

UTILIZING RISK ASSESSMENT AT CRITICAL DECISION POINTS Director of Health Services Shawn Wilson, Ph.D., Staff Psychologist Travis County Juvenile Probation Department

### OBJECTIVES

- 1. Discuss adolescent offending
- 2. Define risk assessment and review history of risk assessment development
- 3. Review different types of risk assessment
- 4. Outline important uses (and times) for risk assessment
- 5. Share case example of risk assessment in practice

#### ADOLESCENT OFFENDING

(HOGE & ANDREWS, 2010; SALEKIN, 2015; KRISBERG ET AL., 2009; WILLIAMS ET AL., 2008; LOEBER ET AL., 1998; BLUMSTEIN, FARRINGTON, & MOITRA, 1985)

Most youth engage in some minor criminal transgressions (e.g., drinking, vandalism, etc.)

Not uncommon for male and female juveniles to engage in minor violent  $\ensuremath{\mathsf{actions}}$ 

Few adolescents engage in violent acts warranting involvement with police or justice system

Very few youth commit serious violent actions

Even fewer begin criminal careers that escalate in seriousness and persist into adulthood

#### ADOLESCENT OFFENDING CONTINUED

(MULVEY ET AL., 2010; LIPSEY & DERZON, 1998)

Severity of a youth's offense is not a strong indicator of the future pattern of offending

However... tested risk factors for offending are strong indicators of future offending

### LOW RISK JUVENILES

Have few relevant risk factors present

Require minimal or no intervention in order to decrease likelihood of reoffending

Most low-risk youth are unlikely to re-offend even if there is no intervention...

....However, mixing them with high risk youth can make them worse (i.e. iatrogenic effect).

#### HIGH RISK JUVENILES

Higher likelihood than their peers of engaging in continued offending or violence

Have many risk factors associated with their delinquency

Require more intensive intervention to decrease likelihood of reoffending

#### RISK ASSESSMENT DEFINITION

 The Risk principle: Criminal behavior can be reliably predicted and intervention should focus on higher risk offenders (Bonta and Andrews, 2006)

#### But how?

 Collection and synthesis of information needed to evaluate likelihood of youth engaging in future or continued criminal/antisocial behavior.

## HISTORY OF RISK ASSESSMENT

Generation 1: Prior to 1970

"Professional Judgment"

• Guided by professional training and experience

Generation 2: 1970's to early 1980's

The movement towards evidence-oriented tools

- Considered the presence or absence of behaviors demonstrated to be connected to risk to re-offend
- Heavily static (historical) risk factor focus

## STATIC RISK FACTORS

History of violent offenses History of non-violent offenses History of non-compliance Exposure to family violence Age of first offense Parent criminality

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 Considered the presence or absence of behaviors demonstrated to be connected to risk to
 re-offend

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Generation 3: Early 80's to 90's Static AND Dynamic Included the weighing of factors that are changeable... Generation 3 is the beginning of Risk-NEED assessment

## **CRIMINOGENIC VERSUS** NON-CRIMINOGENIC NEEDS

Criminogenic and Noncriminogenic Needs

Criminogenic Self-esteem

Procriminal attitudes (thoughts, values and sentiments supportive of criminal behavior)

Antisocial personality (low self-control, hostility, adventurous pleasure seeking, disregard for others, callousness) Procriminal associates

Social achievement (education, employment) Family/marital (marital instability, poor parenting skills, criminality) Substance abuse Leisure/recreation (lack of prosocial

pursuits)

Vague feelings of emotional discomfort (anxiety, feeling blue and feelings of alienation) alienation) Major mental disorder (schizophrenia, depression) Lack of ambition

Noncriminogenic

History of victimization

Fear of official punishment Lack of physical activity

#### **EIGHT EVIDENCE-BASED PRINCIPLES FOR EFFECTIVE INTERVENTIONS** DRRECTIONS DIVISION (NATIONAL INSTITUTE OF CORRECTIO U.S. DEPARTMENT OF JUSTICE, 2004)

#### 1. Assess Actuarial Risk/Needs.

- 2. Enhance Intrinsic Motivation.
- 3. Target Interventions.

4. Skill Train with Directed Practice (use Cognitive Behavioral Treatment methods).

- 5. Increase Positive Reinforcement.
- 6. Engage Ongoing Support in Natural Communities.
- 7. Measure Relevant Processes/Practices.
- 8. Provide Measurement Feedback.

#### **HISTORY OF RISK ASSESSMENT**

Generation 3: Early 80's to 90's
Static AND "Dynamic"

 Included the weighing of factors that are changeable... Generation 3 is the beginning of Risk-NEED assessment

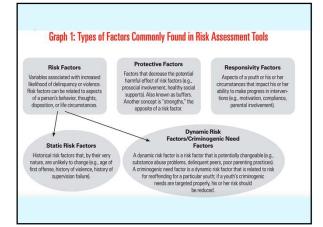
Generation 4: Late 90's to now
Static, dynamic, protective, and responsivity factors

## **PROTECTIVE FACTORS**

Strong commitment to school Good problem solving skills Strong attachment to positive adult Social support Good temperament

## **RESPONSIVITY FACTORS**

Cognitive functioning Motivation for treatment Access to transportation Parental involvement Mental health problems Reading ability



### WHY USE RISK ASSESSMENT?

Correctly identify juveniles in need of intervention (as well as those to divert)

Reduce risk of future reoffending by correctly matching youth with level and types of services

Reduce influence of bias

Utilize resources effectively

#### **USEFUL TIMES TO USE RISK ASSESSMENT**

Intake/Pre-adjudication: release to community vs. remain in detention; Diversion

Prior to disposition:

- Determining whether juvenile should receive departmental
- services Determining amount of departmental services, level of
- supervision
- Placement vs. community recommendation
- Post-disposition:
- Treatment planning Assessing response to intervention

Name	Information
Positive Achievement Change Tool (PACT)	General Offending. Completed by probation officers, ranks 8 criminogenic needs, mental health alerts, ACEs, Low/Moderate/High risk. Used to help determine supervision levels and services.
Youth Level of	General offending. Determines risk, needs, responsivity
Service/Case Management	factors, strengths. Each risk rated Low/Moderate/High.
Inventory 2nd Ed.	Overall Low/Moderate/High/Very High risk. Score range
(YLS/CMI 2.0)	differ by male/female, community/custody.
Structured Assessment of	Violent offending. Determines historical/social-
Violence Risk in Youth	contextual/individual-clinical risk factors, protective
(SAVRY)	factors. Low/Moderate/ High summary rating.
Juvenile Sex Offender	Sexual and criminal offending. Determines static and
Assessment Protocol-II	dynamic factors. Can help with treatment planning and
(JSOAP-II)	determining response to intervention.

## SAVRY CASE STUDY

"Jesse

•Age 14

• Murder

Initial psychological evaluation indicated

immaturity and impressionability

Unusual disposition

 Psychological evaluation needed at age 17 to meet statutory requirements

## SAVRY HISTORICAL RISK FACTORS

LOW	MODERATE	HIGH
Early Initiation of Violence	History of Violence	History of Nonviolent Offending
Past Supervision/Intervention Failures	Parental/Caregiver Criminality	
History of Self-Harm or Suicide Attempts Exposure to Violence		
Childhood History of Maltreatment		
Early Caregiver Disruption		
Poor School Achievement		

SAVRY SOC Factors	IAL/CONTEXTUAL RIS	5K
LOW	MODERATE	HIGH
Poor Parental Management	Peer Delinquency	
Lack of Personal/Social Support	Peer Rejection	
	Community Disorganization	

# SAVRY INDIVIDUAL/CLINICAL RISK FACTORS

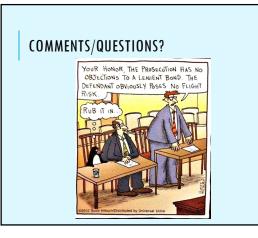
LOW	MODERATE	HIGH
Negative Attitudes	Substance-Use Difficulties	
Low Empathy/Remorse	Anger Management Problems	
Attention Deficit/Hyperactivity Difficulties	Risk Taking/Impulsivity	
Poor Compliance		
Low Interest/Commitment to School		

# SAVRY OVERALL RISK FACTORS

LOW	MODERATE	HIGH
Early Initiation of Violence	History of Violence	History of Nonviolent Offending
Past Supervision/Intervention Failures	Parental/Caregiver Criminality	
History of Self-Harm or Suicide Attempts	Peer Delinquency	
Exposure to Violence	Peer Rejection	
Childhood History of Maltreatment	Community Disorganization	
Early Caregiver Disruption	Substance-Use Difficulties	
Poor School Achievement	Anger Management Problems	
Stress and Poor Coping	Risk Taking/Impulsivity	
Poor Parental Management		
Lack of Personal/Social Support		
Negative Attitudes		
Low Empathy/Remorse		
Attention Deficit/Hyperactivity		
Difficulties		
Poor Compliance		
Low Interest/Commitment to School		

SAVRY PROTECTIVE FACTORS		
PRESENT	ABSENT	
Strong Social Support	Prosocial Involvement	
Strong Attachment and Bonds		
Positive Attitude Toward		
Intervention and Authority		
Strong Commitment to School		
Resilient Personality Traits		

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# ADDITIONAL QUESTIONS & CONTACT INFORMATION

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