
Joel S. Milner
Assessing Child Physical Abuse Risk:  
The Child Abuse Potential (CAP) Inventory  

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Presentation Overview
----------------------------------------------
Introduction  
Description of the CAP Inventory Format  
Description of the CAP Inventory Scales  
Administration of the CAP Inventory  
Psychometric Characteristics of the CAP Inventory  
Reliability, Validity, Utility, Equity  
Advantages and Limitations  
Closing Comments/Questions and Answers

Risk Assessment Methods
----------------------------------------------
Structured Interviews  
General Psychological Measures  
Construct Specific Measures  
Abuse Specific Measures  
Risk Models

General Psychological Measures
----------------------------------------------
Objective Measures  
Minnesota Multiphasic Personality Inventory-2  
16 PF Inventory  
Millon Clinical Multiaxial Inventory-II  
Projective Measures  
Rorschach Test  
Thematic Apperception Test  
Draw-a-Person Test
Construct Specific Measures

- Depression Scales
- State/Trait Anxiety Scales
- Loneliness Scales
- Empathy Scales
- Parental Attitudes Scales
- Alcohol/Drug Use Scales
- Life Stress Scales

Abuse Specific (to varying degrees) Measures

- Michigan Screening Profile of Parenting
- Child Abuse Potential Inventory
- Parenting Stress Index
- Adult/Adolescent Parenting Inventory
- Psychophysiological Assessment

Clinical verses Actuarial Risk Assessment

Clinical risk assessments are subjective or intuitive assessments.

Actuarial (statistical) risk assessments are predictions derived from statistical rules - research based.

Note: The literature is clear. Predictions based on actuarial rules are superior to decisions made by human judgements.

Commentary

Informal procedures have been criticized for producing risk evaluations that are: incorrect, inconsistent, inequitable, and/or lacking accountability because of the largely invisible criteria and rationale used in the risk assessment process.
Non-case Related Factors Associated with CA Evaluations

- Rater Childhood Abuse History
- Rater Beliefs (e.g., children tell the truth)
- Rater Age
- Rater Gender
- Rater Experience
- Rater Profession (e.g., Police/MH worker)
- Rater Legal Role

Review of Risk Assessment Questions

- What is the target behavior? (risk for what: abusive behaviors, physical injury, death and risk to whom: self, others?)
- What is the purpose? (e.g., initial risk screening, recidivism risk assessment, safety assessment, program evaluation) and time frame?
- Note. Risk factors may vary with the purpose even within the same type of abuse (e.g., CPA risk, marital abuse)
- Who is (are) the respondent(s)?
- What information is available?

Background - Item Development

Items for the CAP Inventory were developed following an exhaustive review of the theoretical and empirical literature that described parental psychological and interpersonal risk factors thought to be associated with child physical abuse.

Based on the literature review, a list of child physical abuse related characteristics were identified.

Identified abuse-related characteristics were grouped into domains or clusters which included:
- negative childhood experiences
- problems in parental relationships
- problems in interpersonal relationships
- inappropriate child-rearing attitudes and beliefs
- anxiety related to a child's behavior
- feelings of inadequacy, insecurity, loneliness, depression, vulnerability, inability to handle stress, rigid attitudes, impulsivity, dependency, immaturity, et cetera
Items for the CAP Inventory were developed following an exhaustive review of the theoretical and empirical literature that described parental psychological and interpersonal risk factors thought to be associated with child physical abuse.

In writing the initial pool of items, an attempt was to avoid using items that represented demographic and static risk factors.

Items were selected that were not significantly correlated with demographic characteristics and that distinguish between known child physical abusers and matched comparison parents in validation studies.
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CAP INVENTORY SCALES

CAP INVENTORY - 160 TOTAL ITEMS
CHILD PHYSICAL ABUSE SCALE - 77 ITEMS
SIX CHILD PHYSICAL ABUSE FACTOR SCALES

CAP INVENTORY ABUSE SCALE FACTORS

ABUSE SCALE - 77 ITEMS
DISTRESS SCALE - 36 ITEMS
RIGIDITY SCALE - 14 ITEMS
UNHAPPINESS SCALE - 11 ITEMS
PROBLEMS WITH CHILD AND SELF - 6 ITEMS
PROBLEMS WITH FAMILY SCALE - 4 ITEMS
PROBLEMS FROM OTHERS SCALE - 6 ITEMS
CAP INVENTORY SCALES, continued

VALIDITY SCALES

- LIE (L) SCALE - 18 ITEMS
- RANDOM RESPONSE (RR) SCALE - 18 ITEMS
- INCONSISTENCY (IC) SCALE - 40 ITEMS (20 ITEM-PAIRS)

RESPONSE DISTORTION INDEXES

- FAKING-GOOD INDEX
  (Elevated L score/normal RR score)
- FAKING-BAD INDEX
  (Elevated RR score/normal IC score)
- RANDOM-RESPONSE INDEX
  (Elevated RR score/elevated IC score)

SPECIAL SCALES

- EGO-STRENGTH SCALE - 40 ITEMS
- LONELINESS SCALE - 15 ITEMS

EXPERIMENTAL SCALES

- EXPANDED PHYSICAL ABUSE SCALE - 104 ITEMS
- EXPERIMENTAL NEGLECT SCALE - 44 ITEMS
- TRANSLATED VERSIONS
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ADMINISTRATION OF THE CAP INVENTORY

Administrator Characteristics
Evaluator Characteristics
Examinee Characteristics
Reading Level
Test Materials
Time Limit
Testing Procedure

COMMENT ABOUT RELIABILITY AND VALIDITY

It should never be said that an assessment tool or protocol is reliable and valid but rather that a body of data are available which indicate that an assessment tool or protocol has some degree of reliability and validity for a specific use with respect to a specific population(s).
**COMMENT ABOUT RESEARCH BASE**

A reading list is available that contains more than 500 journal articles, papers, chapters, dissertations, theses, and unpublished reports related to the psychometric characteristics, uses and/or applications and limitations of the Child Abuse Potential (CAP) Inventory.


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**RELIABILITY (Abuse Scale)**

Internal Consistency

<table>
<thead>
<tr>
<th>Study</th>
<th>Group (n)</th>
<th>Reliability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atten &amp; Milner (1987)</td>
<td>Day-Care employees (n = 152)</td>
<td>.90</td>
</tr>
<tr>
<td>Black et al. (1984)</td>
<td>Drug-abusing mothers (n = 69)</td>
<td>.84</td>
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<tr>
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</tr>
<tr>
<td>Combs-Orme et al. (2000)</td>
<td>Mothers (n = 170)</td>
<td>.92</td>
</tr>
<tr>
<td>Kirkham et al. (1986)</td>
<td>Mothers (n = 92)</td>
<td>.91</td>
</tr>
<tr>
<td>Milner &amp; Robertson (1990)</td>
<td>Child physical abusers (n = 30)</td>
<td>.94</td>
</tr>
<tr>
<td></td>
<td>Child sexual abusers (n = 30)</td>
<td>.93</td>
</tr>
<tr>
<td></td>
<td>Neglectful parents (n = 30)</td>
<td>.92</td>
</tr>
<tr>
<td></td>
<td>Three comparison groups (n = 30)</td>
<td>.74-.92</td>
</tr>
</tbody>
</table>

Temporal Stability (test-retest)

**Internal Consistency Reliability: CAP Inventory Abuse Scale**

<table>
<thead>
<tr>
<th>Group (n)</th>
<th>Reliability coefficients</th>
</tr>
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<tbody>
<tr>
<td>Child physical abusers (n = 152)</td>
<td>.95-98</td>
</tr>
<tr>
<td>Neglectful parents (n = 218)</td>
<td>.93-97</td>
</tr>
<tr>
<td>At-risk parents (n = 178)</td>
<td>.95-97</td>
</tr>
<tr>
<td>General population (n = 2,062)</td>
<td>.92-96</td>
</tr>
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<td>.93</td>
</tr>
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<td>Combs-Orme et al. (2000)</td>
<td>Mothers (n = 170)</td>
<td>.92</td>
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<tr>
<td>Kirkham et al. (1986)</td>
<td>Mothers (n = 92)</td>
<td>.91</td>
</tr>
<tr>
<td>Milner et al. (1990)</td>
<td>Undergraduate students (n = 375)</td>
<td>.87</td>
</tr>
<tr>
<td>Wilson et al. (2004)</td>
<td>Mothers (n = 42)</td>
<td>.87</td>
</tr>
<tr>
<td>Barbich &amp; Bringiotti (1997)</td>
<td>Combined groups of abusers and non-abusers, Argentina (n = 107)</td>
<td>.94</td>
</tr>
<tr>
<td>Bringiotti et al. (1998)</td>
<td>Combined groups of abusers and non-abusers, Argentina (n = 30)</td>
<td>.94</td>
</tr>
<tr>
<td>Calderon et al. (1994)</td>
<td>Child physical abusers, Chile (n = 40)</td>
<td>.83</td>
</tr>
<tr>
<td>de Paul et al. (1991)</td>
<td>Comparison mothers, Chile (n = 40)</td>
<td>.71</td>
</tr>
<tr>
<td></td>
<td>Physical child abusers, Spain (n = 24)</td>
<td>.93</td>
</tr>
<tr>
<td></td>
<td>Comparison parents, Spain (n = 829)</td>
<td>.90</td>
</tr>
<tr>
<td>de Paul &amp; Martin (1992)</td>
<td>Nonabusive parents, Spain (n = 99)</td>
<td>.89</td>
</tr>
<tr>
<td>de Paul et al. (1995)</td>
<td>Undergraduates, Spain (n = 403)</td>
<td>.90</td>
</tr>
<tr>
<td>Diarenas (1997)</td>
<td>Nonabusive parents, Greece (n = 326)</td>
<td>.91</td>
</tr>
<tr>
<td>Haapasalo (1999)</td>
<td>Abuse and non-abusive mothers, Finland (n = 50)</td>
<td>.89</td>
</tr>
<tr>
<td>Haz &amp; Ramirez (1998)</td>
<td>Abusive mothers, Chile (n = 67)</td>
<td>.88-.91</td>
</tr>
<tr>
<td></td>
<td>At-risk mothers (n = 70)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nonabusive mothers, Chile (n = 67)</td>
<td>.90-.93</td>
</tr>
<tr>
<td>Pecnik (1995)</td>
<td>Abusive parents, Croatia (n = 59)</td>
<td>.91</td>
</tr>
<tr>
<td></td>
<td>Nonabusive parents, Croatia (n = 383)</td>
<td>.89</td>
</tr>
</tbody>
</table>

### Temporal Stability (test/retest): CAP Inventory Abuse Scale

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<tr>
<th>Study</th>
<th>Group (n)</th>
<th>Reliability coefficients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Merrill, Hervig, &amp; Milner (1996)</td>
<td>Navy female recruits (n = 882)</td>
<td>.92</td>
</tr>
<tr>
<td></td>
<td>Navy male recruits (n = 662)</td>
<td>.80</td>
</tr>
<tr>
<td>Merrill et al. (1999)</td>
<td>Navy female recruits (n = 270)</td>
<td>.90</td>
</tr>
<tr>
<td></td>
<td>Navy male recruits (n = 309)</td>
<td>.91</td>
</tr>
<tr>
<td>Milner (1986)</td>
<td>General population</td>
<td>.91</td>
</tr>
<tr>
<td></td>
<td>one day (n = 125)</td>
<td>.91</td>
</tr>
<tr>
<td></td>
<td>one week (n = 162)</td>
<td>.90</td>
</tr>
<tr>
<td></td>
<td>one month (n = 1,2)</td>
<td>.83</td>
</tr>
<tr>
<td></td>
<td>three months (n = 150)</td>
<td>.75</td>
</tr>
<tr>
<td>Mollerstrom (1993)</td>
<td>Air Force sample</td>
<td>.86</td>
</tr>
<tr>
<td></td>
<td>six months (n = 22)</td>
<td></td>
</tr>
<tr>
<td>Merrill et al. (2003)</td>
<td>Navy sample, females</td>
<td>.62</td>
</tr>
<tr>
<td></td>
<td>six months (n = 498)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>one year (n = 358)</td>
<td>.59</td>
</tr>
<tr>
<td></td>
<td>two years (n = 304)</td>
<td>.56</td>
</tr>
<tr>
<td></td>
<td>Navy sample, males</td>
<td>.63</td>
</tr>
<tr>
<td></td>
<td>six months (n = 313)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>one year (n = 208)</td>
<td>.57</td>
</tr>
<tr>
<td></td>
<td>two years (n = 186)</td>
<td>.62</td>
</tr>
</tbody>
</table>
VALIDITY (Abuse Scale)

Predictive validity

Construct validity (what does the scale measure)

Types of Predictive Validity

Post-hoc prediction (historical risk)

Concurrent prediction (present risk)

Future risk (immediate future risk [sometimes called safety assessment] and long-term future risk)

CONCURRENT PREDICTIVE VALIDITY

Child Physical Abuse
Verbal and Physical Assault
Negative Child Outcomes

FUTURE PREDICTIVE VALIDITY

Child Physical Abuse
Other Negative Child Outcomes

CONCURRENT PREDICTIVE VALIDITY

Classifications rates - 80% to low 90% [95%] (Milner, 1986, 1989, 1994; Milner et al., 1986)

FUTURE PREDICTIVE VALIDITY

Prospective child abuse prediction (Milner et al., 1984; Valle et al. 2003)
CONCURRENT PREDICTIVE VALIDITY

Negative Child Outcomes

Higher CAP abuse scale associated with child internalizing problems (e.g., depression and anxiety) (Kolko, Kazdin, Thomas, & Day, 1993; Rodriguez, 2003, 2006).

Lower CAP abuse scores were associated with positive child functioning (e.g., positive child self-concept, adaptive attribution styles, and lower levels of hopelessness) (Rodriguez & Eden, 2008).

FUTURE PREDICTIVE VALIDITY

Negative Child Outcomes

Higher maternal scores on an abbreviated CAP abuse scale obtained before birth were predictive of neonatal morbidity. The association remained significant after controlling for obstetric risk factors (Zelenko et al., 2001)

Higher maternal scores on an abbreviated CAP abuse scale obtained when children were one and three were predictive of children’s later intelligence and adaptive behaviors (Dukewich et al., 1999) and at a ten-year follow-up (Lounds, 2004) and at a fourteen-year follow-up (Schatz, 2007).

CONSTRUCT VALIDITY (What does the scale measure?)

History of Child Maltreatment (receipt and observation)
History of Observing Intimate Partner Maltreatment
Psychophysiological Reactivity
Neuropsychological Problems
Social Isolation and Lack of Social Support
Negative Family Interactions
Adult Attachment Problems
Poor Ego-strength/Low Self-esteem

CONSTRUCT VALIDITY (What does the scale measure?)

Stress/Distress
Knowledge of Child Development (mixed)
Belief in Corporal Punishment
Negative Perceptions of Child’s Behavior
Problematic Attributions regarding Children’s Behavior (re: positive and negative behavior, hostile intent)
Negative Expectations regarding Children
Fail to use Mitigating Information
CONSTRUCT VALIDITY (What does the scale measure?)

Stress/Distress
Knowledge of Child Development (mixed)
Belief in Corporal Punishment
Negative Perceptions of Child’s Behavior
Problematic Attributions regarding Children’s Behavior
   (re. positive and negative behavior; hostile intent)
Negative Expectations regarding Children
Fail to use Mitigating Information

CONSTRUCT VALIDITY (What does the scale measure?)

Depression
Anxiety
Anger/Hostility
Aggression
Psychopathology
Alcohol and Drug use
Problems in Coping (mixed)
Lack of empathy (mixed)

CONSTRUCT VALIDITY (What does the scale measure?)

More Problems in Parent-Child Interactions*
Greater Use of Harsh Discipline Strategies
Lower Levels of Positive Parenting Behaviors**

* Low-risk individuals were more likely to misinterpret non-compliant behavior as compliant, and there was a trend for high-risk parents to not perceive compliant behavior when it was present (Dopke, Lundahl, Dunmerville, & Lovejoy, 2003).
** In an in-home observational study, mothers with high abuse score were less likely to reinforce their child’s pro-social behavior (Doitz, Cercone & Miller, 1997).
   In a laboratory observational study, mothers with high abuse score displayed lower levels of soliciting/affirming behaviors during a play period (Wilson, Morgan, Bylund & Herman, 2004).

Equity in Risk Assessment

Risk evaluations should be both **fair** and **justifiable**.

**Fairness** - the risk assessment approach should provide equal, nondiscriminatory assessments.

**Justifiable** - the risk assessment approach should be consistent with general social values (social definitions) of fairness.

Thus, although factors such as intelligence and race may be statistically related to the risk (statistical prediction) of CA, their inclusion in a risk assessment protocol would (for many) violate the goal of fairness and, therefore, would not be considered justifiable.

Note. Realistically, it is not presently possible to eliminate all sources of bias. Therefore, there needs to be ongoing discussions and awareness of risk assessment fairness issues (bias/benefit ratios).
The advantage of the CAP Inventory is also the disadvantage of the CAP Inventory.
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ADMINISTRATION OF THE CAP INVENTORY

Attention to test administration issues is essential in order to obtain the most accurate and representative test results.

ADMINISTRATION OF THE CAP INVENTORY

Administrator Characteristics
Evaluator Characteristics
Examinee Characteristics
Reading Level
Test Materials
Time Limit
Testing Procedure
Administrator Characteristics

The test administrator should have a knowledge of the test administration procedures outlined in this presentation and should be familiar with the CAP format, test instructions, test content, and other characteristics of the test booklet.

The test administrator should have a knowledge of basic client rapport building techniques.

Evaluator Characteristics

The test evaluator who interprets the CAP Inventory should be a professionally trained individual, such as a social worker, psychiatric nurse, psychologist, or other professional, who has received training in assessment and test interpretation procedures.
Examinee Characteristics
At the time of testing, the examinee should not be under the influence of alcohol or drugs, psychotic, mentally handicapped or excessively fatigued.

In most cases, the CAP Inventory should not be used with individuals whose personal characteristics (e.g., cultural backgrounds) are outside of the range of the population characteristics described in the test validity studies.

Reading Level
The readability of the CAP Inventory is grade three.

At present, there are no published data on the effects of reading the CAP Inventory to illiterate or visually impaired individuals.

If it is necessary to read the items, the examiner should first read aloud the test instructions and then read aloud the test items without comment or explanation.

If possible, the examinee should be allowed to provide his/her item responses on the test booklet out of the examiner's direct view.
Test Materials

An unused test booklet is necessary. The test booklet has a combined question and answer format, so no separate answer sheet is required.

A number two pencil is needed so that the examinee can mark their responses on the test booklet.

The examinee should be seated at a table or provided a hard writing surface.

Time Limit

There is no time limit for completing the CAP Inventory.

The examinee should be instructed to respond to the test items in an easy, unhurried manner.

However, it is recommended that the questionnaire be completed in one session.
The CAP Inventory usually takes a college educated individual 12 to 15 minutes to complete and takes a high school educated individual 15 to 20 minutes to complete.

The procedures for administering the CAP Inventory are similar to procedures used to administer other self-report inventories, which include establishing a positive testing environment (using the following procedures).

The test room should be relatively comfortable and free from distractions, such as children, noise intrusions, etc.

Prior to introducing the test materials, attempts should be made to establish rapport with the examinee. This may require discussing relatively trivial topics and issues unrelated to the test (ability to find the agency, the weather, etc. and, if possible, something positive about the examinee or at least of interest to the examinee).
Testing Procedure

Examinees may be concerned about the purposes of the testing.

Examinees have the right to receive a clear and complete explanation of the purpose of the testing (e.g., to assist in their evaluation, to assist in program evaluation, to help in a research project.

Prior to reading the test instructions and responding to the test items, the examinee should be asked to fill in the personal data section at the top of test booklet.

Before the examinee begins the test, the test administrator should inspect the personal data section to make sure it is complete to assure later correct identification of the test protocol.

After the personal data section has been completed, the examinee should be instructed to read carefully the test instructions printed on the top of the first page.

Since the test instructions are simple, brief and self-explanatory, usually it is not necessary for the examiner to read the test instructions to the examinee.
Testing Procedure

When the examinee has finished reading the instructions the examiner should ask the examinee if he/she has any questions.

If it appears that the examinee did not fully understand the test instructions, then the test administrator should read the instructions aloud to the examinee and explain any area(s) of confusion.

Testing Procedure

Before the examinee begins the test, the test administrator should emphasize the need for the examinee to truthful in responding to the questionnaire items.

The examinee should be told that a serious and honest approach to the items will produce the most accurate and meaningful results.

Testing Procedure

However, the test administrator should be aware that coercing the examinee in any way usually increases the likelihood that an examinee will distort response and/or will cause the examinee to skip items.

Testing Procedure

After the personal data section has been completed and the instructions have been discussed, the examiner should inform the examinee that:

a. there is no time limit on completing the questionnaire;

b. there are no “right” or “wrong” answers;

c. he/she should fill in the oval next to the A (agree) or DA (disagree) response following each item to indicate the response that best represents his/her beliefs, attitudes and/or feelings.
After all of the aforementioned issues have been discussed the examiner should ask, once again, if the examinee has any questions.

If there are no additional questions then the examiner can instruct the examinee to begin responding to the questionnaire items.

Occasionally examinees will complain about the forced-choice format of the test. In these cases the examiner should indicate:

"Although sometimes it may be difficult to fully agree or disagree with a particular item, you should select the answer that best represents your beliefs, attitudes and/or feelings."

Examinees also may express surprise, concern, and/or annoyance about the apparent repetition of the test items. In these cases the examiner should indicate that they are aware that some items appear to have similar content; saying, for example, “Yes, you are right some of the items ask about the same things.”

Following this statement, the examiner should provide brief, reassuring comments similar to the following:

"Even though the items appear to be the same, they are not exactly the same."

"Please remember that your response to each of the items is important."

"Your response to every item will help us get a better picture of your belief, attitudes, and feelings."
ADMINISTRATION OF THE CAP INVENTORY

During completion of the test, the examiner should not discuss individual test items with the examinee.

Even when the examinee has problems responding to a specific item, the examiner should not make any comments about the item content and should simply ask the examinee to make his/her best choice.

Likewise the examinee should not be permitted to discuss items with others (agency staff, spouse, friends, etc.)