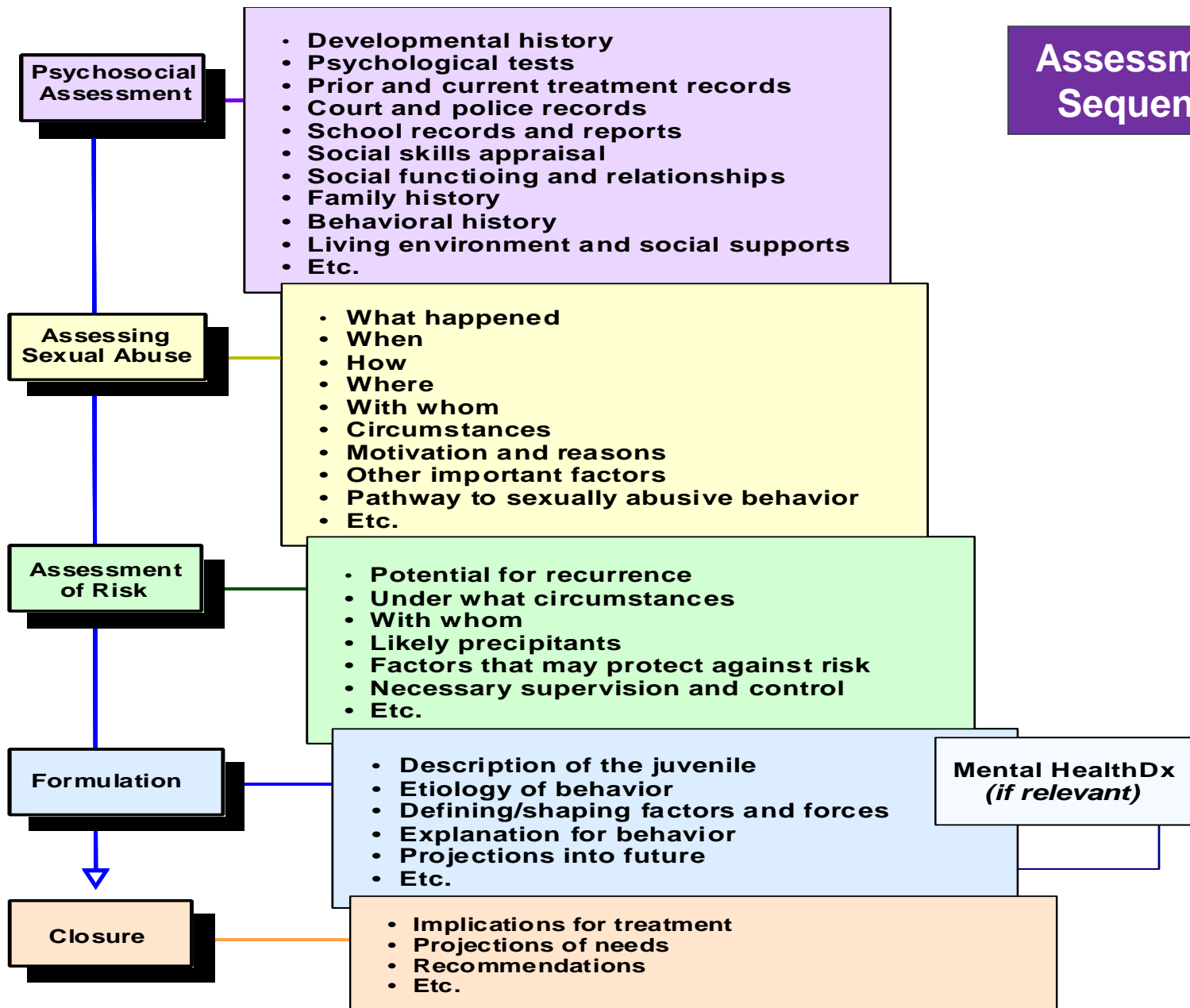


Assessment Sequence

- The M-CAAP structures and sequences the assessment process with a focus on:
 - Identifying important assessment tasks and information
 - Understanding which tasks are associated with different points in the assessment process
 - Providing a sequence that promotes the inclusion and consideration of a broad range of material to inform our formulation and recommendations regarding risk and treatment needs



Assessment Sequence



Phases of the Assessment Process

- The M-CAAP conceptualizes the assessment process into three distinct phases.
- Thinking of the assessment in this way helps to further organize and structure the thinking and planning of the evaluator.
- It also clearly assigns the primary tasks of assessment into a sequential order, even though there may be overlap between phases in some cases.



Phase 1: Pre-Assessment

Preparing for the Evaluation



- The evaluator...
 - Develops a basic understanding of the case by reviewing all available materials
 - Identifies gaps in the record, and requests and gathers additional records or information missing from the current record
 - Identifies informants with whom to speak
 - Distributes and collects necessary release of information consent forms

Phase 2. Active Assessment: Conducting the Evaluation



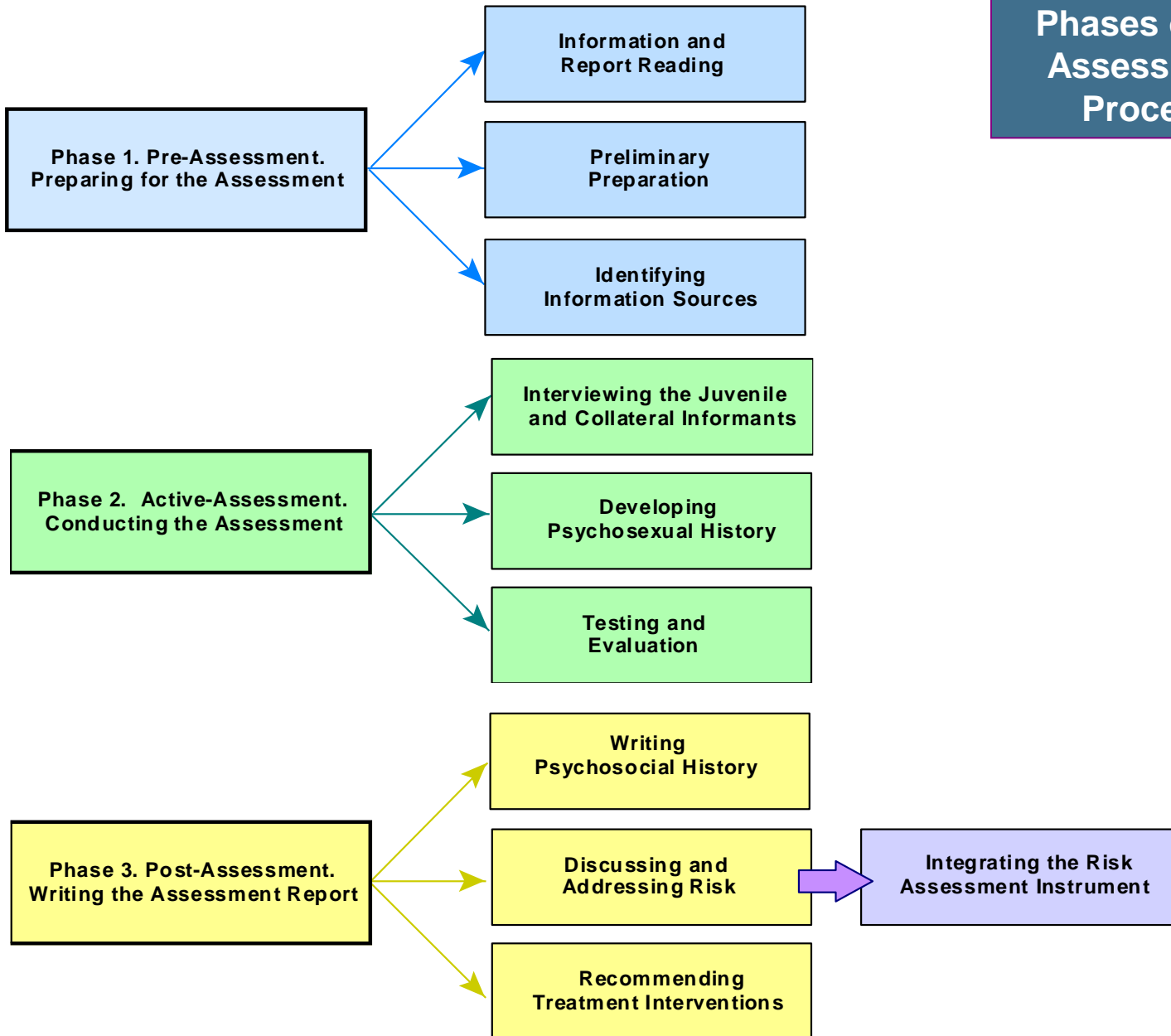
- The evaluator...
 - Fully engages with the young person and other related informants and parties
 - Ensures that release of information forms are signed by the legal guardian and young person, if necessary
 - Informs informants of confidentiality limits and the purpose of the evaluation
 - Interviews the young person
 - Interviews collateral informants
 - Provides or arranges for additional testing that falls outside of record review, interviews, and observation
 - Remains aware of the behaviors of the young person or important events that occur during this phase of the assessment, and which may have a bearing on the assessment process

Phase 3. Concluding the Assessment: Writing the Evaluation Report



- The written report...
 - Summarizes pertinent historical and current data
 - Formulates hypotheses about the development of sexually harmful behavior
 - Formulates a description of the psychological profile of the young person
 - Formulates a description of the environment that shaped and influenced the young person's emotions, behavior, and ideation, and in which sexually harmful behavior developed and eventually occurred
 - If relevant to the particular assessment format, identifies diagnoses that address co-occurring psychiatric or substance abuse disorders
 - **Addresses risk, need and protective factors for sexual re-offense** ←
 - Proposes treatment needs and identifies suggested treatment goals

Phases of the Assessment Process



Contextual, Cultural, and Other Awareness and Sensitivity

- As noted, young people referred for assessment may belong to various social groups and subgroups that have not been sufficiently studied or represented in assessment tools and methods.
- Assessment of young people belonging to under-represented groups should be approached with cultural humility and consideration of their group and/or individual differences over the course of assessment.



Integrating the Risk Assessment Instrument



Integrating the Risk Assessment instrument

- There is no “set” way to complete the risk assessment instrument or integrate it into the evaluation.
- However, the M-CAAP template instructs when and where to add the risk assessment material, including the results of or direction that the risk assessment instruments points to with respect to estimated or assessed risk.
- In fact, if the evaluator has followed an organized and logical process for gathering information, there is no overarching or compelling reason to complete the risk assessment instrument until that point in the writing of the report that requires the inclusion of findings and related conclusions, concerns, or estimates.



Integrating the Risk Assessment instrument

- All of the information in the written report until that point is simply data that inform the reader about the young person and the circumstances of his or her life, including the nature of the sexually harmful or troubled sexual behavior.
- None of that information, until this point in the report, points toward any actual conclusions or estimates regarding risk.



Integrating the Risk Assessment instrument

- The time to complete the risk assessment instrument is at the point in the written evaluation where the entire psychosocial/comprehensive history has been completed, and the instrument can now, therefore, be completed in full.
- The results, conclusions, directions, etc., of the risk assessment instrument can be included in the written evaluation report, and the report can move toward its conclusions.



Risk Assessment Instruments

- There are no validated actuarial scales for effectively predicting risk for “sexual re-offense” for adolescents.

Reasons/Obstacles:

- Developmental immaturity
- Protective factors
- Low base rates
- Heterogeneity

The M-CAAP and Risk Levels/Labels

- The M-CAAP clearly highlights the goal of not focusing the comprehensive assessment around a risk label or level.
- Rather than describing risk as *low, moderate, or high*, describe concerns for further sexually problematic behaviors with respect to the presence and influence of risk factors in the young person's life.
- Include the presence and influence of **risk factors** and **protective factors** in the individual's social and physical environment.
- Note particular risk factors that raise more concerns than others. *Keep risk factors in context.*



Risk factors

- Difficult temperament
- Low self-esteem
- Negative thinking style

Child

Protective factors

- Easy temperament
- Good social and emotional skills
- Optimistic coping style

- Family disharmony, instability or break up
- Harsh or inconsistent discipline style
- Parent/s with mental illness or substance abuse

Family

- Family harmony and stability
- Supportive parenting
- Strong family values

- Peer rejection
- School failure
- Poor connection at school

School

- Positive school climate that enhances belonging and connectedness

- Difficult school transition
- Death of a family member
- Emotional trauma

Life Events

- Involvement with caring adult
- Support available at critical times

- Discrimination
- Isolation
- Socioeconomic disadvantage
- Lack of access to support services

Social

- Participation in community networks
- Access to support services
- Economic security
- Strong cultural identity and pride

The M-CAAP and Risk Levels/Labels

- The report requires a clear description of both static and dynamic risk factors.
- Static risk factors are those that are either historical or cannot be changed. They usually reflect history.
- Dynamic risk factors are those that continue to operate in the young person's life at the time of the assessment.
- Given the developmental perspective of the M-CAAP, evaluators are guided to include risk and protective factors in all aspects of the adolescent's life and not just those identified in sex offense recidivism instruments.



Time Limits on Juvenile Risk Assessments



- “All risk assessment with juvenile offenders should be considered reliable (only) over a relatively short time horizon.”
 - Caldwell & Dickinson, 2009
- Evaluators should focus on short-term risk, recognizing:
 - The fluid nature of both risk and sexuality among young people
 - The low base rate of juvenile sexual recidivism
 - Positive responses to treatment noted in the literature
 - Fanniff and Letourneau (2012)
- Juvenile risk assessment is time limited due primarily to the developmental and changing nature of adolescence.



So Far...

Question-and-Answer/Discussion



Case Formulation



Components of Case Formulation



- History (with focus on factors related to target behavior)
- Narrative portrait characterizing the young person that also includes “youth voice” in self-perception, definition of “the problem” and pathways towards solution(s)
- FLOW of Summary of Assessment towards **Formulation:**
- Presentation of relevant DATA
- Articulation of INFERENCES based on the DATA
- Articulation of OPINIONS based on the inferences drawn
- Summary of RECOMMENDATIONS based on opinions

Components of Case Formulation



- Articulation of:
 - ✓ **Predisposing** Factors (Vulnerabilities reflected in static and dynamic risk factors and why any existing protective factors were insufficient to prevent target behavior)
 - ✓ **Precipitating** Factors (Factors driving risk trajectory to manifest target behavior—Why now? Why in this way?)
 - ✓ **Perpetuating** Factors (Factors maintaining or exacerbating target behavior over time)
 - ✓ **Intervention** Factors (What risk factors to address by intervention? Protective factors to buttress by intervention? In what priority? Modality? Intensity?)

Components of Case Formulation



Consider the following in the case formulation process

- ✓ General developmental trajectory including periods or domains of adequate functioning or relationships
- ✓ Context in which the target behavior(s) first occur, including reactions of caregivers, peers, others to learning of it
- ✓ History of interventions and consideration of whether and why these interventions were effective or ineffective specifically in addressing the target behavior(s) or related risk, protective or contextual factors
- ✓ Availability of positive youth development assets in the young person's social environment and history of effectively accessing them over the course of development

Components of Case Formulation



- **Individualized** by articulation of Responsivity Factors.
- **Contextualized** by articulation of Highest, Lowest, and Most Likely risk scenarios for target behavior(s) in light of the most relevant individual and contextual risk, protective, needs, and responsivity factors.
- **Prioritized** by articulation of which interventions are the most important at the time of assessment (e.g., individual clinical treatment, family dynamics, peer dynamics, school climate, environmental such as containment or monitoring).
- **Link** the assessment to the recommendations-interventions by precisely articulating which interventions specifically target risk factors, strengthen protective factors, address specific criminogenic needs, access positive youth development assets, or are tailored due to responsivity needs.

Multi-Perspective Grid For Formulation

(Adapted from Weerasekera, 1996)

	Biological	Behavioral	Cognitive	Dynamic-Individual	Dynamic-Familial	Dynamic-Contextual	Criminogenic Needs
Predisposing							
Precipitating							
Perpetuating							
Protective							
Coping Response Style							
Monitoring and Containment Needs							
Responsivity Factors							
Interventions							
Other							



M-CAAP/PSB: Wrap-up and Summary



Overview of the M-CAAP



- The psychosocial and comprehensive history fuels the otherwise empty “shell” of the risk assessment instrument.
- The M-CAAP focuses on both risk factors and protective factors in the context of adolescent development, as well as adolescent needs that may be connected to the problematic behavior.

Overview of the M-CAAP



- The M-CAAP seeks to blend and integrate an understanding of the young person’s past sexual behavior and potential risk with an understanding of the “whole” individual in and interacting with their environment.
- Recommendations include a formulation of the adolescent’s individual and developmental needs, as well as the supports and resources necessary to meet those needs.

Overview of the M-CAAP

- The process of evaluation for young people who have engaged in sexually harmful behavior requires a developmental approach to understanding and interpreting information.
- This is true, not only about the sexually harmful behavior, but also the young person who has engaged in sexually harmful behavior, understanding them in the context of their whole life, rather than just the circumstances of the sexually harmful behavior.



Wrap Up: Question-and-Answer



Massachusetts Child and Adolescent Assessment Protocol

THE END OF PART 1

**To Be
Continued...**



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