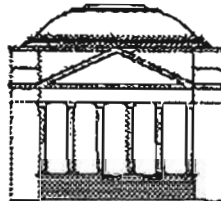Juvenile Justice Fact Sheet

RISK ASSESSMENT FOR ADOLESCENTS

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Assessing the risk of future violent behavior for adolescents can be important in a variety of contexts. In the juvenile justice system, the issue is frequently a consideration in the disposition of cases following a delinquency adjudication, and may also be considered in cases involving transfer to criminal court, although the outcome of interest in such evaluations is typically recidivism involving *any* offense rather than violent behavior. Risk assessment is also important for the purposes of program placement and rehabilitation planning once a juvenile is committed.

Civil commitment is another example of a legal action in which violence risk is relevant, as are *Tarasoff*-like obligations that apply in some jurisdictions to mental health professionals on behalf of their clients. Such an obligation may be particularly important for professionals and programs treating adolescents who may be at higher risk for violence, such as those involved in substance abuse.

Finally, there are instances in which there may be no legal obligation to assess violence risk, but there is nonetheless a strong professional justification for doing so. The treatment of adolescents and their families in non-*Tarasoff* jurisdictions when violence is an identified problem is one example; screening youth for violence potential in school is another.

THE TASKS OF RISK ASSESSMENT

Several relevant questions are important in defining the task of risk assessment. These include:

(1) What is the *outcome* being assessed?

Specific outcomes of interest may include the risk of harm to others following release from secure detention facilities, reoffense risk following intervention, and effectiveness of resource allocation for intervention purposes.

(2) What is the *duration of the outcome* period (period over which the assessment is projected)?

An important consideration in risk assessments must be the length of the outcome period, as evidence suggests that some juveniles tend to discontinue their delinquent behavior upon entering adulthood (Grisso, 1998). Thus, the degree of risk for future criminal offending behavior may be more highly associated with age than with (for example) type of offense committed.

(3) What is the *purpose* of the risk assessment?

Assessments may be used for prediction/classification (e.g., sentencing, probation, parole decisions), management (e.g., risk-reduction intervention planning), or both (see below). Further, clinicians should be aware of the referral question(s) so that they may tailor the evaluation within those constraints.

These questions regarding the tasks of risk assessment should be addressed prior to beginning the assessment, and communicated as part of the findings. Some of the newer risk assessment tools for adults, such as the *Violence Prediction Scheme* (Webster, Harris, Rice, Cormier, & Quinsey, 1994) and the *HCR-20* (Webster, Douglas, Eaves, & Hart, 1997) allow the combination of risk level classification (using objective measures and combined in actuarial or quasi-actuarial fashion) with risk-reduction intervention planning; one tool described below (the YLS/CMI) allows this for adolescents.

PREDICTION VS. MANAGEMENT MODELS OF RISK ASSESSMENT

A distinction can be made between risk assessments that are *prediction*-oriented versus those that are *management*-oriented. The prediction-oriented approach has the goal of attempting to determine the probability that a specific event will occur within a given time period in the future. Risk assessments that would require more of a prediction-oriented approach would include instances in which a single decision must be made (e.g., civil commitment). The management-oriented approach, on the other hand, has the goal of risk reduction. The management-oriented approach may involve several administrations

over a period of time, and is likely to be more sensitive to changes in risk status over time and with planned interventions. Risk assessments that would involve a management-oriented approach would often include instances in which there is ongoing legal jurisdiction, such as sentencing decisions resulting in probation, release decisions leading to parole, and other graduated release decisions.

There may also be instances in which both a prediction and management oriented approach would be indicated. For example, the entire process of civil commitment requires both models of risk assessment. During the initial commitment decision, when a the decision of whether the person poses a risk to him/herself or to others is to be made, the prediction-oriented model may be more appropriate. Once the person is committed, however, the management-oriented approach to risk assessment may be more useful in treatment planning. Thus, these models, while discussed separately, often overlap within the larger legal context (Heilbrun, 1997).

THE USE OF RISK ASSESSMENT TOOLS

Classification Tools Used by Juvenile Courts. In 1995, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) published the Guide for Implementing the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders. The guide provides on overview of a number of risk assessment tools for the classification of juvenile offenders into risk levels. Most often these tools are used by juvenile courts and evaluators at the sentencing stage. These tools typically use 6-8 items and rely on criminal history variables (e.g., previous arrests, nature of current charge) and demographic factors (e.g., age, gender) to guide decisions regarding risk level. One frequently-observed feature of such tools is the combination of the nature of the instant offense with historical information about the youth's offending, resulting in a recommendation for secure placement for very serious offenses regardless of the prior history. Using such recommendations means that decisions about placement may be made on the basis of history, current offense, or some combination. However, such tools do not rely on the empirical value of severe instant offense for increasing the risk of reoffending as much as they reflect the moral judgment and political reality that youths who are adjudicated delinquent for very serious offenses should not receive non-secure community placement dispositions.

Youth Level of Service/Case Management Inventory. A risk assessment tool that allows both risk level classification and risk-reduction intervention planning is the Youth Level of Service/Case Management Inventory (Hoge & Andrews, 1996). The YLS/CMI, while relying on demographic and historical factors to provide an overall risk classification, also directs the user with a semi-structured guide to detailed information in the areas of prior and current offenses, family circumstances, education/employment, peer relations, substance abuse, leisure/recreation, personality/behavior, and attitudes/orientation. This information can provide the basis for intervention planning, focusing on the dynamic risk factors (those potentially changeable through intervention), in contrast to the mainly static risk factors (not changeable through intervention) that form the basis for classification and prediction. In the case, the dynamic risk factors are those described in all areas of the YLS/CMI *after* the initial risk classification.

The Massachusetts Youth Screening Instrument, Second Version (MAYSI-2). The Massachusetts Youth Screening Instrument – Second Version (MAYSI-2, Grisso & Barnum, 2000) is a brief screening tool that provides clinicians and juvenile justice agencies a means of identifying signs of mental disturbance or emotional distress. The MAYSI-2 is a 52-item "yes-no" questionnaire designed for use with adolescents between 12 and 17 years old. Results of the MAYSI-2 can be scored on 7 scales (6 scales for girls) that could be helpful in identifying areas in which further evaluation is needed. The scales included in the MAYSI-2 are Alcohol/Drug Use, Anger-Irritable, Depressed-Anxious, Somatic Complaints, Suicide Ideation, Thought Disturbance (boys only), and Traumatic Experiences. For each scale, cut-off scores, based on a comparison with the MAYSI-2 norm group, identify adolescents in two categories: "Caution" (adolescents scoring higher than approximately 2/3 of other youth in the juvenile justice system); and "Warning" (adolescents scoring in the top 5-15% of other youths in the juvenile justice system). As described in the user's manual (Grisso & Barnum, 2000), the MAYSI-2 has been shown to correlate highly with other measures of adolescent pathology and behavior problems (i.e., Millon Adolescent Clinical Inventory, MACI; and the Child Behavior Checklist-Youth Self Report, CBCL-YSR).

The results of the initial studies investigating the MAYSI-2 are promising. However, as described in the user's manual, more research is needed to provide additional information regarding the validity of the MAYSI-2 with adolescents. For example, validity studies using different concurrent criteria (e.g., objective ratings of behavior and clinician ratings of pathology) and outcome variables (e.g., recidivism, treatment amenability), as well as studies using the MAYSI-2 with additional samples (e.g., non-delinquent youths, psychiatric youths) would be helpful to clinicians and juvenile justice programs using the MAYSI-2 to aid in predicting future delinquent behavior and for purposes of intervention planning.

Additional information regarding the MAYSI-2, including how to obtain the manual, permission to use the instrument, as well as quarterly updates summarizing recent and on-going research using the MAYSI-2, can be found at The National Youth Screening Assistance Project (NYSAP) web site (http://www.umassmed.edu/nysap/).

The MAYSI and MAYSI-2 have been developed and validated as screening tools for mental disturbance and emotional distress in adolescents, rather than as risk assessment tools. Nonetheless, several of the MAYSI-2 scales measure areas that have been consistently identified as risk factors for adolescent offending: Alcohol/drug use, anger-irritable, and traumatic experiences in particular have been described as risk factors for juvenile offending. Further research should help clarify the extent to which these scale scores are related to subsequent offending. However, they certainly are relevant areas for further inquiry when they are elevated in a clinical assessment with a risk component.

The Psychopathy Checklist – Youth Version (PCL-YV). Psychopathy, as measured by the PCL-R (Hare, 1991), has been shown to be a robust risk factor for both violent recidivism and general criminal recidivism in adults (Hare, McPherson, & Forth, 1988; Harris, Rice, & Cormier, 1991). A version for adolescents (the PCL-Youth Version, or PCL-YV) has been developed and is expected to be commercially available in 2001 through Multi-Health Systems. This approach would allow the identification of risk factors for

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violent behavior that may apply to this individual, but are not necessarily frequent in the larger population of juveniles.

WHEN NO TOOL IS AVAILABLE

Know the Base Rates of Juvenile Offending. Base rates of juvenile criminal offending can provide a general overview of offending patterns and arrest trends among adolescent delinquents, particularly in the context of the general offender population, including offenders of all age groups. A meta-analysis of predictors of juvenile recidivism (Cottle, Lee, & Heilbrun, in press) discusses a number of important trends in offending base rates among juvenile delinquents. Cottle et al. (in press) suggest that while juveniles under 18 years of age comprise approximately 19% of the U.S. population (U.S. Census Bureau, 2000), recent crime statistics reveal that nearly 30% of all persons arrested in the United States in 1998 were juveniles (Federal Bureau of Investigation, 1998). Furthermore, the rate of offenses committed by juveniles increased by 24% from 1989 to 1998, compared to 3.8% for adults (FBI, 1998).

A comparison of juvenile offenders (under 18 years of age) and adult offenders (age 18 and older) shows that juvenile arrests decreased by 9% and adult arrests by 16% between 1989 and 1998 (Cottle, et al., in press; FBI, 1998). Similarly, arrests for property crimes decreased by 12% for juveniles and 23% for adults. However, for violent crimes, juvenile arrests increased by 15%, compared to a 3% increase among adult offenders (FBI, 1998). Some important trends in arrest rates during this time period regarding specific types of crime show that arrests decreased for offenses including homicide, rape, and car theft, and increased for offenses such as aggravated assault, robbery, and arson (FBI, 1998).

These statistics reflect a generally less favorable pattern of arrests for adolescent offenders, compared to adults (Cottle et al., in press). For most types of crimes (homicide and car theft being the only exceptions), juveniles showed greater increases in arrest rates than adults (e.g., aggravated assault, 21% and 12% for juveniles and adults, respectively). On the other hand, for offense types that showed a decrease in arrest rates for offenders of all ages, juveniles demonstrated a smaller decrease than adults in total arrests (e.g., larceny, 4% and 19%, respectively) (FBI, 1998).

Know the Risk and Protective Factors. When there is not a tool that seems appropriate for a given individual, a second reasonable approach to risk assessment is the selection of empirical correlates of violence and determining, through evaluating the individual and reviewing third party information, which of these risk factors is applicable.

In the Cottle et al. (in press) meta-analysis described in the last section, we identified the risk factors with the strongest empirical relationship with reoffense risk in juvenile offenders. Certain criminal history variables (i.e., younger age at first arrest, younger age at first commitment) are most strongly associated with recidivism. A history of non-severe pathology (e.g., the presence of stress, symptoms of anxiety) was also found to be a significant predictor of recidivism among juveniles. Variables that were not significantly related to recidivism included school attendance, the presence of pathology in the juvenile's parents, Performance Scale IQ score, school report of achievement, a

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history of psychological treatment, and substance use (as differentiated from substance abuse). We cautioned, however, that the literature on which this meta-analysis was based is problematic in a number of respects; there has been insufficient research to conclude that areas such as school and family are *not* risk factors, and they are cited in a variety of areas in the juvenile literature as important risk factors for reoffending. This meta-analysis also did not review studies which investigated specific interventions or special populations, such as sexual offenders, violent offenders, and female offenders. For these reasons, those conducting risk assessments with juveniles should be familiar with empirical and literature reviews, as well as individual studies, so that they can better assess those factors that appear relevant to the particular juvenile being evaluated.

A consideration of the two broad purposes of risk assessment described earlier (i.e., prediction vs. management) provides a framework for the consideration of the variables that have been found to be risk factors for juveniles. The first purpose, the prediction-oriented model of risk assessment, is aided by the identification of primarily *static* risk factors. Static risk factors are those that are not subject to change, such as gender or history of offending, that are potentially useful in the *a priori* identification of risk. For juveniles, the relevant static risk factors include male gender, low socioeconomic status, instability of family environment, a history of school problems, a history or crime and violence (exposure to and victimization by as well as perpetration of), younger age of onset of antisocial behaviors, and certain kinds of disorders or deficits (e.g., psychopathy, mental retardation) (Cottle et al., in press).

Dynamic risk factors are those that have the potential to change through planned intervention, rehabilitation, or other influences. These changes can occur within the individual (e.g., treatment, rehabilitation) or within the situation (e.g., living setting, access to weapons). Thus, in terms of the broad purposes of risk assessment, knowing the relevant dynamic risk factors associated with juvenile offending would allow targeting areas for risk-reducing intervention planning (i.e., the management-oriented approach to risk assessment). Among the dynamic risk factors for juvenile offenders are current familial instability and problematic interactions, association with delinquent peers, access to weapons, victim availability, poor use of leisure time, the presence of conduct problems and other non-severe pathologies, substance abuse, and poor achievement test scores (Cottle et al., in press).

Effective Use of the Interview. The use of appropriate psychological tests and tools for the assessment of violence, as well as knowledge of the previously mentioned risk and protective factors, provides a general framework for assessing juvenile risk. Another important consideration is the nature of the interview with the youth. First, it is helpful to use language that is understandable and less likely to increase defensiveness. Second, the interviewer should ask *direct* questions regarding the juvenile's current and past thoughts, feelings, and fantasies about violence. A useful approach in assessing potential protective factors is to consider influences that might prevent them from behaving violently, and to clearly describe such influences and their apparent impact. Third, in asking about the juvenile's history of violent behavior, the interviewer should gather information about the details of the circumstances and about experiences as both a victim and a perpetrator of violence. Finally, the interviewer should ask the most problematic and confrontational questions (e.g., regarding inconsistencies) at the end of the overall evaluation.

Use Third Party Information. Interviews with collateral observers provide a way of identifying and assessing inconsistencies, recognizing important areas to explore and/or document (e.g., early abuse history not recalled by the youth), and assessing the nature of the current living situation. Thus, interviewers should make attempts to contact relevant third parties, such as family, friends, professionals (mental health, parole and probation officers, hospital and jail staff), and victims or witnesses. Document reviews are also useful sources of information. Relevant documents, such as mental health treatment records, medical records, jail/prison/secure hospital records, arrest history and report, school records, and employment history, provide a means of assessing inconsistencies that were identified through interviews with the client and other third parties.

Framework for Assessing Risk of Harm to Others. Grisso (1998) provides a framework for assessing risk of harm in juvenile delinquents in a number of different contexts (e.g., need for secure pretrial detention; public safety standard in juvenile court hearings on waiver; need for security during rehabilitation). According to Grisso, clinicians should consider a set of empirical variables associated with future violence. While these variables are not sufficient to produce actuarial/clinical predictions, they can provide a construct to reduce clinician error. Further, the function of circumstances (e.g., social context) should be taken into account by evaluating both the youth and his or her future social context.

Opinions should acknowledge limitations of the ability to predict future violence. Rather than making predictions, clinicians are advised to use a risk estimate approach, in which conclusions are drawn about the degree of risk relative to some population (e.g., relative to youths in particular intervention settings) (Grisso, 1998). It is important to recognize the heterogeneity among juvenile delinquents when assessing violence risk, as there are few variables that distinguish those who will or will not become delinquent. Moreover, the majority of juveniles, even those with a history of violent offending, do not continue their delinquent behavior as adults (1998). Thus, short-term risk estimates must be differentiated from long-term estimates (e.g., risk during adolescence versus adulthood).

Grisso suggests a number of empirical variables associated with violent behavior in juveniles. These variables include past behavior, substance use, social support/stressors, personality traits, mental disorders, opportunity, and future residence. Grisso discusses the application of these variables for assessment purposes (e.g., assessing multiple dimensions, such as chronicity and recency, when considering a youth's past behavior).

Regarding the collection of relevant data, Grisso emphasizes the need to consider the specific assessment purpose for each case. For instance, risk estimates performed to determine a need for secure pretrial detention may require less in-depth assessments than those performed in cases involving potential waivers to criminal court. Grisso suggests using a number of different sources of information about youths to increase the accuracy of risk estimates. Generally, relevant data sources include records and third-party information (such as rap sheets and records from various agencies), interviews (with the juveniles, as well as with other persons in the juveniles' environment), psychological testing, screening devices, and information about the social context.

Grisso notes that when reporting and testifying about risk estimates, clinicians need to provide a thorough explanation of their data, as well as the logic upon which the data are

based. Generalized statements should be avoided. Instead, clinicians may need to provide more than one opinion about a juvenile's risk, taking into consideration the purpose of the evaluation, as well as relevant circumstances in the juvenile's future, such as the time frame of risk estimates, and likely placements after disposition.

SUGGESTED READING

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