Screening and Assessment of Youth in Confinement

October 22, 2014

1:30-3:00 p.m. ET

Moderator

Pam Clark
Program Associate
National Center for Youth in Custody

OFFICE OF JUSTICE PROGRAMS

Office of Juvenile Justice
and Delinquency Prevention
Working for Youth Justice and Safety

OJJDP

NCYC
National Center for Youth in Custody

Webinar Learning Objectives

Following participation in this workshop participants will be able to:

- Distinguish among screening and assessment, and risk and mental health tools

- List criteria for identifying and selecting evidence-based tools

- Design a screening-assessment 'system' for a confinement setting, including when and how to respond to the information gathered

- Apply recommendations related to the appropriate sharing of information and referrals for additional services

- Participate in a discussion of the role and purpose of family engagement

Presenter

Gina M. Vincent, Ph.D.
Associate Professor, UMass Medical School
National Youth Screening & Assessment Project (NYSAP)

Reasons for Identifying Youths' Behavioral Health Conditions

- Safety
  - ➢ Avoid self-harm or harm to others

- Child welfare
  - ➢ Immediate treatment for serious disorders to reduce suffering

- Delinquency prevention and rehabilitation
  - ➢ Behavioral health intervention to prevent further delinquency

- Documentation
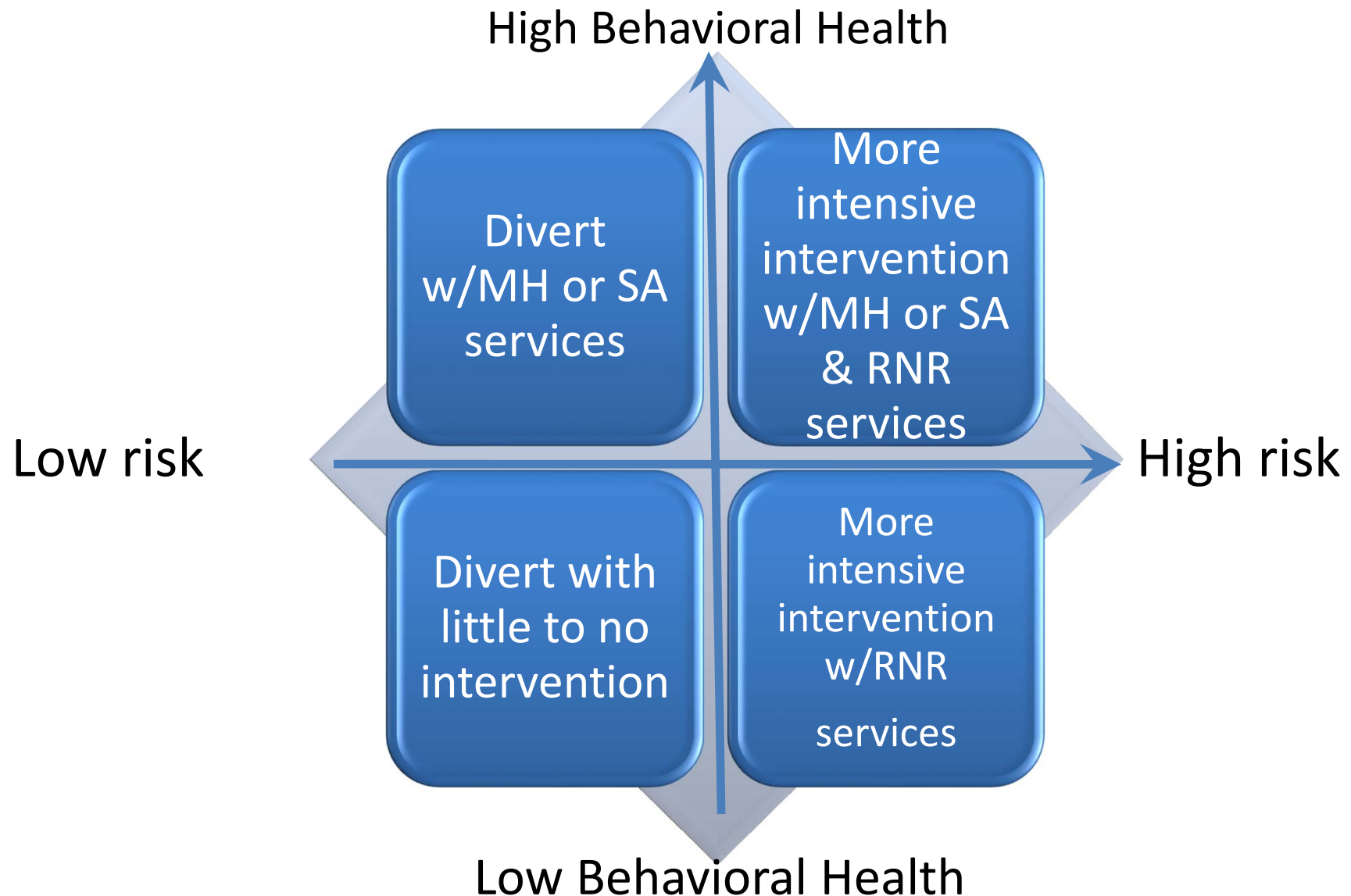 - ➢Knowing the need so one can support policy & mgmt plans

Why Should We Strive for Individualized Case Planning?

– Punitive sanctions alone do not have a significant effect on re-offending (Gatti et al., 2009).

– Approximately 50% of arrested youth will not be seen by JJ again. Low-risk youth are unlikely to reoffend even if there is no intervention (Lipsey, 2009).

– When services are **matched** to youth's level of risk and their "delinquency-producing" (*criminogenic*) needs, the lower the chance of offending.

Decision-Making Model: Integrating Risk & Behavioral Health (adapted from NCMHJJ website)

High Behavioral Health

Low risk

High risk

Divert w/MH or SA services

More intensive intervention w/MH or SA & RNR services

Divert with little to no intervention

More intensive intervention w/RNR services
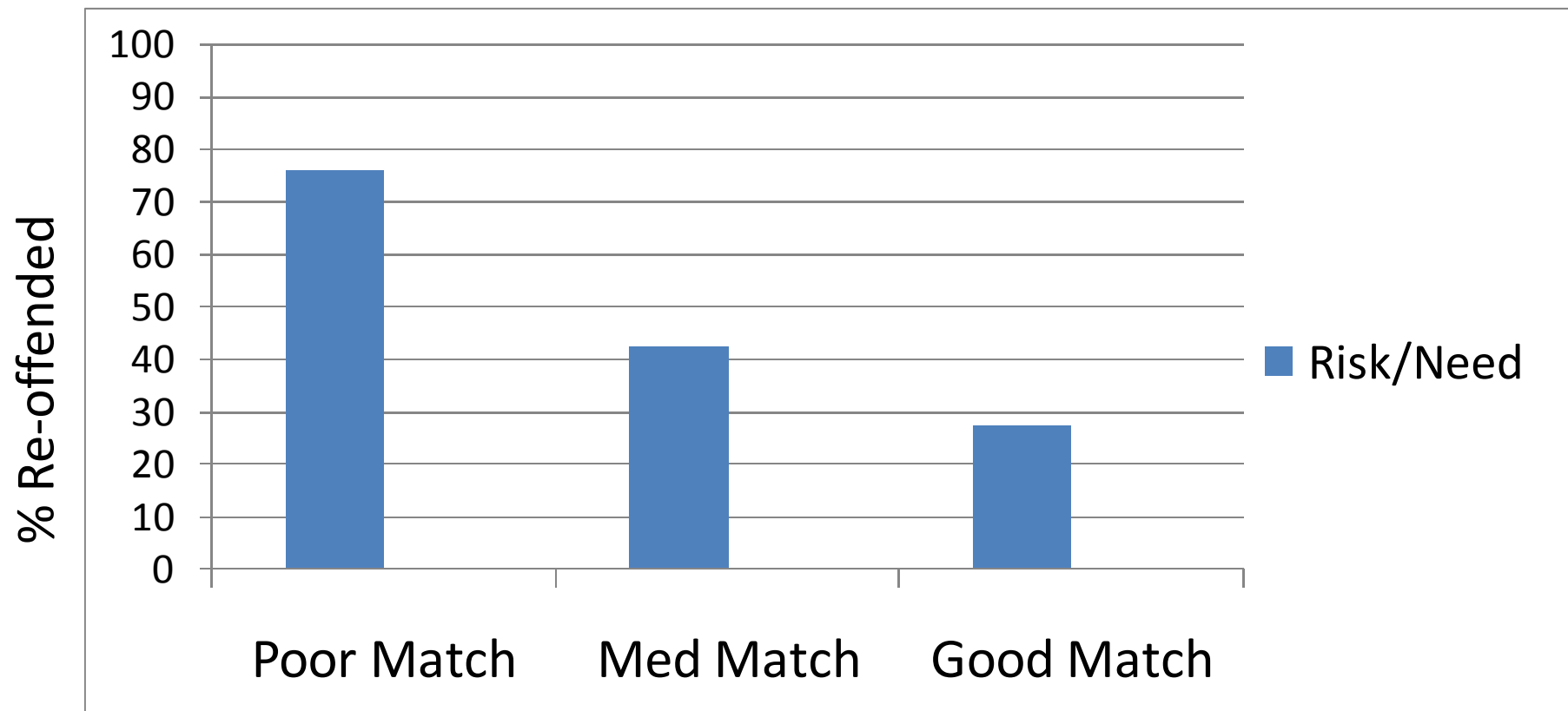
Low Behavioral Health

Risk-Needs-Responsivity (RNR)

Effective and individualized case management requires valid assessment & RNR principles

- **Risk** – Match the intensity of the intervention with one's level of risk for re-offending

- **Need** – Target dynamic or changeable risk factors (aka *criminogenic needs*)

- **Responsivity** – Match the mode & strategies of services with the individual

Matching Services to Criminogenic Needs Can Have a Large Impact

(Vieira et al., 2009)

% Re-offended (y-axis: 0 to 100)

Legend: ■ Risk/Need

X-axis categories: Poor Match, Med Match, Good Match

Match based on # of Services Given in Response to a Youth's Criminogenic Needs

THE BASICS

Screening vs. Assessment

Screening

- Used with <u>every</u> youth in an intake-type setting

- Identifies youths who <u>might</u> have the characteristic in question (e.g., increased risk for recidivism)

- *Sorts youth into categories*, to...
  - Provide early warning or need for immediate attention (detention)
  - Help decide need for a more detailed and individualized assessment

Screening vs. Assessment

Assessment

- Follow-up on youth "screened in,"
  to make decisions about individualized need for interventions

- Used for service delivery and treatment planning –
  post-disposition, custody settings, aftercare

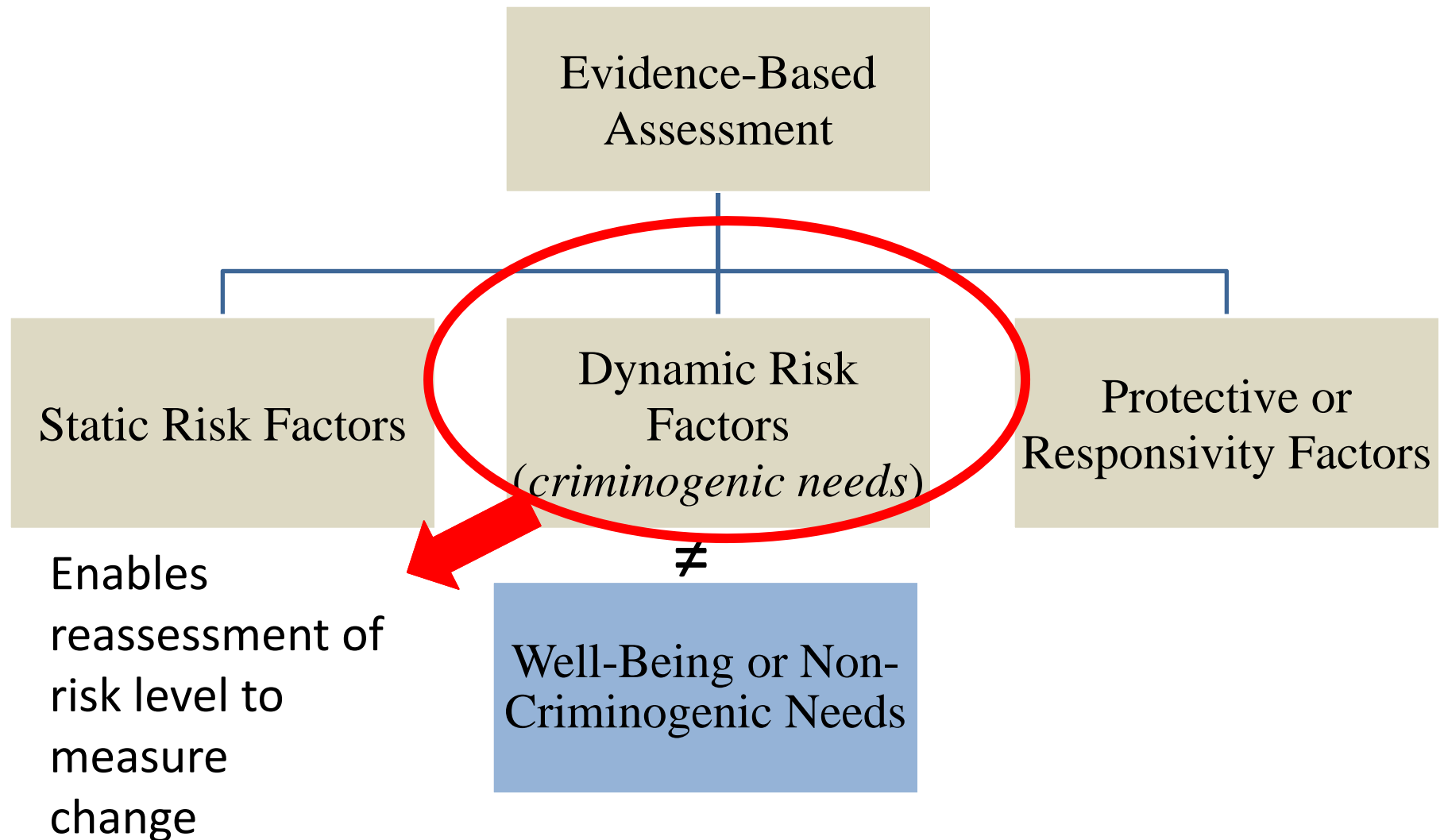# How Screening and Assessment are Conducted & How Tools are Selected

☐ Must be performed with standardized tools

☐ "Standardized:" Structured and manualized
☐ Provide examples of data to be collected

☐ Tools must be "evidence-based" (Vincent et al, 2012)

◼ "Reliable:" Evidence they produce dependable scores
◼ "Valid:" Evidence that they measure what they claim
◼ Independent parties

What is a Risk Assessment Tool?

- A *risk for reoffending assessment tool* answers: **"Is this youth at relatively low or relatively high risk for reoffending or engaging in violent behavior?"**
  - Brief risk assessment
  - Comprehensive risk assessment

- Some, also address **"What is possibly causing the youth to be at low or relatively high risk for reoffending?"**
  - Comprehensive risk assessment

Elements of a Comprehensive Risk Assessment

Evidence-Based Assessment

Static Risk Factors

Dynamic Risk Factors
(*criminogenic needs*)

Protective or Responsivity Factors

Enables reassessment of risk level to measure change

≠

Well-Being or Non-Criminogenic Needs

Well-Documented Risk Factors for Youth Exist

A comprehensive and valid risk assessment instrument will contain two types of risk factors:

- Static Risk Factors **–** unchangeable
  - – Number of prior arrests   - Age 1st arrest
  - – Young age 1st substance use

- Dynamic Risk Factors (Criminogenic Needs) - changeable
  - – Impulsivity/behavioral problems   Delinquent Peers
  - – Inconsistent/Lax Discipline   Substance Abuse

- Static Risk Factors **–** less biased replacements
  - – Age 1st violent act   - Age first delinquent act
  - – # of violent acts

"Well-Being" Needs vs. Criminogenic Needs

Well-being 'needs' are factors in a youth's life that should possibly be addressed, but do NOT elevate the likelihood that one will reoffend:

– Some mental health variables

– Medical issues

– Learning Disability

Needs that are NOT Criminogenic do NOT belong in risk assessment tools (at least not for calculating a risk score), but may be important responsivity factors :

What Does the Risk Level Mean?

- Low risk
  - Low intensity management/supervision sufficient
  - If left alone or with minimal management, would likely not reoffend

- High risk
  - High intensity management/supervision necessary
  - If left alone or with minimal management, would likely reoffend

- Moderate risk: neither high nor low risk

Parts of a Comprehensive Assessment System

- Initial Screening – Identify urgent mental health & medical needs
  - E.g., Massachusetts Youth Screening Instrument (MAYSI-2)
  - Substance abuse – GAIN-SS or CRAFFT

- Initial Classification – Brief risk assessment to identify the essential security level quickly
 - Only if resources do not permit a comprehensive risk assessment

Parts of a Comprehensive Assessment System (cont.)

- Comprehensive risk assessment (risk/needs assessment)

  - Supplement with additional screens/assessments as needed, for example…

    - Trauma – JVQ, TSCC, UCLA PTSD

    - Substance abuse

    - "Well-being" needs – education, etc.

- Dynamic progress measure & reassessment

Risk Assessment in Juvenile Justice: Guidebook to Implementation
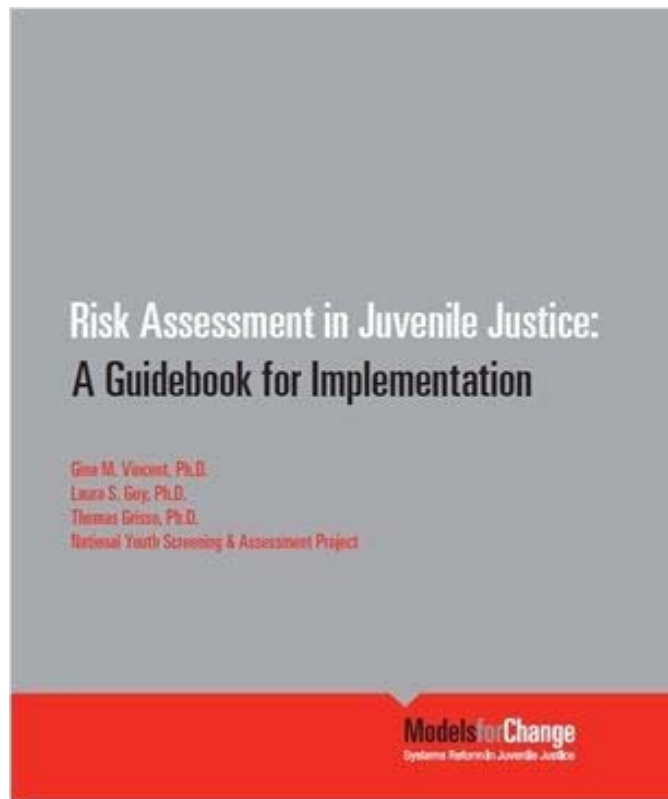
8 Steps to Implementation (focus on probation)

Vincent, Grisso, & Guy (2012)

Funded by the MacArthur Foundation

Screening and Assessment is More Than Selecting a Tool

Implementation—No evidence-based tool is valid unless it is implemented correctly.

The implementation process—

- Determining your needs and your tool options
- Selecting tools
- Developing <u>policies</u> and <u>decisions to be made</u> based on tool results
- Develop process for a data base
- <u>Train</u> and pilot
- The process must be <u>monitored across time</u>

Wrap-Up: Effective Use of Assessment in Custody Settings

- Develop a comprehensive "assessment system" that addresses the essential elements (screening, classification, dynamic risk/needs, progress)

- Appropriate implementation activities are crucial

- Track aggregate data and individual youths' progress

OFFICE OF JUSTICE PROGRAMS

Office of Juvenile Justice
and Delinquency Prevention
Working for Youth Justice and Safety

NCYC
National Center for Youth in Custody

Presenter

John F. Chapman, Psy.D.

Assistant Clinical Professor

University of Connecticut School of Medicine, Dept. of Child Psychiatry

The Benefits of Juvenile Screening and Assessment: Challenges to Implementation

Why Screen in Detention or Corrections

- Screening and assessment are NOT the same; for the most part screening falls on the facility

- For everyone it means *more work* and *more training*

- Some staff who don't see the need for this degree of understanding for young people in their care.

Selection and Implementation of Screening Instruments

This is often contentious and requires:

- Strong administrative leadership
- Input from multiple stakeholders
- Strong quality staff

Stakeholder Input in Detention or Corrections

Stakeholder input should be diverse and include multiple partners -

- Psychological consultants

- Attorneys (prosecutors and defense counsel)

- Members of the Bench

- Community partners especially family advocates or family members of incarcerated youth

When Selecting or Implementing an Instrument, Consider the Following:

1. What do to want to know?

2. Finally, how do you get your staff to follow suit

1. You want to maintain the safety and security of children in you care.

2. Once you have made decisions will your staff comply?

Knowledge is Power, But it is Also Brings Responsibility

- Consider bringing quality staff into the discussion from the beginning

- Let them hear what the attorneys and families have to say

- Line staff may be given the majority of work to do, their position is critical: Find interested and motivated staff. Let them know their work relates to later assessment

Quality of Screening and Assessment

- Local and County and State Administrators should be involved as the work moves forward.

- Analysis of screening and assessment information provides information on trends

- Think not only about what has to be expended, but about what savings can occur in future planning.

Quality of Screening and Assessment: Problems with Screening

Watch for breakdown in quality such as:

- Youth who go unscreened

- Delays in getting the information

- This is the time to reconvene and troubleshoot

- Remember that once is sound policy is written, it requires enforcement

- Provide praise and feedback to staff

Quality of Screening and Assessment: Problems with Screening

- Are assessments delayed or incomplete
- Do they look to be "cookie cutter assessments"
- Are names incorrect, or statements illogical
- Are inappropriate instruments used

Quality of Screening and Assessment: Putting the Youth at Ease

- The young person needs to be clear as to who will see the information…

- …and so do their lawyers

- Be clear about who sees individual data (mental health staff, physician, etc.)

- Consider asking for legislation in your jurisdiction to protect screening and assessment from admission to a pre-trial court process in your jurisdiction

Office of Juvenile Justice
and Delinquency Prevention
Working for Youth Justice and Safety

Thank You

It has been a pleasure to be here today –

my contact information is:

John Chapman, Psy.D.

860-794-6239

DrJFChapman@aol.com

Webinars on OJJDP's Online University

This event will be archived on OJJDP's Online University.

For the audio recording and support materials, visit

www.nttac.org/index.cfm?event=trainingCenter.Homepage

Office of Juvenile Justice
and Delinquency Prevention
Working for Youth Justice and Safety

NCYC
National Center for Youth in Custody

For more information, please contact:

Office of Juvenile Justice and Delinquency Prevention (OJJDP)
http://www.ojjdp.gov

OJJDP's National Training and Technical Assistance Center (NTTAC)
http://www.nttac.org

OJJDP's National Center for Youth in Custody (NCYC)
http://www.ncyc.npjs.org

OJJDP Office of Juvenile Justice
and Delinquency Prevention
Working for Youth Justice and Safety

NCYC
National Center for Youth in Custody

Online Evaluation

Please click on the link below to complete the online evaluation:
https://www.surveymonkey.com/s/56GPMFG
Thank you!