

Screening and Assessment Tools in Juvenile Justice: Best Practices

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New Assessment Practices in Juvenile Justice

- Recent evolution of specialized screening and assessment tools to identify, among youths in juvenile justice custody:
 - Mental disorders requiring attention
 - Risk of aggression or recidivism
- In many settings use both
- A genre of assessment tools that:
 - Have arisen only in the past decade
 - Are designed for, and applicable only in, juvenile justice settings
 - Are now considered “best practices” for any state’s juvenile justice system

New Assessment Practices (cont'd)

- Have not been developed by, or primarily for use by, psychiatrists or clinical psychologists
 - Administered and used by juvenile justice professionals (staff, counselors, probation officers)
- Yet all psychiatrists working in juvenile justice should be familiar with them
 - To provide consultation on their use
 - To be able to interpret them when they appear in records in forensic cases

Purpose

- Describe
 - How and why these tools arose
 - How they are used
 - When they are considered “evidence-based” best practices
- Will cover these four things for each of two types of tools
 - Mental health screening tools
 - Risk/needs assessment tools
- Conclusion: Re-assessment is essential

Context: Models for Change Initiative

John D. and Catherine T. MacArthur Foundation



A juvenile justice systems reform initiative:

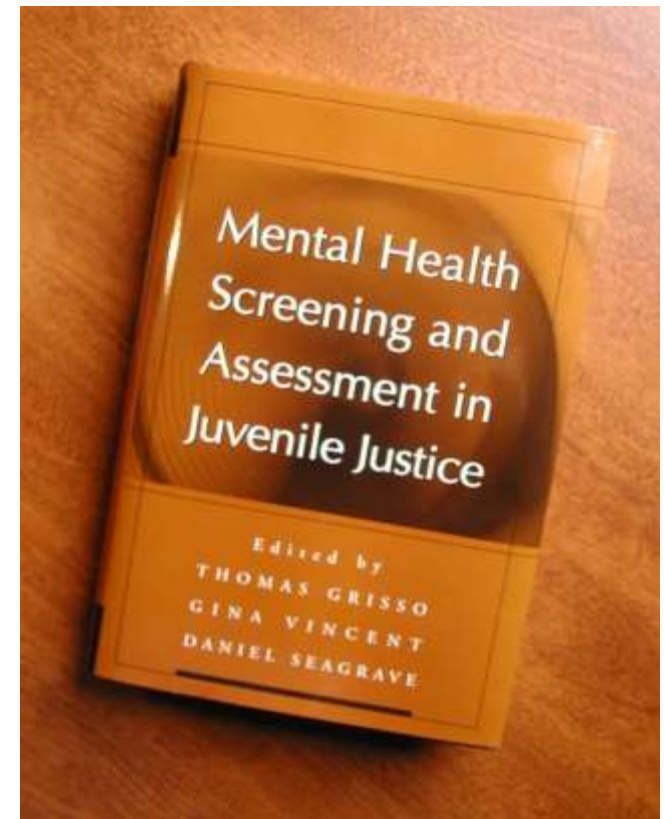
- 4 primary states
- 12 network states

Assisted by a “national resource bank” of technical assistance centers

ModelsforChange
Systems Reform in Juvenile Justice

Recent advances in MH/JJ Screening Tools

- Grisso & Underwood:
an inventory of tools for
OJJDP, 2004
www.NCMHJJ.org
- Grisso, Vincent & Seagrave:
*Mental Health Screening
Assessment in Juvenile Justice*
Guilford Press, 2005



Mental Health Screening in Juvenile Justice

Why it was needed

Prevalence of Mental Disorders in Juvenile Justice

- 1998-2005: Multiple methods and settings....
 - Teplin; Wasserman; Atkins; Vincent, Grisso et al.
- The proportion of youths in juvenile justice settings meeting DSM criteria for one or more mental disorders
 - 2 in 3 youths (70%) for juvenile justice settings
 - 1 in 5 youths (20%) in the general adolescent population
 - 1 in 7 youths (15%) in JJ settings have serious, persistent and multiple disorders

E.G.: Teplin et al. (2002), using DISC Prevalence in Juvenile Pretrial Detention

■ Substance use disorders	50%
■ Disruptive behavior disorders*	40%
■ Anxiety disorders (especially PTSD)	25%
■ Mood disorders (Dysthymia, Major Depression)	25%
■ Att. Deficit/Hyperactivity Disorder	15%
■ Schizophrenia	1-2%

* About 80% of disruptive behavior disordered youths are co-morbid for Anxiety, Mood or Attention Deficit Disorders

The need (cont'd)...

- Around 2000.....
 - Research evidence
 - Surgeon General's report
 - Concern about JJ becoming the community's mental health system
 - Federal demands that JJ programs identify MH conditions of youth in their custody
- Tools not requiring clinicians were developed
 - Psychiatric consultation is not available or affordable on an every-youth scope (assessment)
 - Screening offers an alternative

Screening is not assessment

- Purpose of MH Screening
 - Every youth at intake: Brief (10 min.), non-clinician
 - Identifies youths who might have mental health needs
 - Signaling need for further information (e.g., clinical consult, individualized assessment, suicide precautions)
- Not diagnostic or for long-range treatment-planning
 - Low scores = highly unlikely; High scores = maybe
 - Focus is on the moment of intake—what is needed for present safety, management, welfare of youth

Advances in standards for MH screening

- During past decade (in U.S.), evidence-based screening became the standard
- Evidence-based means....
 - Structured, standardized, and manualized
 - Evidence of reliability across users and settings
 - Evidence of validity across users and settings
 - Some of that evidence is from researchers other than the developer
- Other requirements.....
 - Brief and easy
 - Staff-friendly (no clinical requirements)
 - Amenable to providing clear decision rules
 - Youth-appropriate and JJ-relevant

What MH screening tools in JJ need to be able to identify

- Substance use usual and recent
- Suicide potential current ideation, past behavior
- Anger aggression potential
- Mood and affect depressed, anxious
- Thought disturbance odd or unusual thoughts and beliefs
- Impulse control ability to delay one's action response under emotional pressures

Some recent MH/JJ screening tools

Single-focus tools (10-15 minutes)

- SASSI: Substance Abuse Subtle Screening Instrument
 - 72 true-false items, self-report; screen for subst use
- TSC-C: Trauma Symptom Checklist-Children
 - 54-item self-report
 - Presence of acute or chronic post-traumatic symptoms
- HASI: Hayes Ability Screening Index
 - Four-task method to screen for possible developmental disability

MH Screening Tools (cont'd)

- Multi-focus tools (for example...)
 - GAIN-SS: Global Appraisal of Individual Need-Short Screen
 - 15-item checklist, self-report
 - Contribute to categories: substance use, mental health
 - MAYSI-2: Massachusetts Youth Screening Instrument-Second Version
 - 52 yes-no items, self-report
 - Seven scales: substance use problems, anger, depressed/anxious, somatic complaints, suicide ideation, thought disturbance, traumatic experiences

MH Screening Tools (cont'd)

- **Voice-DISC** (not brief: 60-75 minutes)
Diagnostic Interview Schedule for Children
- Computer-assisted: Youth hears questions on headset and visual, responds on keyboard
- Provides tentative diagnoses, leading to clinical consultation

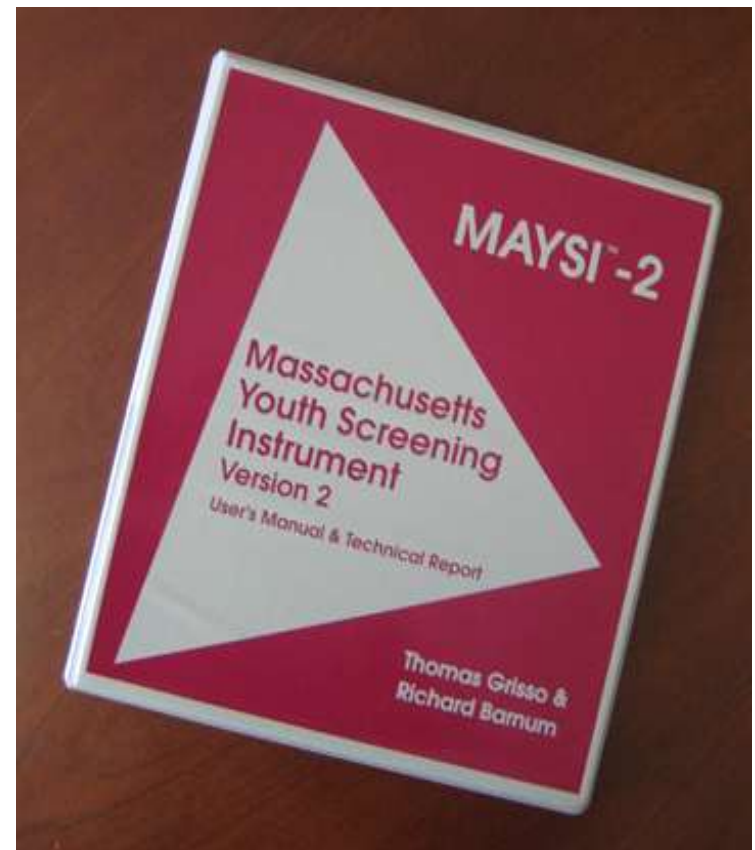
MAYSI as example of advances in MH/JJ screening

Mass Dept of Youth Services
1994-1996

William T. Grant Foundation
1996-1999

MacArthur Foundation
2000-2008

(Profits fund continued
MAYSI-2 Research)



Example: MAYSI-2

- Percent of states using MAYSI-2 statewide
 - All juvenile detention centers 55%
 - All juvenile probation offices 15%
 - All juvenile corrections facilities 40%
 - Statewide in one or more of above 85%
- Administered to every youth
 - 1-3 hours after admission
 - Scores determine potential need for action

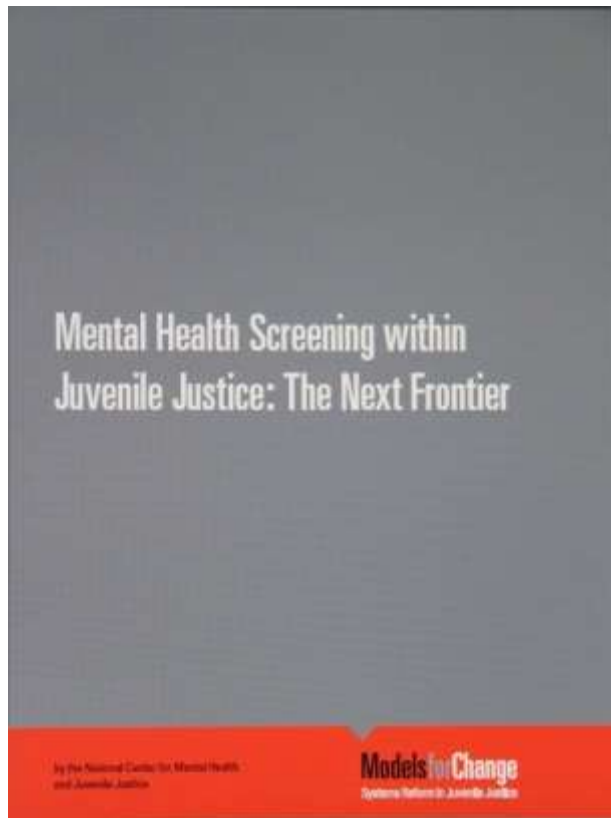
The MAYSI-2

- 52-item yes-no youth self-report questionnaire
- Asks about recent thoughts, feelings and behaviors that are often symptoms of mental disorder
- Paper-and-pencil or MAYSIWARE software
- English or Spanish
- 10 minutes, no clinical expertise required
- No per-case cost (manual+MAYSIWARE under \$250)
- Over 65 research studies on its validity and utility

What the MAYSI-2 Identifies

- Alcohol/Drug Use
 - Angry-Irritable
 - Depressed-Anxious
 - Somatic Complaints
 - Thought Disturbance
 - Suicide ideation
 - Traumatic Experiences
-
- Cut-off scores on each scale identify whether youth is reporting clinically significant disturbance

A resource guide for MH screening
*Mental Health Screening within
Juvenile Justice: The Next Frontier*



National Center for
Mental Health and
Juvenile Justice

2008

download at
www.NCMHJJ.com

Risk/Needs Assessment in Juvenile Justice

What is a Risk Assessment Tool?

- Risk = risk for serious delinquent offending or violence
- *A risk for reoffending or violence assessment tool* is an instrument developed to help answer the question: **“Is this youth at relatively low or relatively high risk for reoffending or engaging in violent behavior?”**
- Some, but not all, risk assessment tools also address what is causing the youth to be at low or relatively high risk for reoffending (in other words, some identify *crime-producing needs*)

Why Risk Tools are Needed in JJ

There is emerging consensus on characteristics of effective programming for young offenders:

- Punitive sanctions **do not** have a significant effect on re-offending (Gatti et al., 2009).
- Mixing low-risk youth with more antisocial youth can make them worse (42% in group prevention programs & 22% in probation programs) (Lipsey, 2006).
- When services are **matched** to youth's level of risk and their "crime-producing" (criminogenic) needs, the lower the chance of offending.
- The goal is to have the right services for the right youth.

Risk-Need-Responsivity Principles

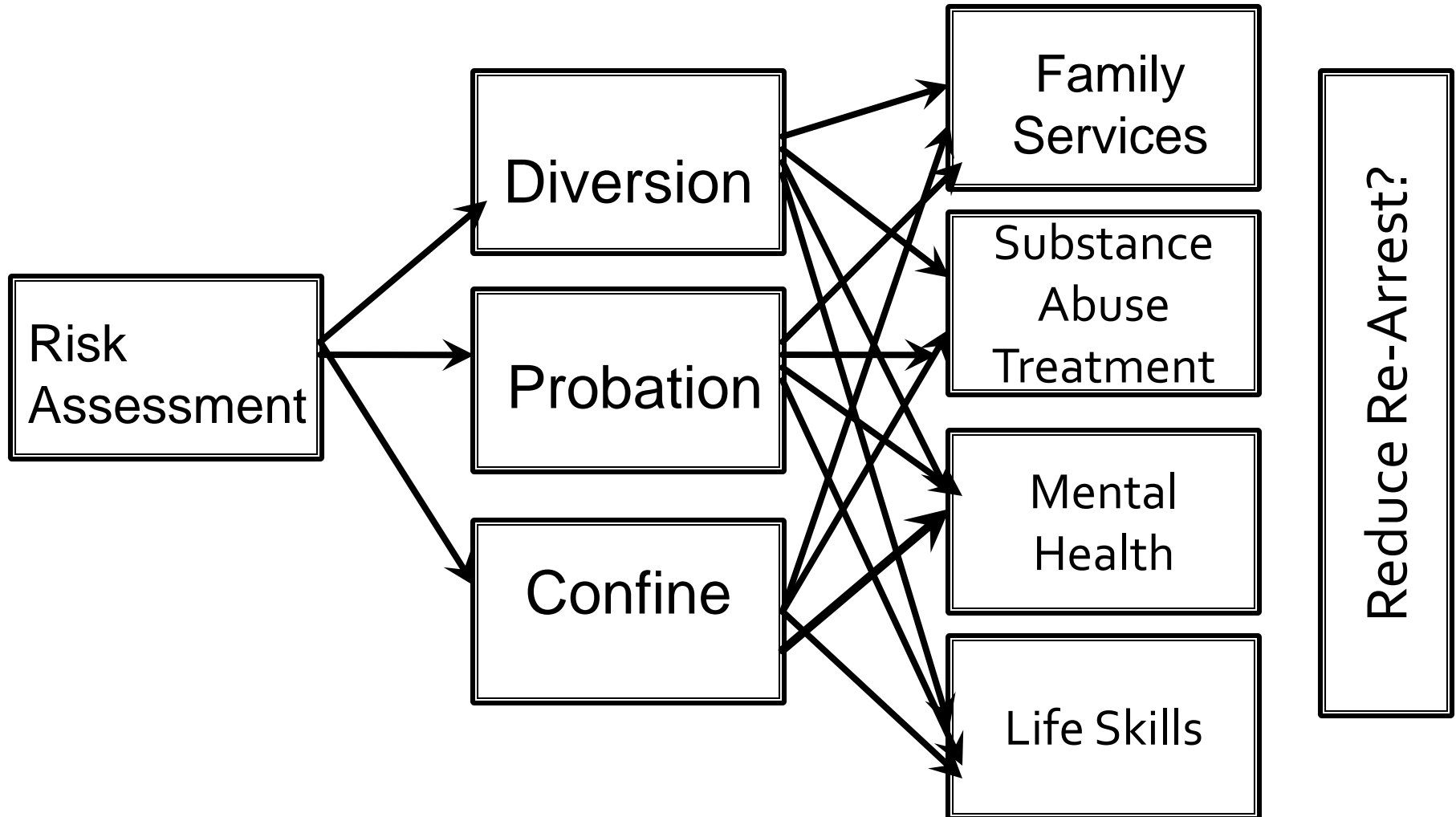
- Risk - Match the intensity of the intervention with one's level of risk for re-offending
 - Tells us Who to target
 - Useful for disposition/placement/level of supervision
- Need - Target *criminogenic needs* (or dynamic risk factors)
 - Tells us What to target
 - Useful for planning which services
- Responsivity - Match the mode & strategies of services with the individual

Juvenile Justice

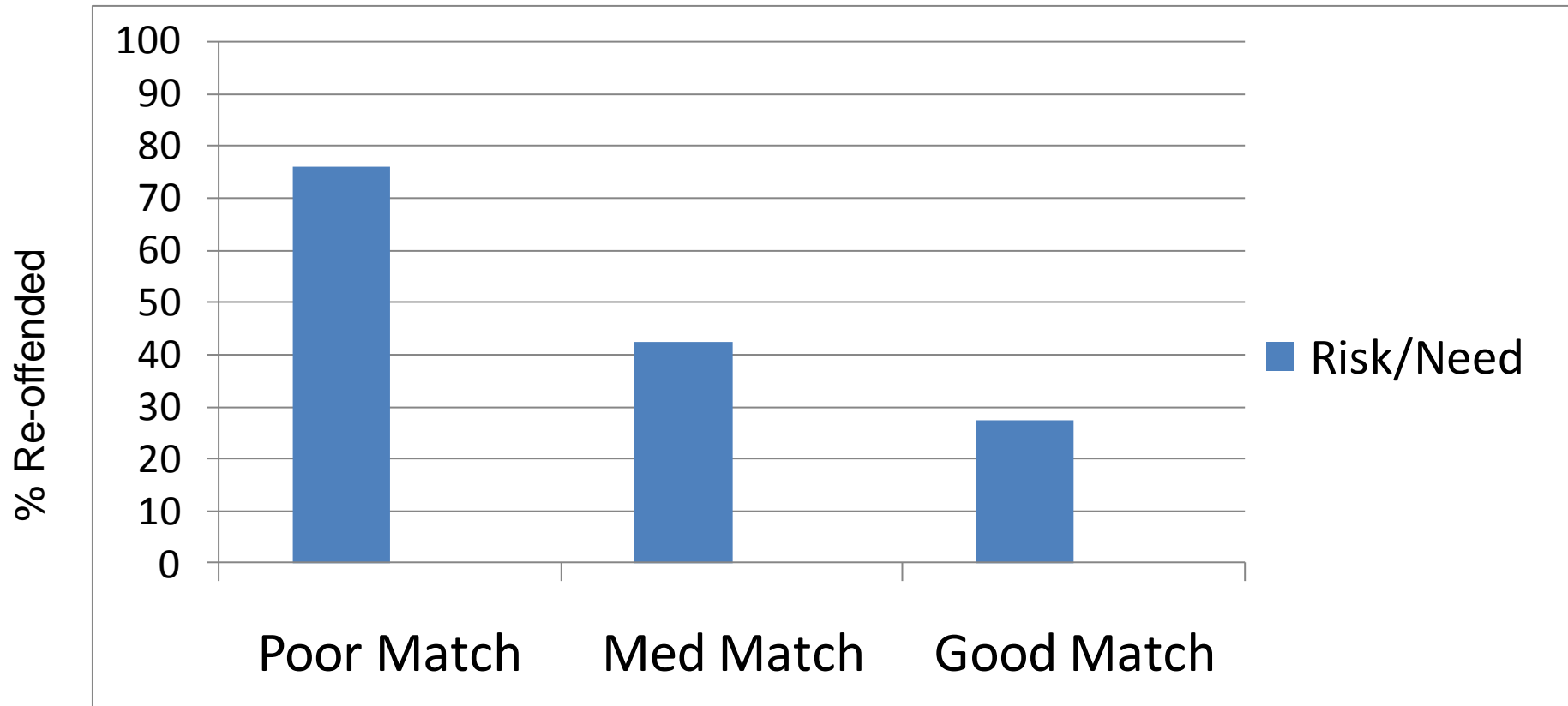
Juvenile Justice and Delinquency Prevention Act (1974 – reauthorized 2008)

- “Programs should be designed to **reduce risks and develop competencies** in youth that will prevent or reduce violent behavior”
- States should “**utilize risk assessment mechanisms** to aid JJ personnel in determining appropriate sanctions for delinquent behavior”

Matching the Right Youth to the Right Juvenile Justice Interventions and Services



Reduction in Recidivism by Matching Youth to Services Based on Criminogenic Needs (Vieira et al., 2009)



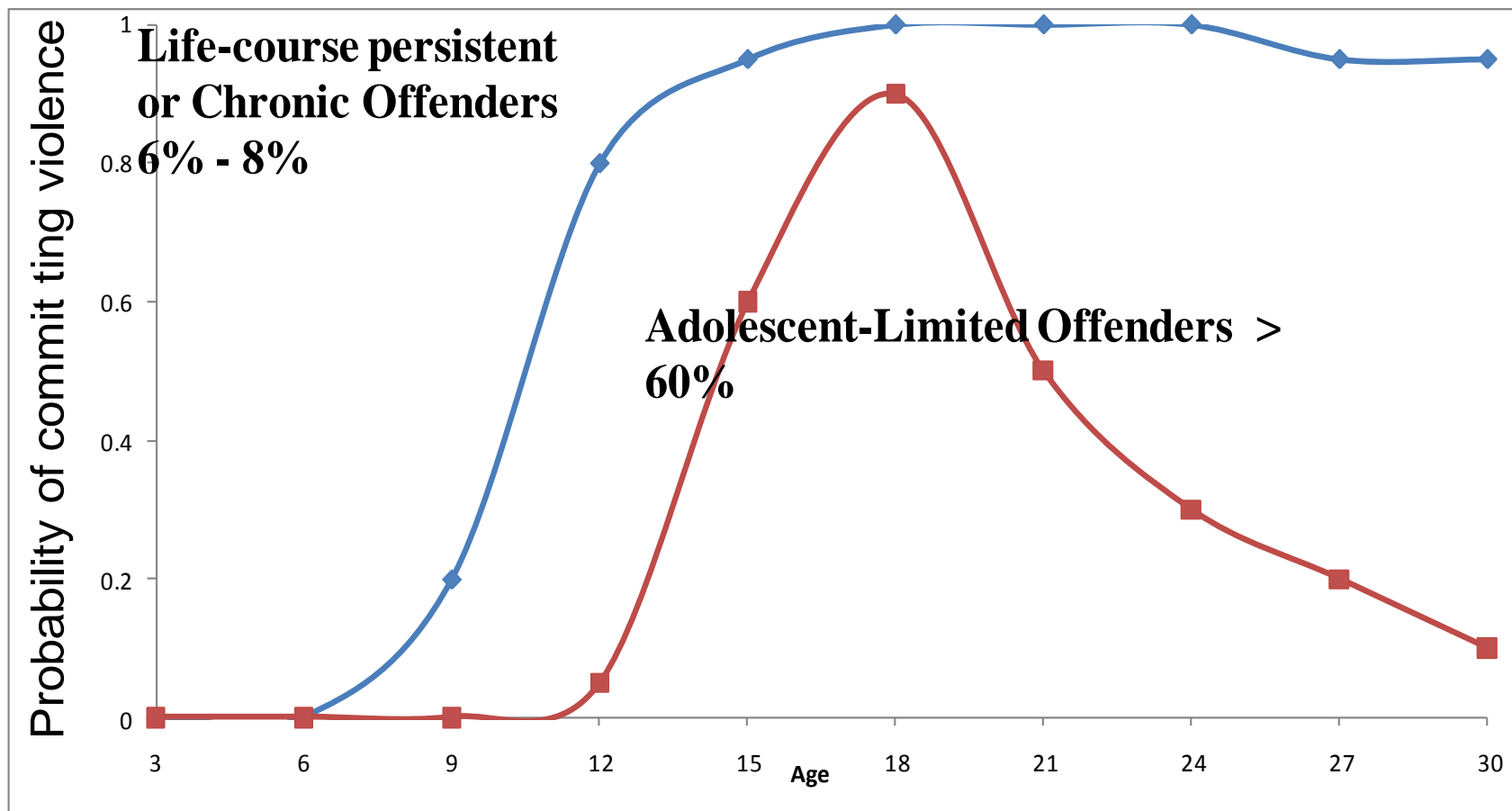
Match based on # of Services Given in Response to a Youth's Criminogenic Needs

Important Developmental concepts

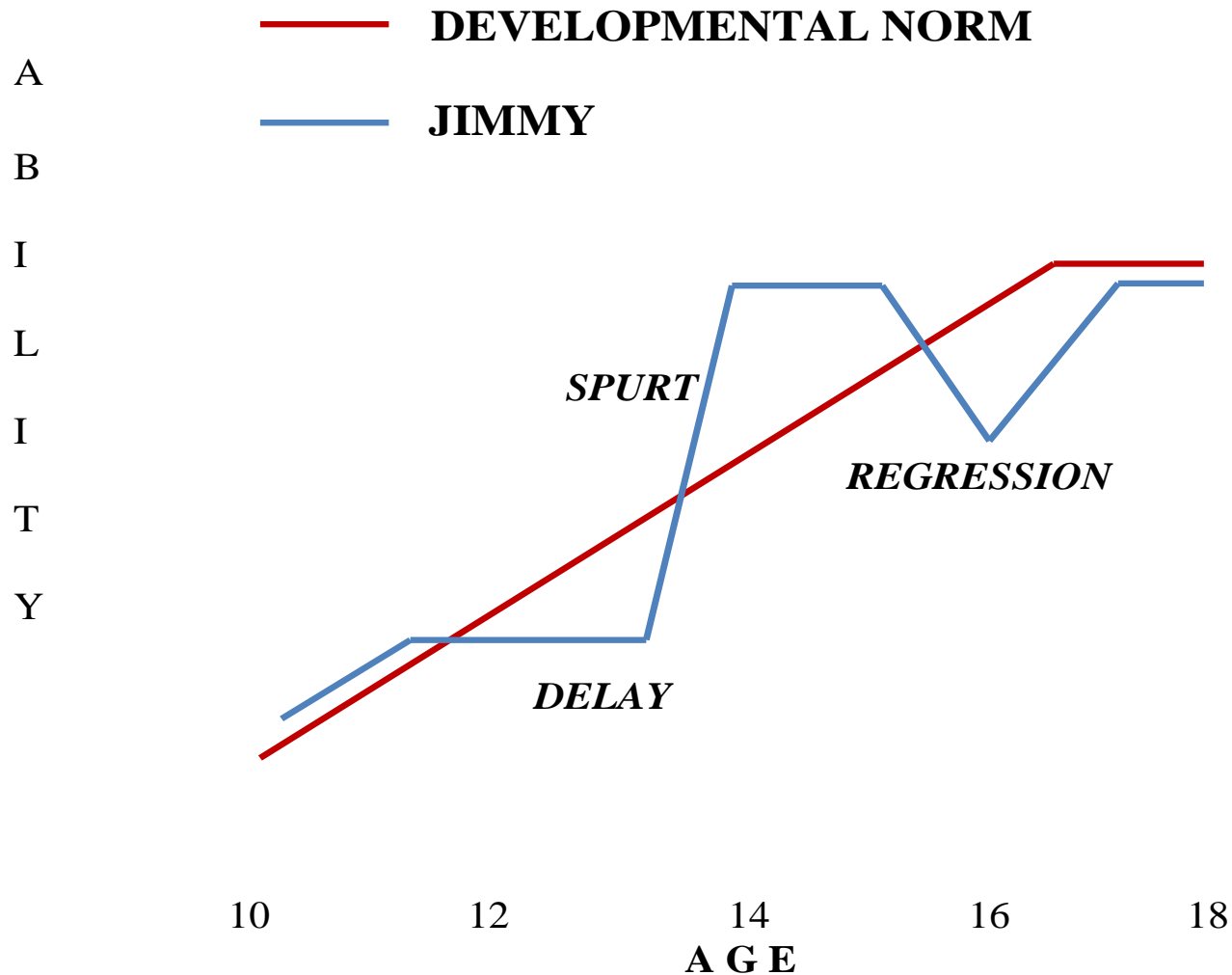
General Principles of Risk in Youth

1. Aggression and delinquent activity are **near normative**
2. Risk can **change** across adolescence
3. Violent and delinquent behavior will **desist** for most youths during late adolescence/early adulthood

Offending Desists for Most Male Adolescents



Development Does Not Proceed Evenly Across Adolescence



Application of Developmental Concepts

- For JJ personnel and clinicians, these developmental facts make estimates of risk of future violence more difficult...
 - Risk assessments should be seen as having limited “shelf-life” for most youths (Grisso, 2004)
 - Tools should use a variety of evidence-based risk factors
 - Tools should include risk factors capable of change
 - Re-assessment is essential

Three Approaches to Risk Assessment

Three approaches to risk assessment

- Unstructured Clinical/Professional Judgment
- Structured Decision-Making
 - Actuarial
 - Structured Professional Judgment

Approaches to Risk Assessment: Actuarial

■ Actuarial Assessment

- Prediction
- Risk level is determined based on a formula
- Generally contains factors based on the known empirical association with risk

■ Limitations:

- Items often lack relevance – don't guide intervention
- Items often not capable of change
- Do not account for idiosyncratic factors
- Probability estimates have substantial margins of error

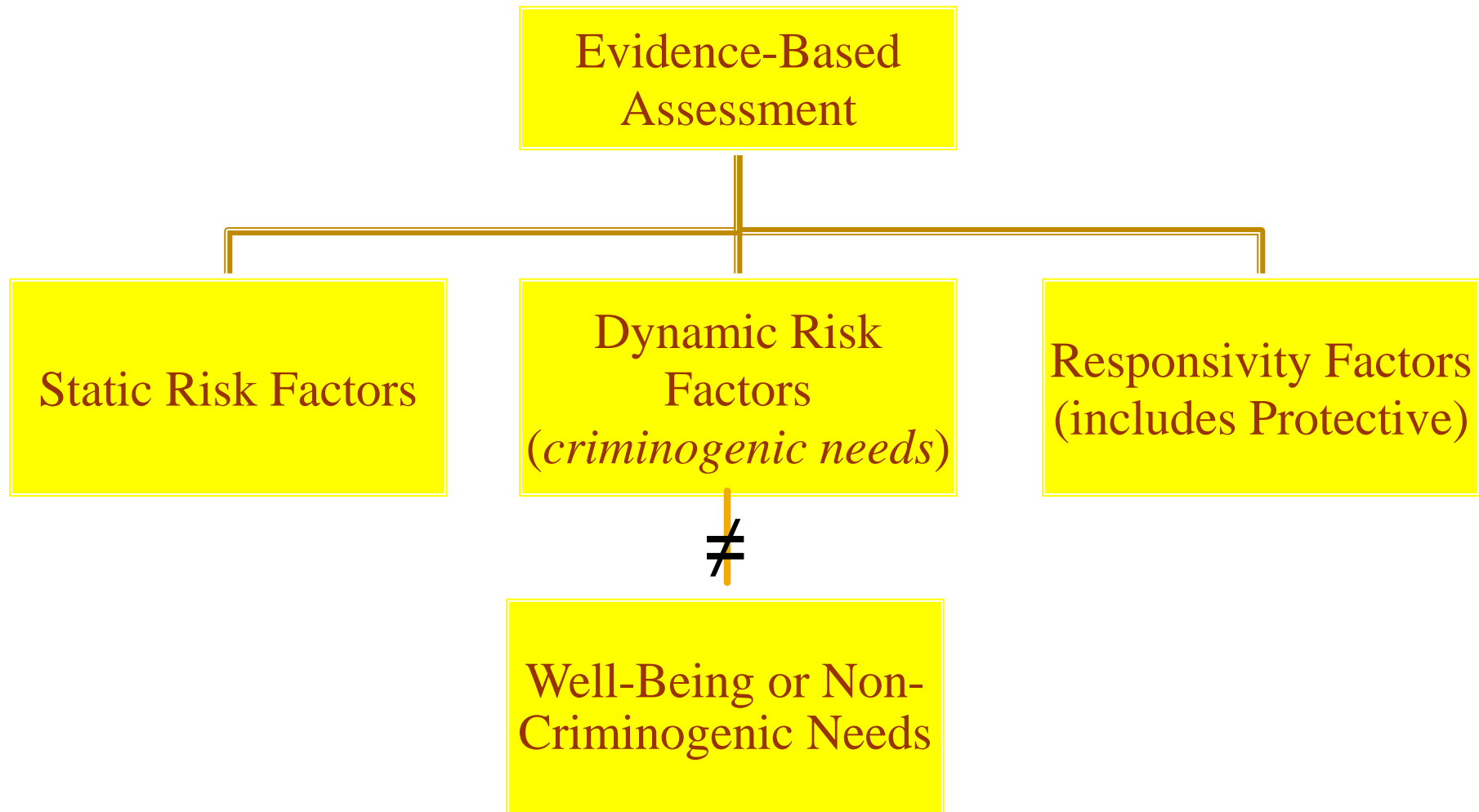
Structured Professional Judgment: A Model of Risk Assessment

- Relies on clinical expertise within a structured application (empirical risk factors + judgment)
- Logical selection of risk factors
 - Review of scientific literature (*empirically-based*)
 - Not sample-specific (enhances generalizability)
 - Comprehensive
- Operational definitions of risk factors
 - Explicit coding procedures
 - Promotes reliability

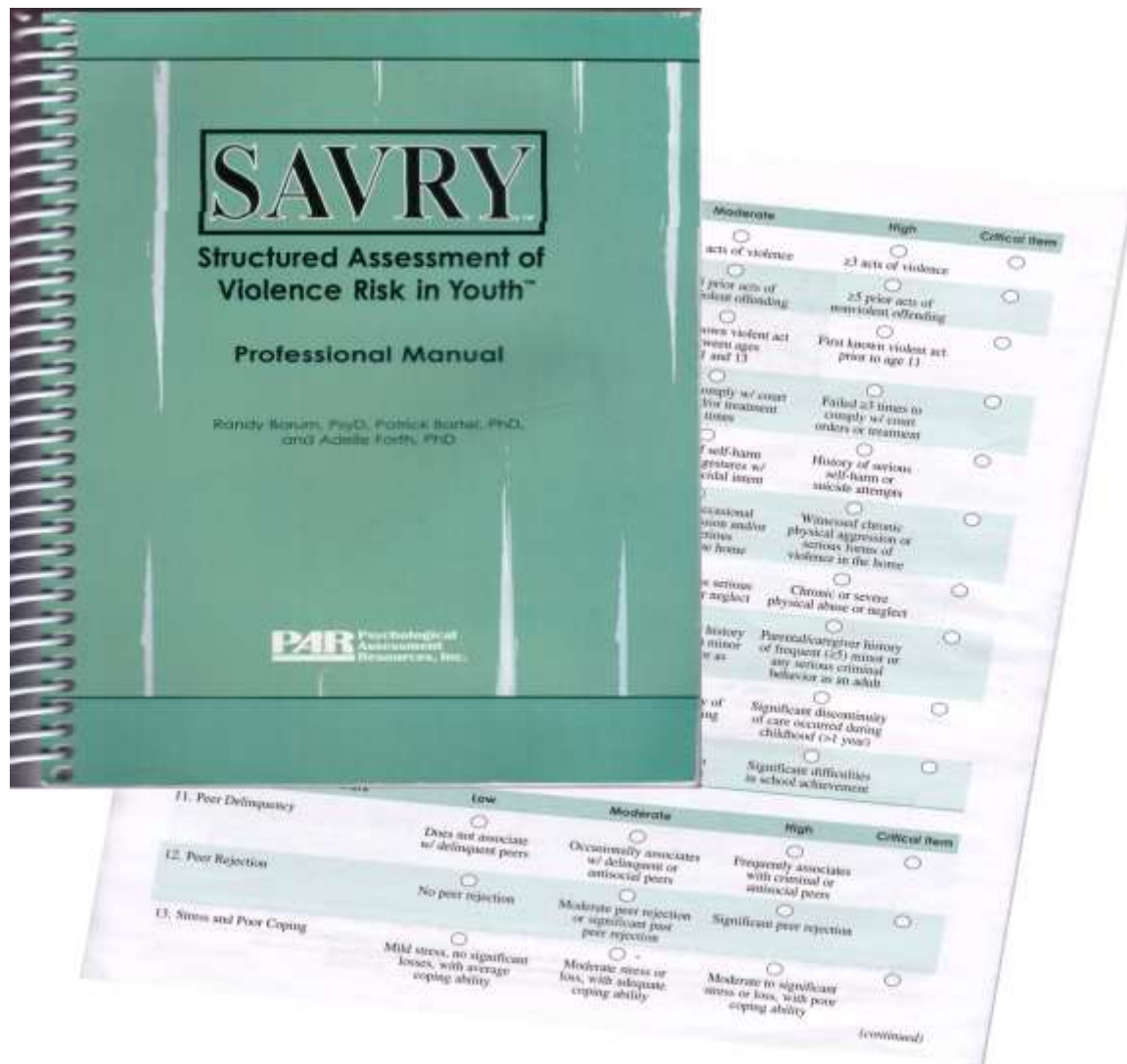
SPJ (cont)

- Allowance for idiosyncratic risk factors
 - Facilitates flexibility and case-specific considerations

Elements of a Comprehensive Risk for Re-Offending Assessment



Structured Professional Judgment Tool...



24 Risk Items
- 10 Static
- 14 Dynamic
+ 6 Protective Items

Items rated a on 3-pt scale using interview + all available info

Static/Dynamic Actuarial Tool.....



- 42 Risk & Need Items
- 8 Domains
 - Family
 - Attitude/orientation
- + Strengths
- Includes Responsivity factors
- Items rated present/absent using interview + all available info
- Professional override

Comparable in Terms of Accuracy

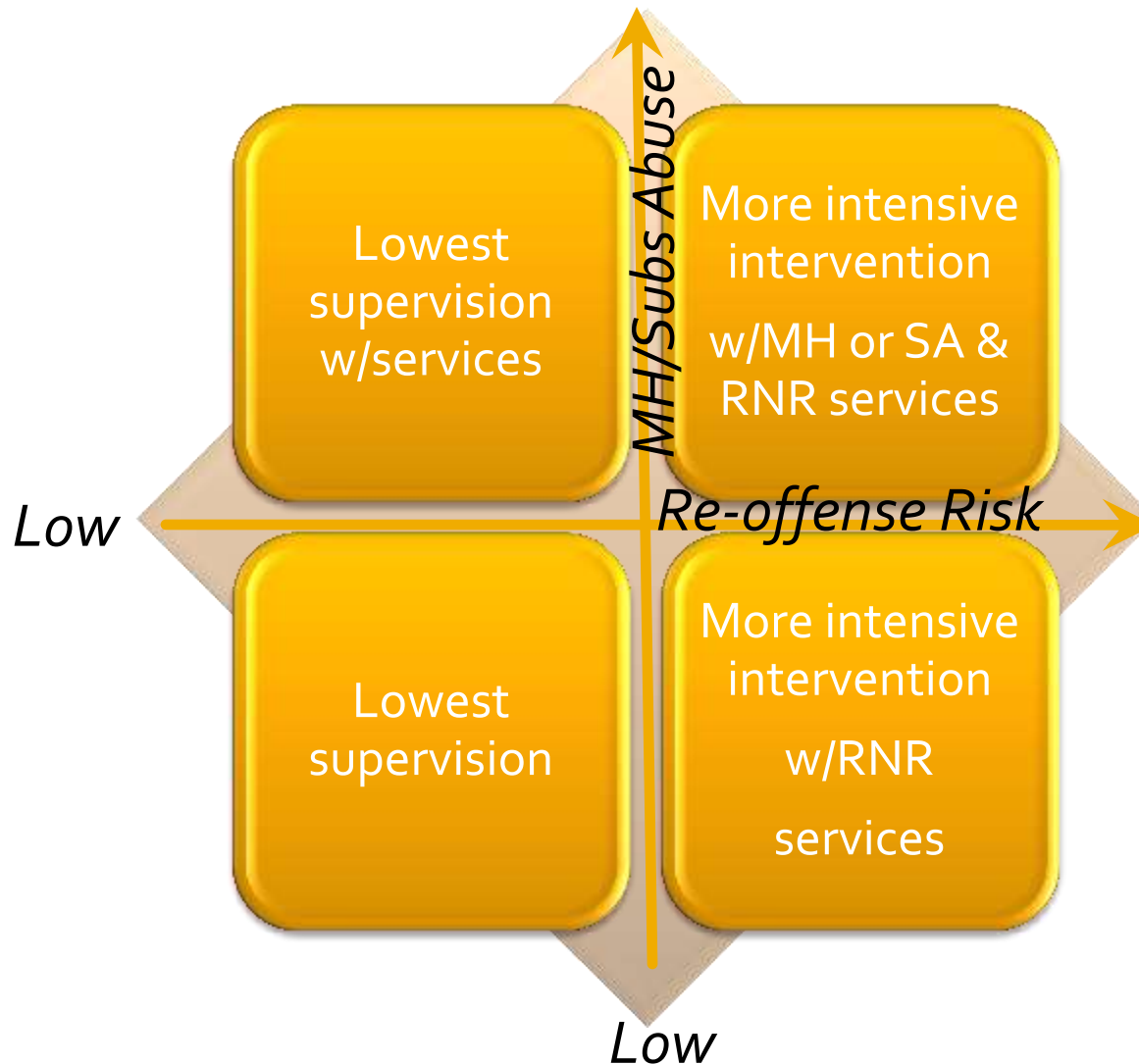
- Recent meta-analyses have demonstrated that, on average, SPJ tools operate as well as actuarial tools with respect to the accuracy of predicting who will re-offend.
 - Olver et al., 2009 – compared YLS/CMI, SAVRY, and PCL:YV
 - Yang et al., 2010 – compared VRAG, HCR-20, LSI-R, VRS, GSIR, PCL-R and OGRS
 - Guy (2009) – compared adult & youth tools
- SPJ = greater potential for guiding case management

Conclusions

Screening and Assessment in Youth

- Risk and mental health assessments must be seen as having limited “shelf-life” for most youths (Grisso, 2004)
- Risk assessment must include risk factors capable of change
- Re-assessment and screening is essential

Decision-making Model: MH Screening + Risk Assessment

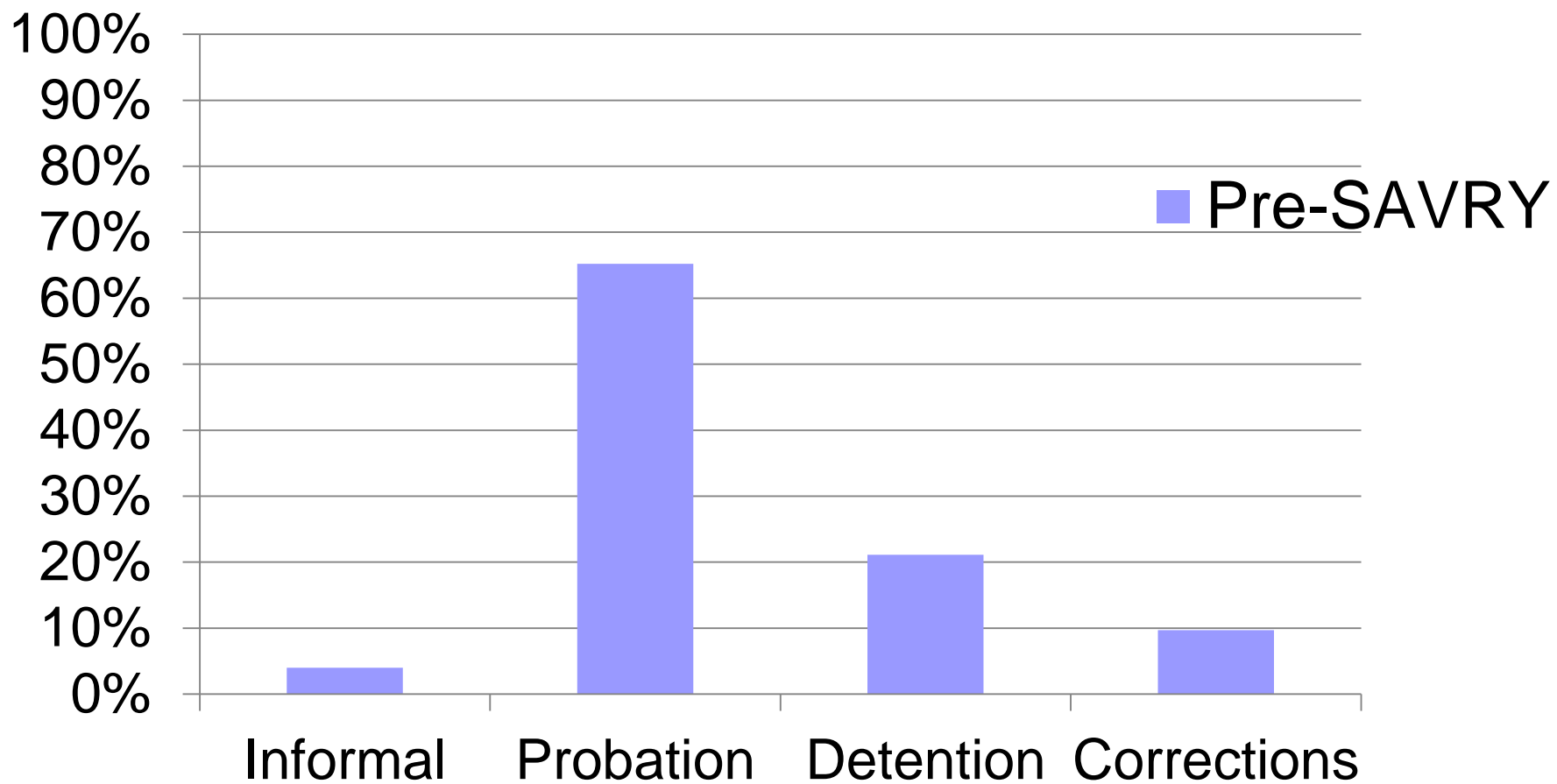


Summary: Benefits of Comprehensive Risk Assessments

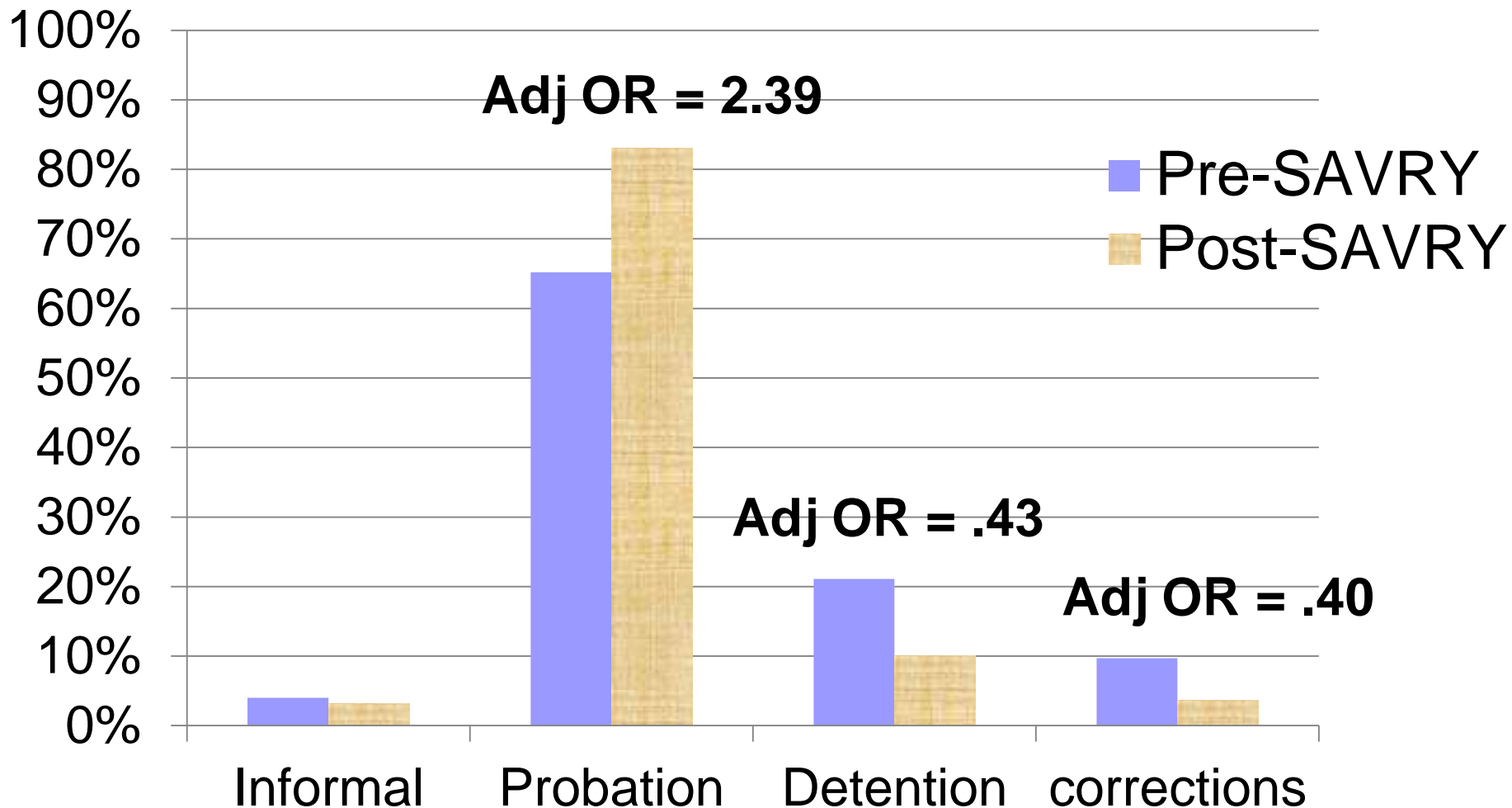
- Connecting youth to the appropriate interventions that target ONLY specific needs at the proper intensity may lead to:
 - Improved chance of reducing risk = reducing re-offending
 - Better use of services = improved youth functioning
 - Cost-Savings
- Concurrent identification of mental health issues essential to meet needs of youth (responsivity)
- Familiarity with tools by consulting psychiatrists is a benefit

Implementation Research

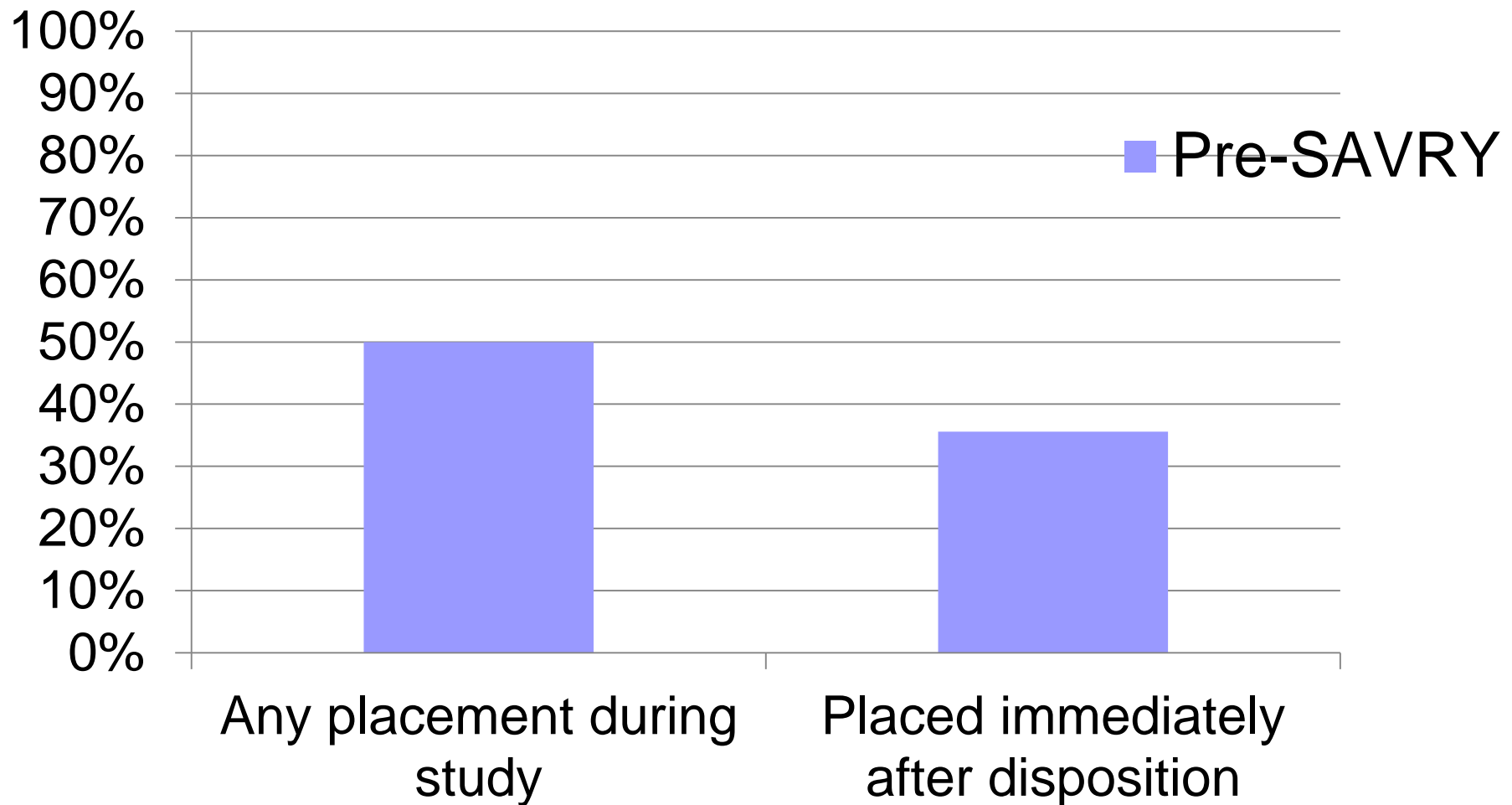
Risk Assessment Implementation in JJ Study MacArthur Foundation (Vincent et al., 2011)



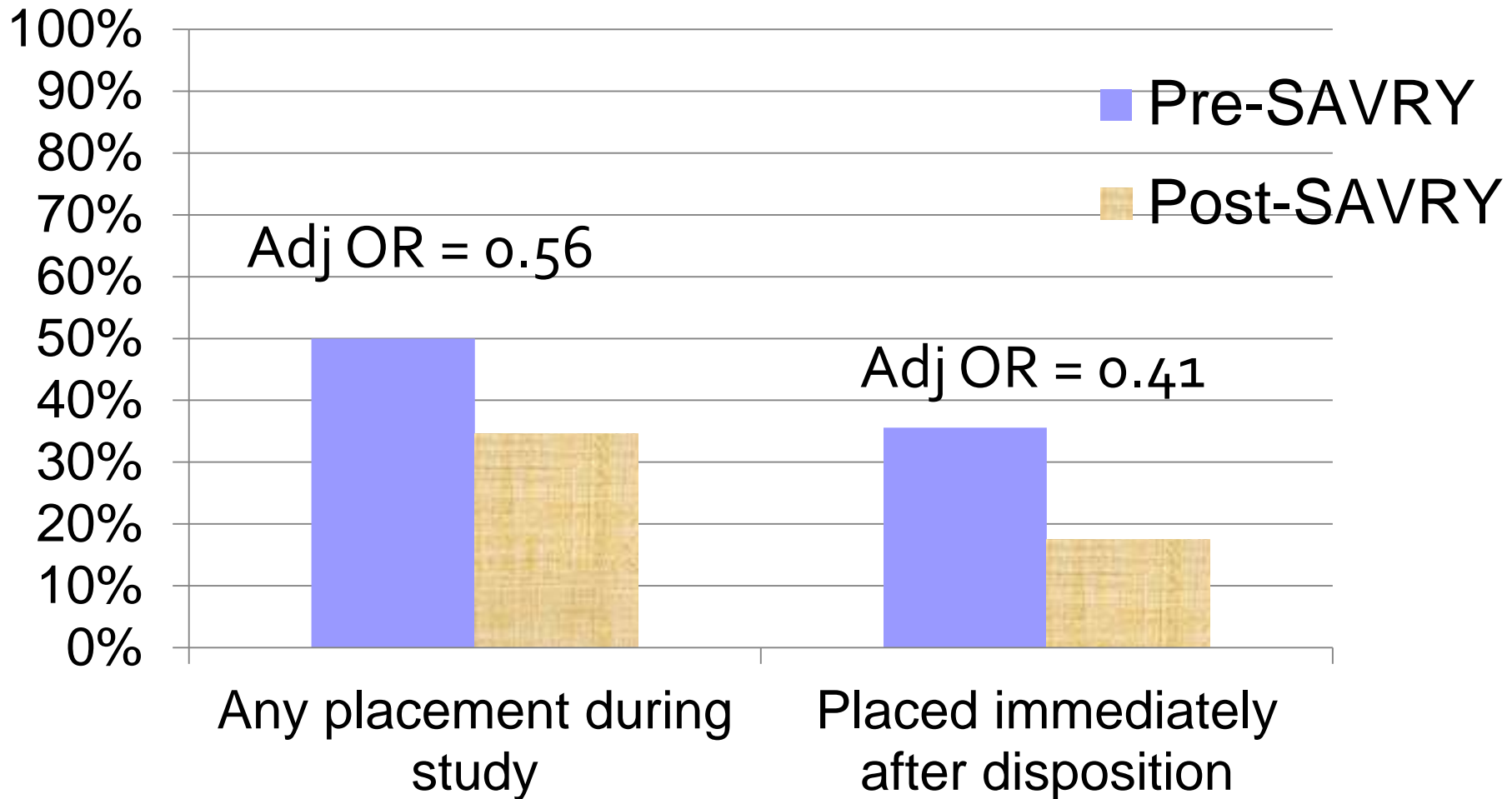
Increase in use of probation



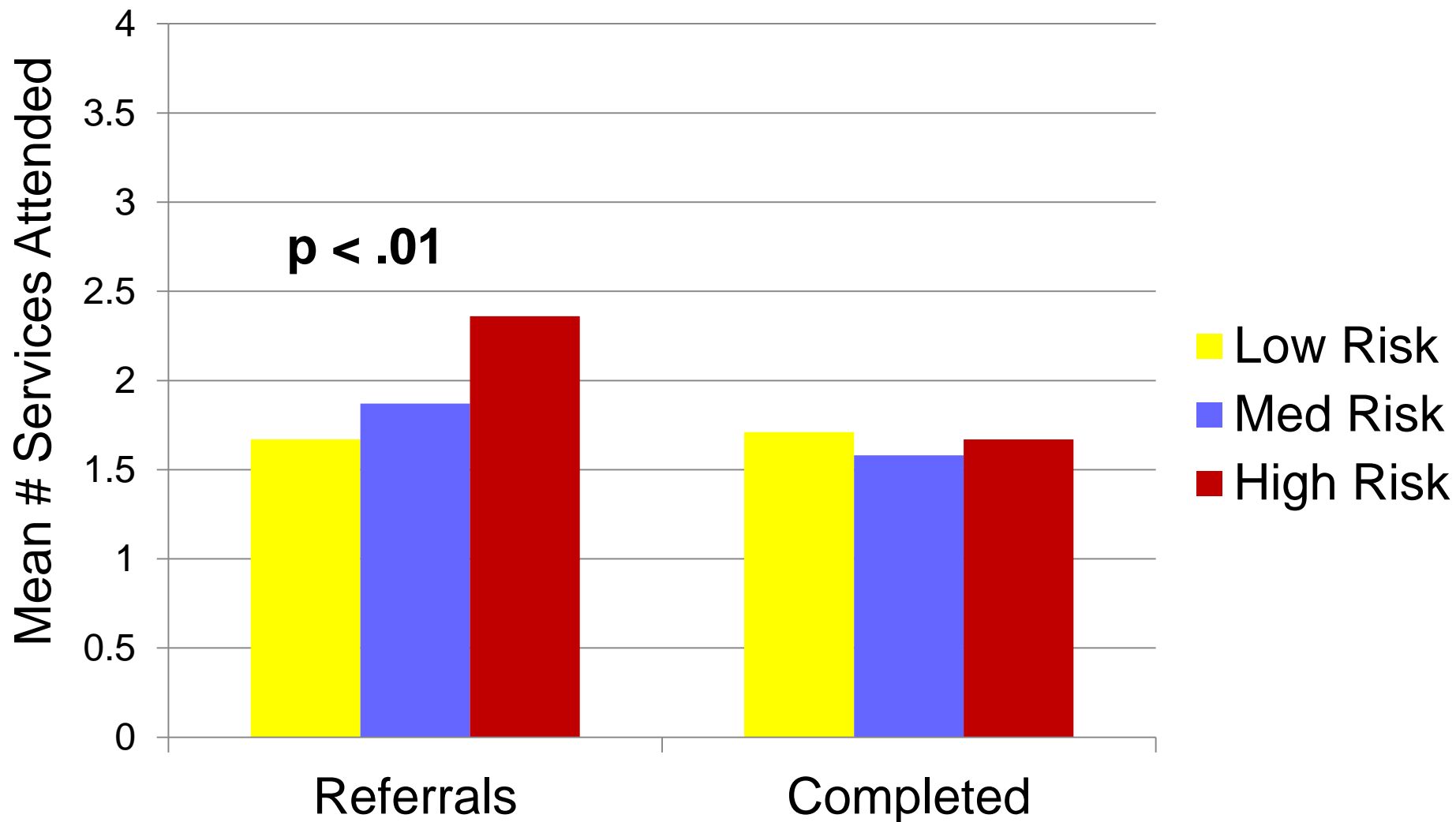
Out-of-Home Placement Rates Before Use of a Risk Assessment



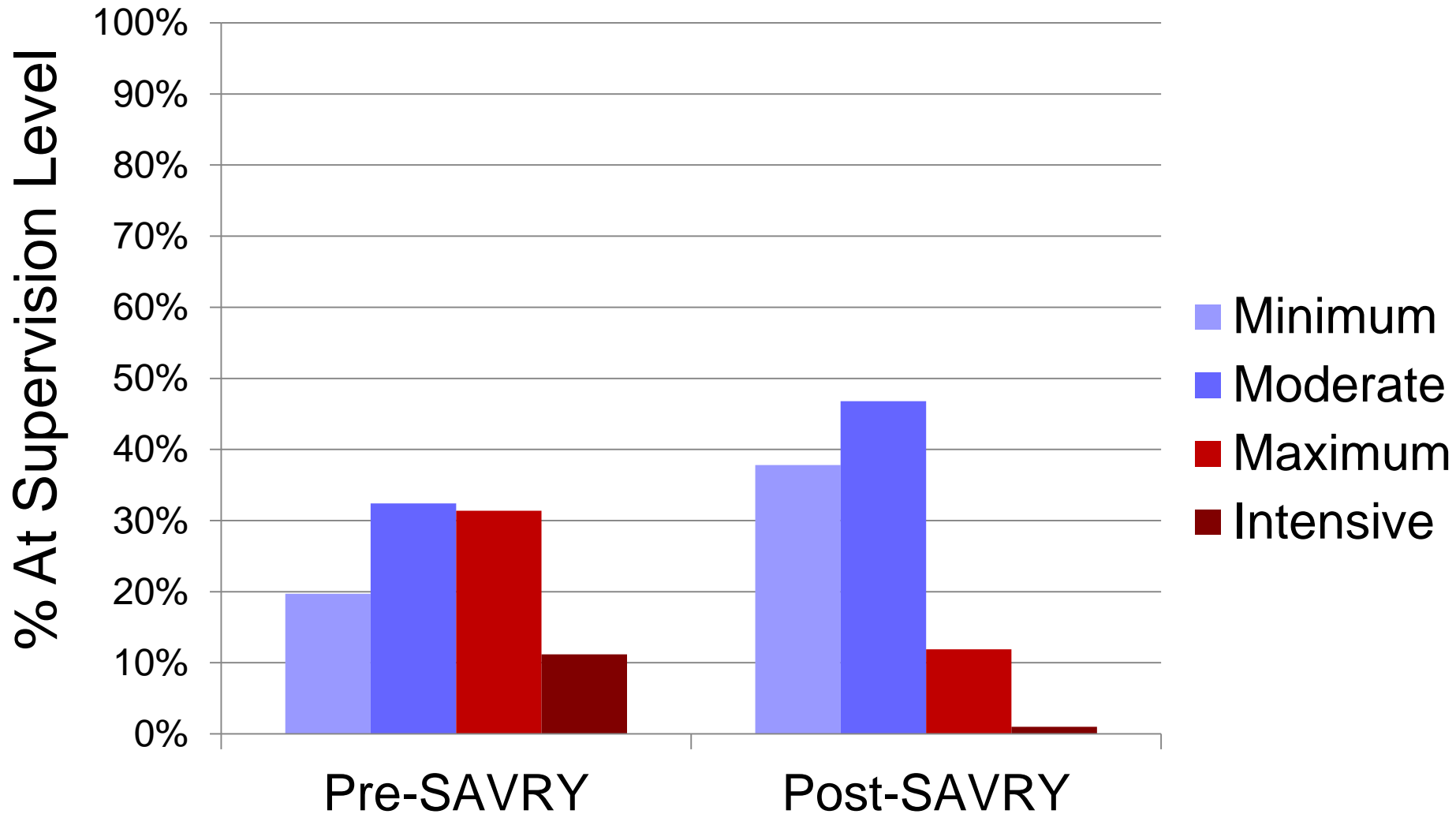
Decrease in Placement Rates After Risk Assessment Implemented



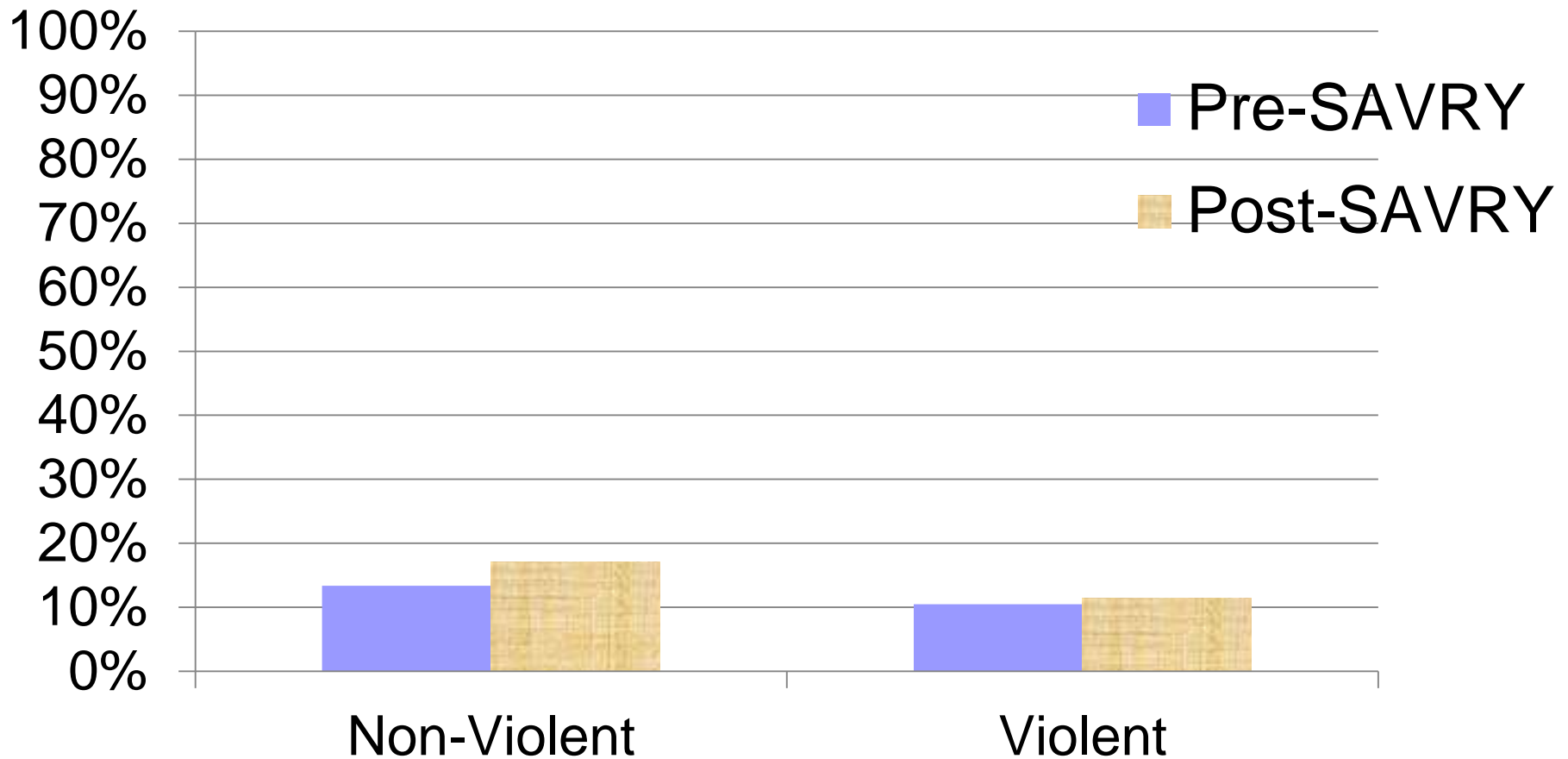
Increase in Use of Community Services for High Risk Youth – Decrease for Low Risk



Decrease in High Levels of Supervision



No Increase in Recidivism

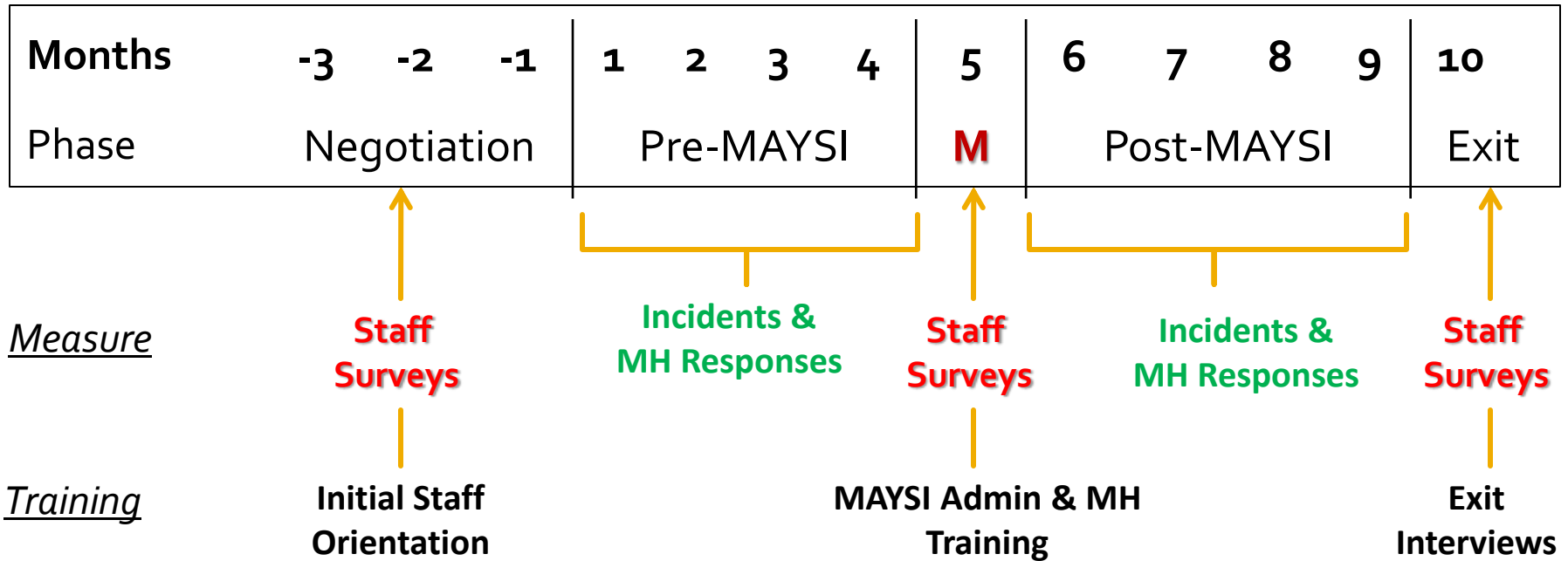


What to expect in future....

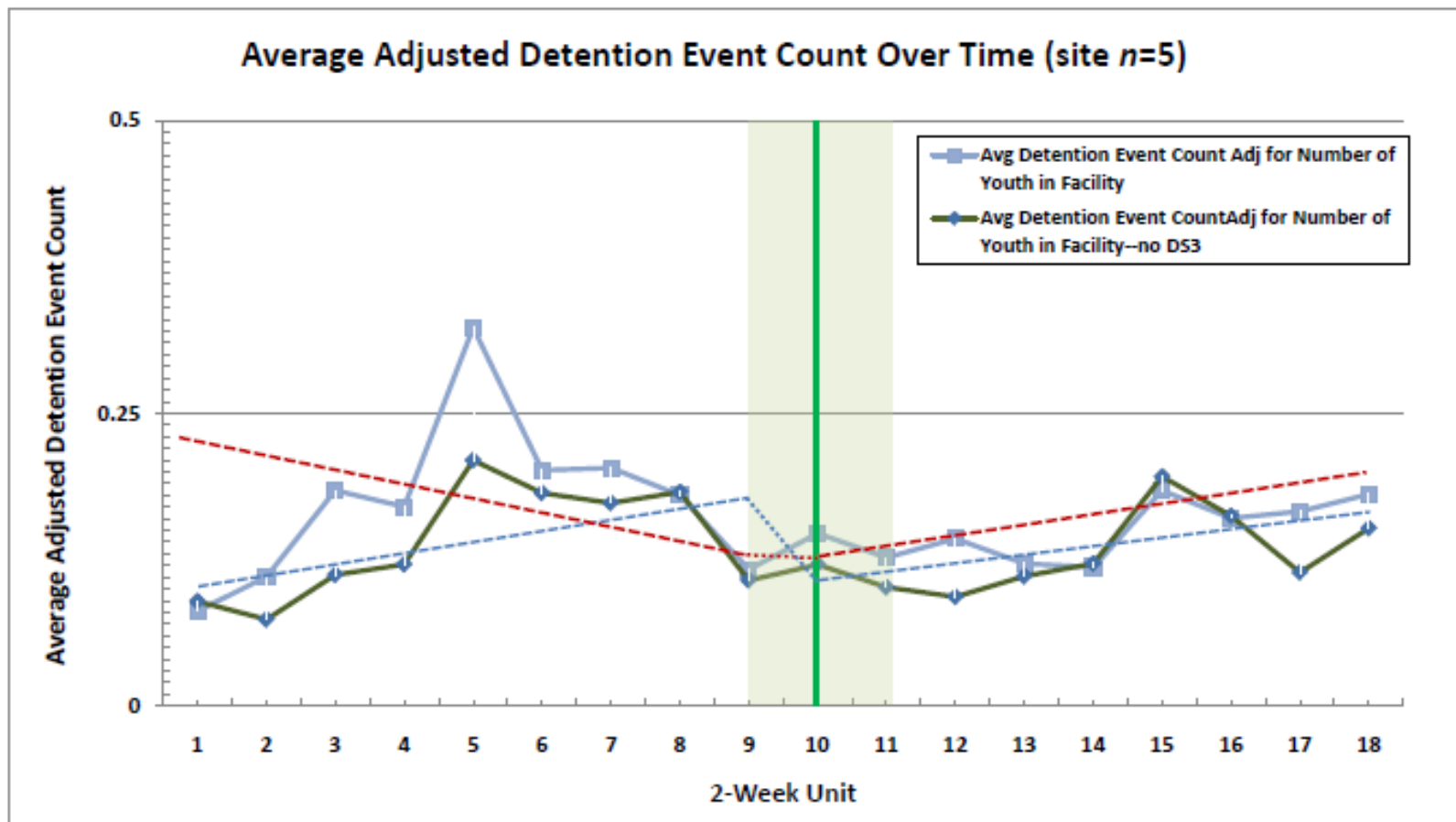
- A line of research examining the “RNR” strategy in JJ
 - Especially whether interventions based on criminogenic needs reduces recidivism
- A consensus manual on implementing the RNR strategy by 2012 (Vincent)
 - With the developers of major juvenile risk tools
 - Clarifying the approach, group resolution of definitions of terms and issues to address
 - Will be available on website of MacArthur “Models for Change” in Juvenile Justice Reform

Study by our UMass MAYSI team: Consequences of Detention MH Screening (Just completed, not yet reported)

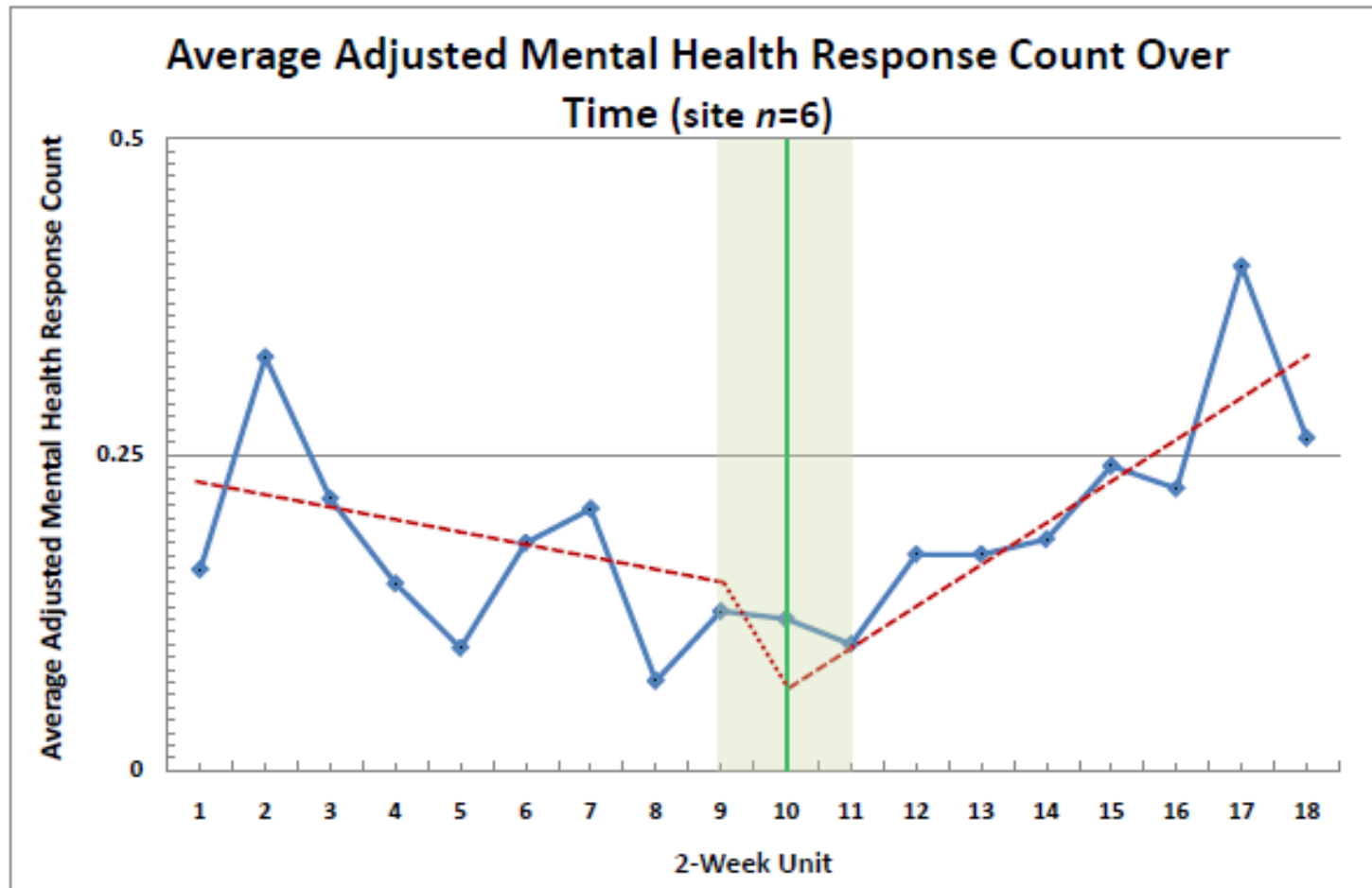
- What are the effects of mental health screening on juvenile pretrial detention centers?
- Do detention centers change when it is implemented?
 - Does MH screening increase “mental health responses” to youth? (e.g., suicide watch, seek psychiatric consult)
 - Does it reduce detention infractions? (e.g., because MAYSI prepares staff to anticipate problems)
- Study featured
 - Nine detention centers (three each in three states)
 - Implemented MAYSI and measured change
 - Pre-post interrupted time-series design



Detention incidents



Mental health responses



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