

· ADOLESCENT SEXUAL RISK  
ASSESSMENT:  
· DEVELOPMENT AND USE OF THE  
· MASSACHUSETTS CHILD AND  
· ADOLESCENT ASSESSMENT  
· PROTOCOL (M-CAAP)

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*Robert Kinscherff*

*MASOC conference 2024*

## GOALS/OBJECTIVES

- At the conclusion of this workshop, participants will ...
  - Discuss what current research tell us about risk assessment and risk management for youth with sexual behavior problems.
  - Examine the components of an assessment protocol, the M-CAAP, and the considerations that went into its development
  - Explore how the M-CAAP can be used in individual practice and employed systemically to facilitate a more structured, thoughtful and consistent examination of an individual's risk and treatment needs

# ACKNOWLEDGEMENTS

- The thinking and work involved in developing the M-CAAP and this training represents the time and efforts of numerous members and friends of the MASOC Board of Directors.
- In particular,
  - Steve Bengis, Ed.D.
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  - Robert Kinscherff, Ph.D., J.D.
  - Ron McKenzie, M.A., LMHC
  - Phil Rich, Ed.D. LICSW

# GENERAL INTRODUCTION



# THE DEVELOPMENTAL CONTEXT OF JUVENILE RISK ASSESSMENT

JUVENILE RISK  
ASSESSMENT IS  
DEVELOPMENTAL  
AND CONTEXTUAL

- Juvenile development and behavior are greatly influenced by family dynamics, peer groups, connection to school, involvement in prosocial activities and community factors.  
-Caldwell and Dickinson (2009)
- Risk factors *emerge from* and are *embedded in* these interconnected systems.

JUVENILE RISK  
ASSESSMENT IS  
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AND CONTEXTUAL

- When we consider juveniles from this perspective, it provides a contextual nature to how we understand their behavior, the foundation of their behavior, and the future of their behavior.
- This is the basis for the M-CAAP.



## DESISTENCE AND SEXUAL RECIDIVISM RISK

- Virtually every study tells us that most treated adolescents engaged in harmful sexual behaviors will not become adult sexual offenders.
- Although rates vary across studies, juvenile sexual recidivism is typically reported between 5-14%.

Lussier, et al. (2023); 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 juveniles are not only different from adults they are different than other juveniles at different developmental stages



# JUVENILES 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 adolescents.

# INFORMED CONSENT



# KEY ELEMENTS OF INFORMED CONSENT

- Identification of Legal Client
- Identification of Recipient of Direct Professional Services
- Where Recipient is Minor/Ward, Who Has Legal Custody?
- Nature and Purpose of Professional Services
- Methods to Be Relied Upon
- Nature and Limits of Privacy: Confidentiality, Privilege
- Informed Consent by Legal Client, “Assent” by Youth

# KEY ELEMENTS OF INFORMED CONSENT

- Legal Client: MA DCF
- Direct Recipient: Referred Child/Adolescent
- Informed Consent:
  - DCF if Youth in DCF Legal Custody
  - Parent/Guardian if Youth Remains In Their Custody (e.g. Voluntary Services)
- Assent: Youth being Assessed
- Nature and Purpose: Function, Planning, Risk Management/Treatment

# KEY ELEMENTS OF INFORMED CONSENT

Methods: Whatever Means Used During Evaluation

Confidentiality: DCF but for Mandated Reports, Safety of Self/Others

Testimonial Privilege: None, and DCF may choose to use in Court

Future Access: If a SDP Hearing, DA has access to Report from DCF

# 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 Abusive/Troubled Behavior
- VII. Sexual Behavior Risk and Needs Assessment
- VIII. Risk for Sexual Re-offense
- IX. Protective Factors/Mitigators of Risk
- X. Diagnosis
- XI. Summary and Case Formulation
- XII. Recommendations

# REPORT OUTLINE, BY SECTION

## I. Explanatory, Demographic, and Descriptive Information

- Informants to the Evaluation
- Documents Reviewed for this Evaluation
- Brief Reason for Evaluation
- Legal Guardianship and Custody
- Legal Status
- State Agency Involvement
- Sexual Offender Registry



## II. Presentation and Response to the Assessment Process

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

### III. Treatment and Placement History

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

### IV. Family History

- Current Family Arrangement
- General Family History
  - Parent Histories
  - Sibling Histories
- Family Mental Health/Substance Abuse
- Family Strengths and Vulnerabilities



## V. Psychosocial History

- Early Developmental Experiences (ages 0-4)
- History of Adverse Childhood Experiences/Trauma
- History of Behavioral Problems
- History of Substance Use/Abuse
- Academic History/School Behaviors
- Social/Relational Development
- Prior Psychological Assessments
- Psychiatric Assessment
- Youth Assets and Strengths
- Sexual Development and Non-Offending/Non-Abusive Sexual Interests and Behaviors



## VI. History of Sexually Problematic Behavior

- Description of the Sexually Harmful or Problematic Behavior
- Youth's Description of Sexually Harmful/Problematic Behavior
- Family Perspective Regarding Sexually Harmful/Problematic Behavior
- Prior Sexual Behavior Risk Assessment

## VII. Sexual Behavior Risk and Needs Assessment

- Boilerplate Text: Understanding Assessments of Risk and Need

## VIII. Risk for Sexual Re-offense

- Presence of Key Concerns
- Prominent Individual, Situational, and Contextual Risk Factors
- Acute Stressors
- Summary of Risk Assessment

## IX. Protective Factors

- Key Protective Factors/Mitigators of Risk



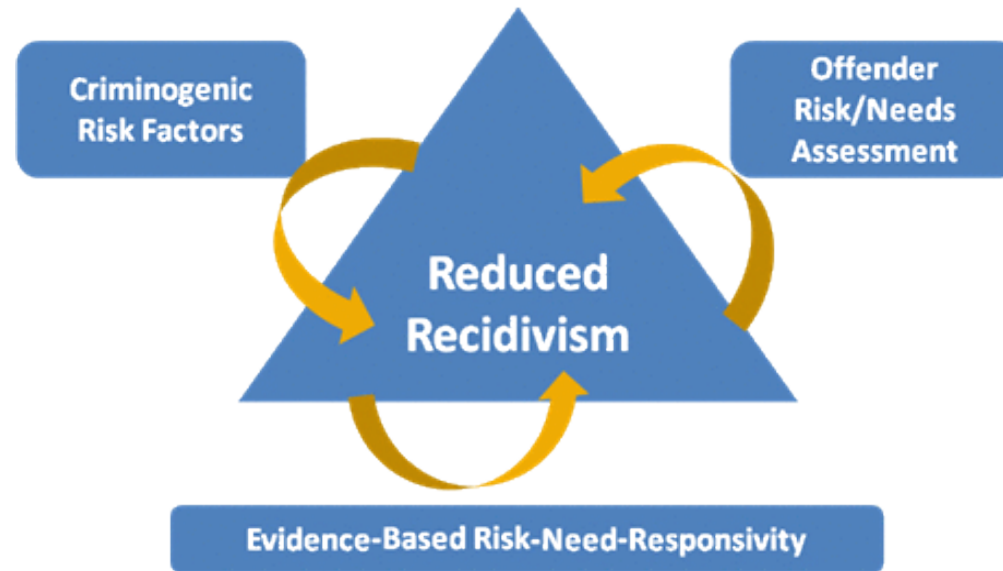
X. Diagnosis

XI. Summary and Case Formulation

XII. Recommendations

- 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



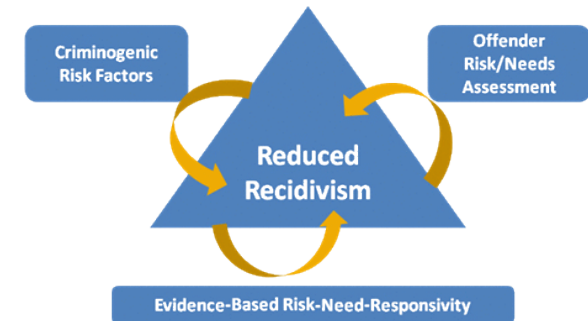


## M-CAAP AND THE PRINCIPLES OF RISK, NEED, AND RESPONSIVITY



## 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.
- This not only helps distinguish among youth, but also helps allocate necessary treatment or case management resources and form treatment recommendations.

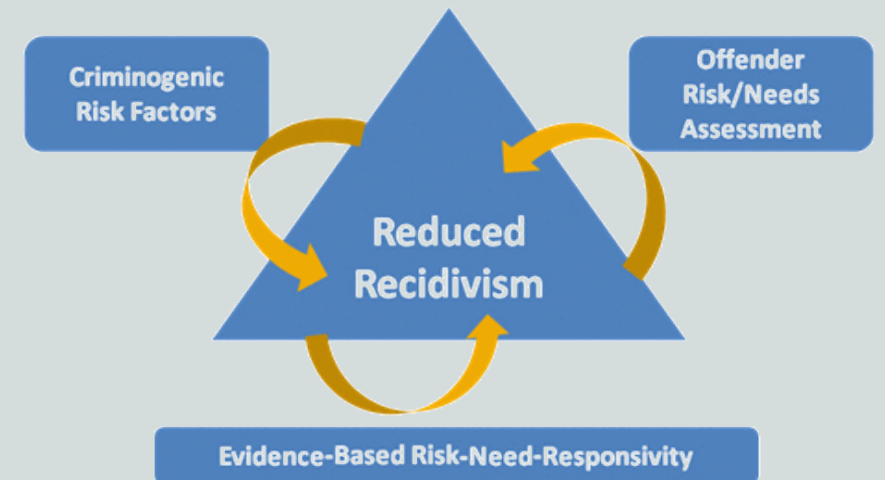


THE M-CAAP  
AND THE  
PRINCIPLES OF  
RISK, NEED,  
AND  
RESPONSIVITY

- Recommendations are based on these three principles...
  - Risk for continued sexually problematic behavior.
  - Primary treatment Needs of the youth, including developmental and social needs.
  - Youth's likely Responsiveness to treatment or special learning needs that should be taken into account to ensure treatment services are best matched to the youth.

# RISK-NEEDS-RESPONSIVITY

- Conceptual model to organize data.
- Risk-Protective-Contextual factors.
- Criminogenic needs related to recidivism risk.
- Family, peers, school, basic needs, substance use, leisure, other.
- Responsivity factors to individualize case planning.
- A kind of “clinical IEP” to take into account relevant individual factors.



# RISK-NEEDS-RESPONSIVITY

## RISK

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

## NEED

- Criminogenic Needs
- Individual-Specific Criminogenic Needs

## RESPONSIVITY

- Interventions Tailored to Populations
- Interventions Tailored to Individuals



# COMPREHENSIVE ASSESSMENT OF RISKS AND NEEDS

## CONDUCTING COMPREHENSIVE ASSESSMENTS

- 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.

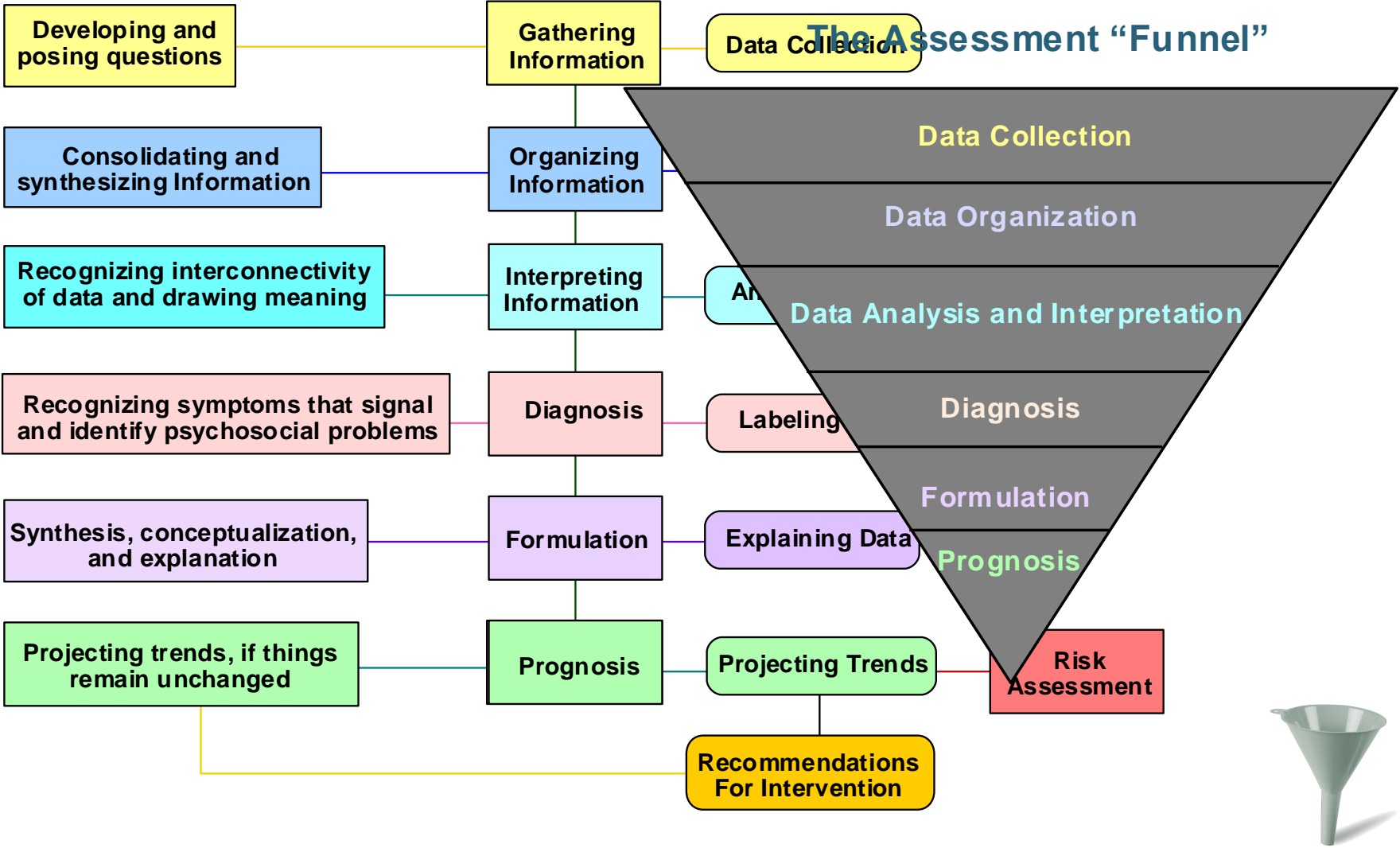
# THE FUNNEL OF ASSESSMENT

- 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



# 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



## **Psychosocial Assessment**

- **Developmental history**
- **Psychological tests**
- **Prior and current treatment records**
- **Court and police records**
- **School records and reports**
- **Social skills appraisal**
- **Social functioning and relationships**
- **Family history**
- **Behavioral history**
- **Living environment and social supports**
- **Etc.**

## **Assessment Sequence**

**Psychosocial  
Assessment**

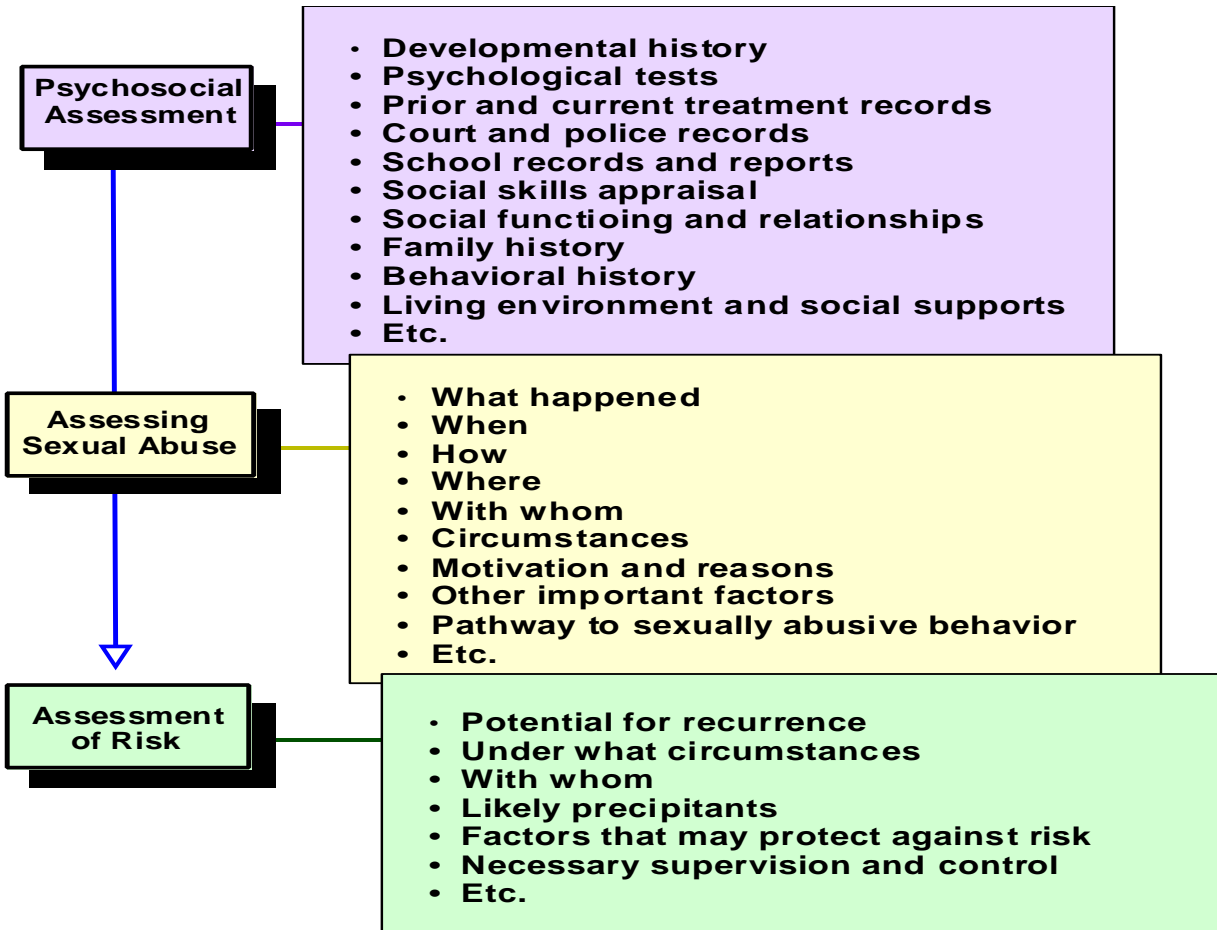
- Developmental history
- Psychological tests
- Prior and current treatment records
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- School records and reports
- Social skills appraisal
- Social functioning and relationships
- Family history
- Behavioral history
- Living environment and social supports
- Etc.

**Assessing  
Sexual Abuse**

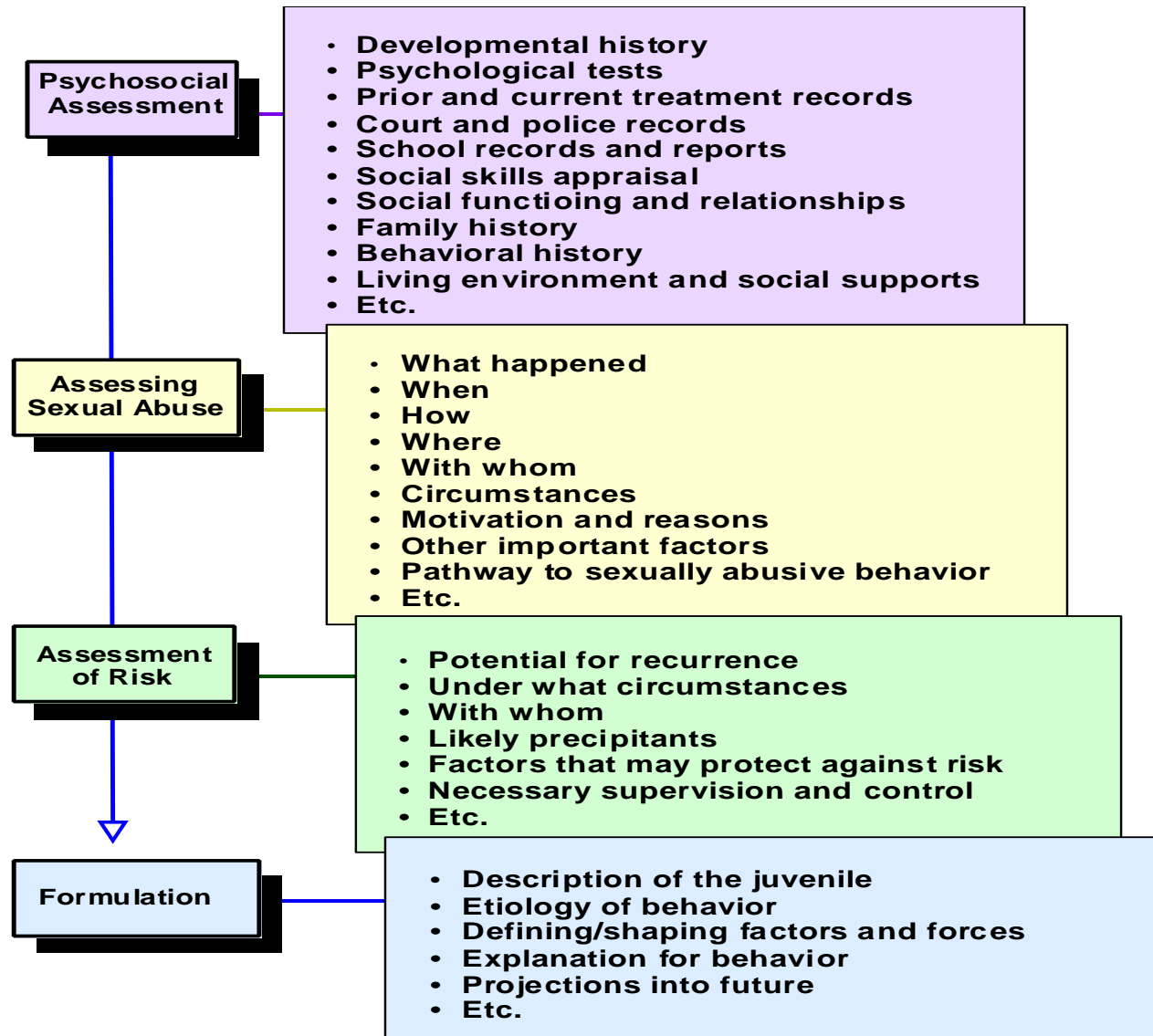
- What happened
- When
- How
- Where
- With whom
- Circumstances
- Motivation and reasons
- Other important factors
- Pathway to sexually abusive behavior
- Etc.

## **Assessment Sequence**

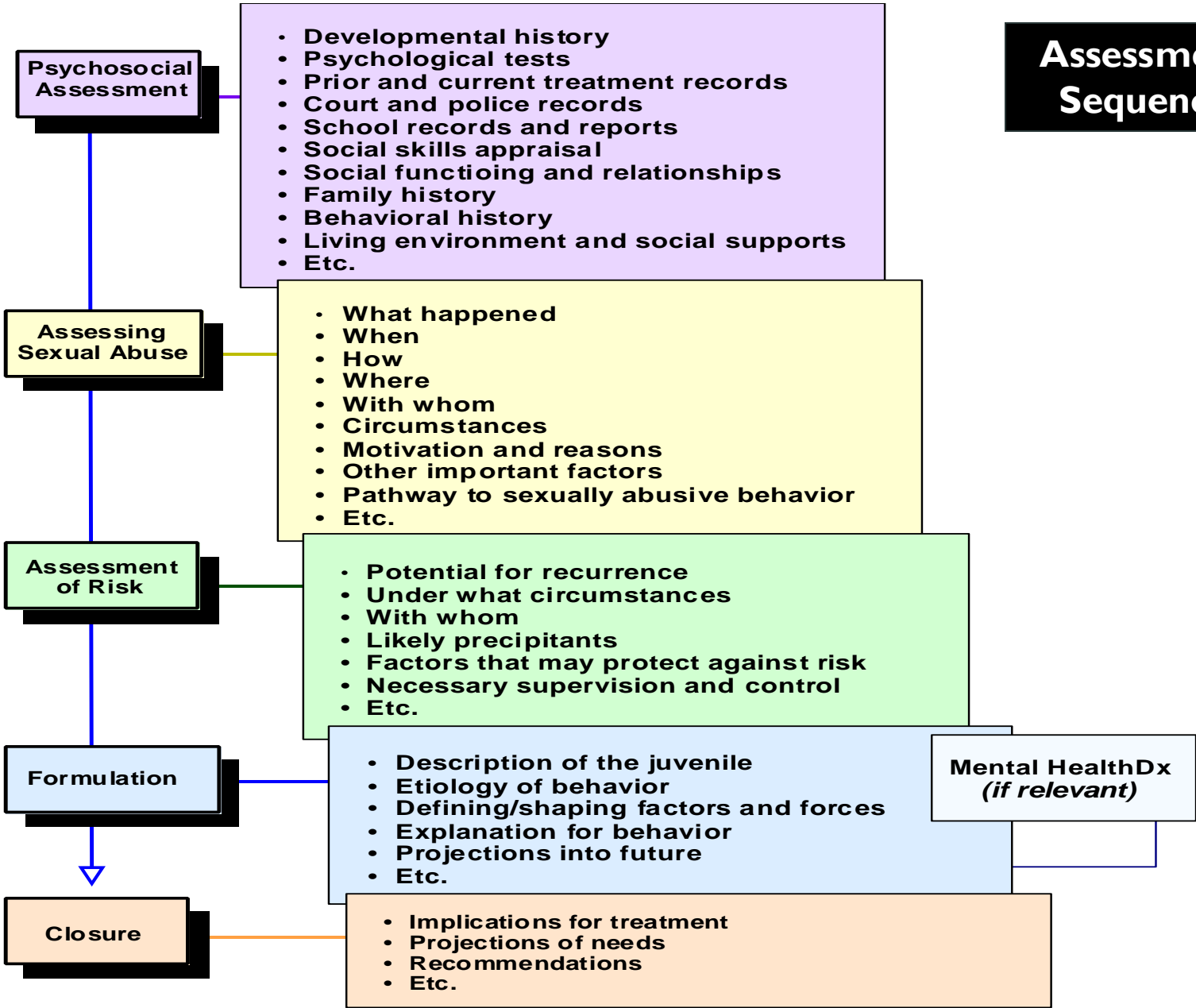
# Assessment Sequence



# Assessment Sequence



# 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



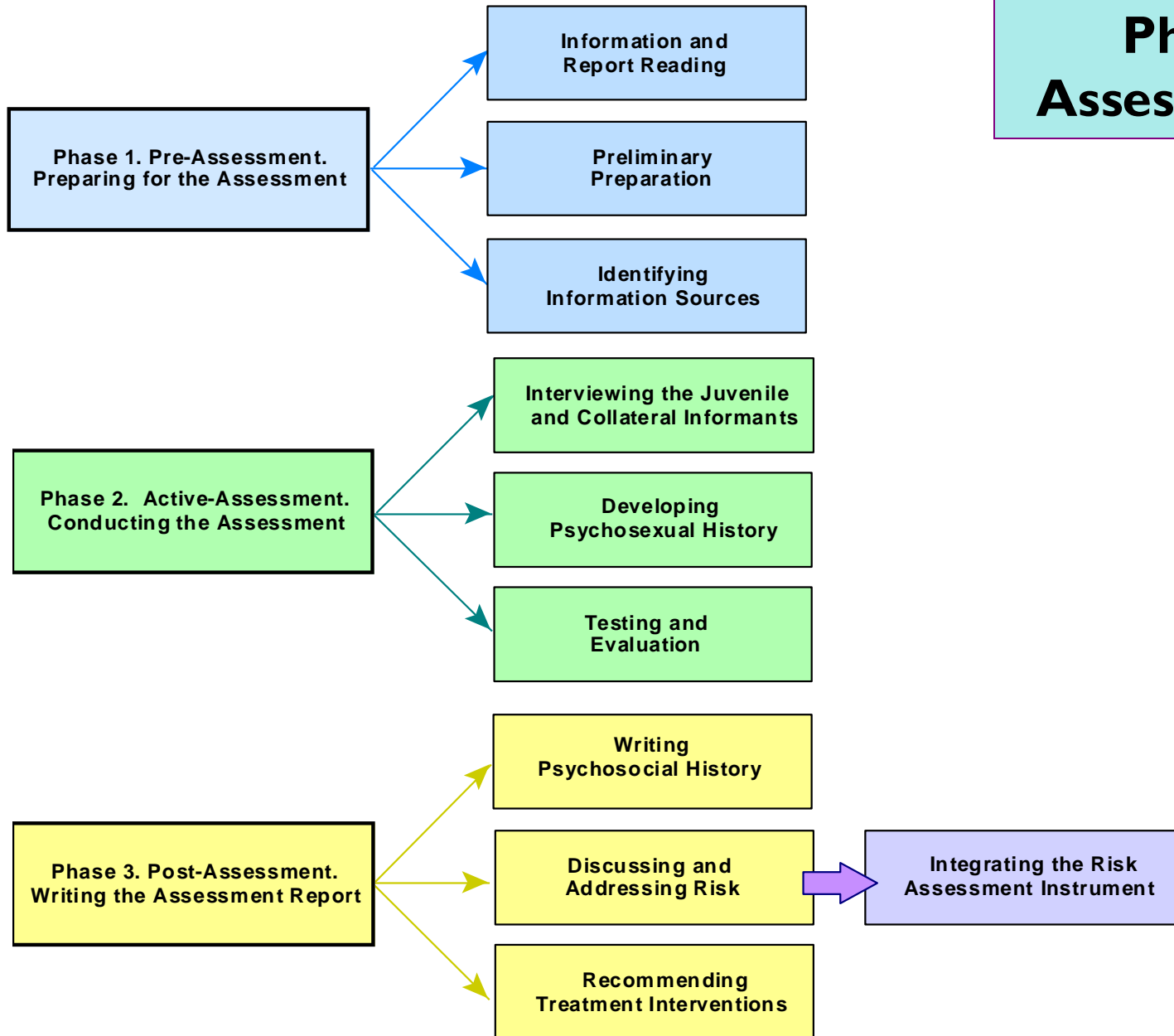
- The evaluator...
  - Fully engages with the young person and other related informants and parties
  - Ensures that release of information forms are signed by the legal guardian and young person, if necessary
  - Informs informants of confidentiality limits and the purpose of the evaluation
  - Interviews 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 problematic behavior
  - Formulates a description of the psychological profile of the juvenile
  - Formulates a description of the environment that shaped and influenced the juvenile's emotions, behavior, and ideation, and in which sexually problematic 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 continued problematic or harmful behavior** ←
  - Proposes treatment needs and identifies suggested treatment goals

# Phases of the Assessment Process





# CASE FORMULATION

# COMPONENTS OF CASE FORMULATION

History (with focus on factors related to target behavior)

Narrative portrait characterizing the youth

Summary of assessment DATA

Summary of assessment INFERENCES FROM DATA

Summary of assessment OPINIONS BASED ON INFERENCES

Summary of RECOMMENDATIONS BASED ON OPINIONS

# COMPONENTS OF CASE FORMULATION

- Articulation of:
  - ✓ Predisposing Factors (Vulnerabilities, including static factors)
  - ✓ Precipitating Factors (Factors driving risk trajectory towards manifestation)
  - ✓ Perpetuating Factors (Factors maintaining or aggravating target behavior)
  - ✓ Protective Factors (Factors providing protection, resilience)



# COMPONENTS OF CASE FORMULATION

- Individualized by Articulation of:
  - ✓ Individual coping response style(s)
  - ✓ Contextualization of highest and lowest risk scenarios for target behavior
  - ✓ Points for prioritized intervention (individual, family, peer, community, other)
  - ✓ Any history of periods of adequate functioning
  - ✓ Responses to intervention

# MULTI-PERSPECTIVE GRID FOR FORMULATION

(ADAPTED FROM WEERASEKERA, 1996)

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

# 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 RAIs 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 over-arching or compelling reason to complete the RAI 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 abusive 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 RAI 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.

# 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 youth'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. *Risk factors in context*

# THE M-CAAP AND RISK LEVELS/LABELS

- 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 youth'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.
- Describe situations/circumstances that may destabilize behavior or increase risk for sexually harmful behavior.
- **Describe factors that help protect against and mitigate risk.**



# 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 youth's life at the time of the assessment.



# TIME LIMITS ON JUVENILE RISK ASSESSMENTS



- Caldwell & Dickinson, 2009

- “All risk assessment with juvenile offenders should be considered reliable (only) over a relatively short time horizon.”

- Fanniff and Letourneau (2012)

- Evaluators should focus on short-term risk, recognizing:
  - The fluid nature of both risk and sexuality among juveniles
  - The low base rate of juvenile sexual recidivism
  - Positive responses to treatment noted in the literature
- Juvenile risk assessment is time limited due primarily to the developmental and changing nature of adolescence.



# WRAPPING UP: SUMMARY AND CONCLUSIONS

## SUMMARY AND CONCLUSIONS

The psychosocial and comprehensive history fuels the otherwise empty “shell” of the risk assessment instrument.

The M-CAAP focuses on risk factors, as well as protective factors in the context of adolescent development.

## SUMMARY AND CONCLUSIONS

- The M-CAAP seeks to blend and integrate an understanding of the adolescent's past sexual behavior and potential risk with an understanding of the “whole” individual and 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.

## SUMMARY AND CONCLUSIONS

The process of evaluation for youth engaging in problematic sexual behavior requires a developmental approach to understanding and interpreting information.

This is true, not only about the sexually problematic behavior, but also the youth involved in this behavior

Understanding the youth in the context of his or her whole life, rather than the circumstances of the sexually abusive behavior

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