Highlighting Best Practices in Risk/Need Identification and Service Planning for Adolescents with Juvenile Justice System Involvement

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CENTER FOR TRAUMA RECOVERY AND JUVENILE JUSTICE

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Introduction & Caveat

- My goal in this presentation is to highlight best practices in service delivery for adolescents experiencing justice system involvement

- I will draw on knowledge of the evidence-base as well as my own experience in implementing behavioral health services in juvenile justice settings (community, residential) in multiple states

- I have no direct experience working with Native youth or implementing services in tribal communities but recognize and support the role of Native youth, families, and tribes in being co-collaborators in and active partners in adapting and implementing services in culturally responsive manner

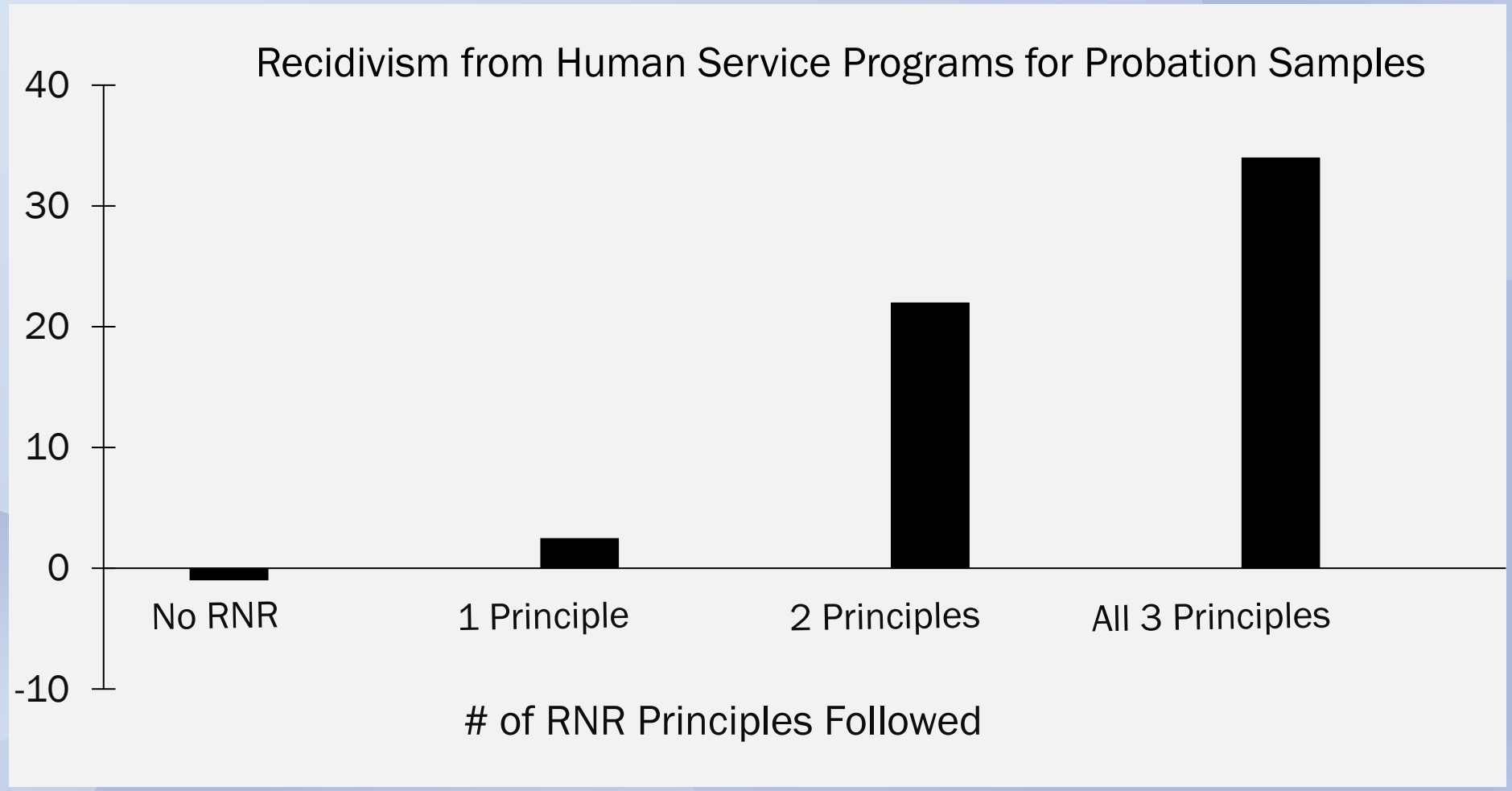
Risk-Needs-Responsivity Model of Case Planning (Andrews & Bonta, 2010; Hoge, 2016)

- ***Risk Principle***
  - Intensity of treatment services should reflect risk level

- ***Needs Principle***
  - Interventions should target needs (e.g., dynamic risk factors)

- ***Responsivity Principle***
  - Specific = characteristics/circumstances not related to offending but require attention in case planning (e.g., strengths, ability, motivation)
  - General = feature of the intervention or treatment

Research Evidence for RNR From > 370 Studies

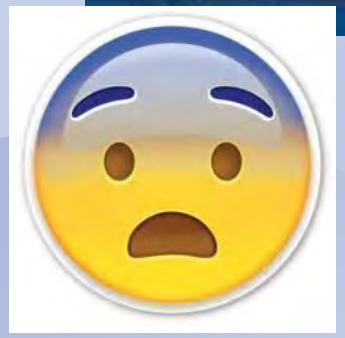


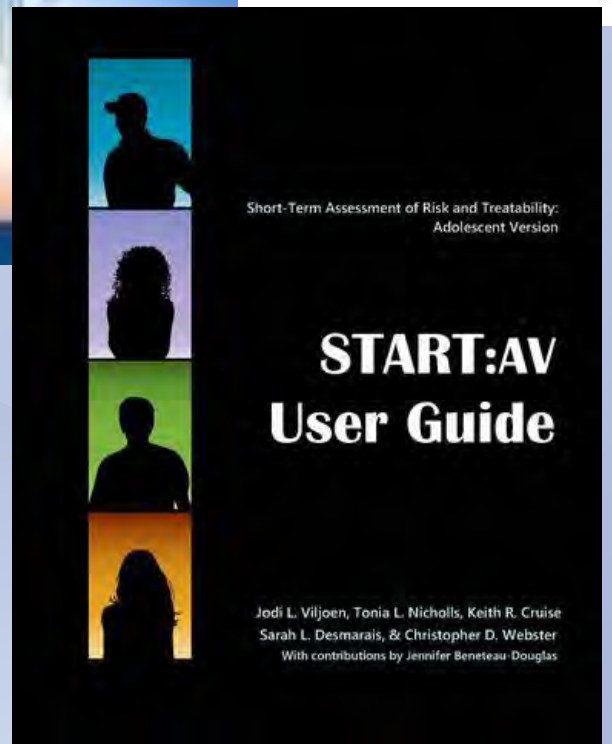
# of studies (k) = 374 ; ES = .56

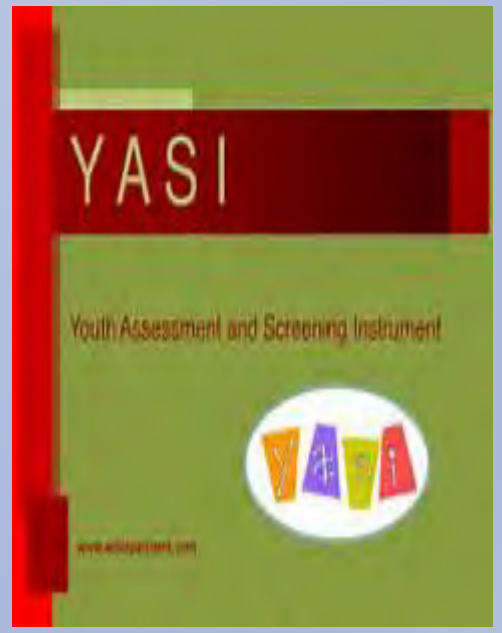
(Andrews & Bonta, 2010)

Types of Risk/Needs Assessment Tools Being Used in Juvenile Justice Settings?

Home Grown Tools







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Central Eight Risk Factors (Andrews & Bonta, 2010)

- **Big Four (*r* = .26)**
  - Criminal History
  - Antisocial Attitudes
  - Antisocial Associates
  - Antisocial Personality
- **Moderate Four (*r* = .17)**
  - Education/Employment
  - Family/Marital Status
  - Leisure Recreation
  - Substance Abuse
- **Criminogenic Needs**
  - Dynamic factors that are functionally related to criminal behavior
- **Non-criminogenic Needs (*r* = .03)**
  - Dynamic factors that have little to no functional relationship to criminal behavior

Responsivity and Strengths are Equally Important to Implementing the RNR Model (Hoge, 2016)

TABLE 9.1

Examples of Responsivity and Strength Factors

Responsivity factors	Strength factors
Individual	
Depression and anxiety	High self-esteem
Developmental delay	Positive, prosocial attitudes
Poor social skills	Strong academic skills, motivation
Pregnancy issues	Interest in sport, hobby
Poor readiness for treatment or poor motivation	
Family	
History of criminal activity	Competent parents
Emotional distress or psychiatric	Cooperative parents
Marital conflict	Financial stability
Cultural/ethnic	Small family size
Situational	
Problem neighborhood	Good schools
Lack of recreational facilities	Good mental health services
Poor schools	Positive neighborhood
Lack of mental health services	Recreational facilities

- Notice that emotional distress and/or psychiatric problems are identified as responsivity factors at the individual and family levels

- Culture, Ethnicity, and Service Access are important across all three levels (Individual, Family, and Situational)

What Accounts for Predictive Validity of RNAs?

- ✓ *Dynamic factors are better predictors of recidivism than static/historical factors*
- ✓ Tools that place a heavy emphasis on criminal history introduce race disparities – particularly when total scores are used to drive decisions (Skeem, Montoya, & Lowenkamp, 2023)
- ✓ Dynamic risk factors added incremental validity to static/historical factors in predicting violent and non-violent recidivism (Clarke, Peterson-Badali, & Skilling, 2017; Vincent, Perrault, Guy, & Gershenon, 2012) and time to new offenses for males (Cuevas, Wolff, & Baglivio, 2019)
- ✓ For adolescents, when RNAs are implemented well (Guy et al., 2014, Vincent et al., 2016) it results in increased transparency in decision-making, ability to track disparate impacts by race/ethnicity, and support reductions in restricted placements, high intensity supervision, and increase diversion of adolescents identified as low risk (, Onifade et al., 2019; Park et al., 2022, Viljoen et al., 2019)
- ✓ Personality/behavior, substance abuse, peer relations, negative/criminal peers (any recidivism), attitudes/orientation (mixed) (Perrault et al., 2017) – reinforces the Needs Principle

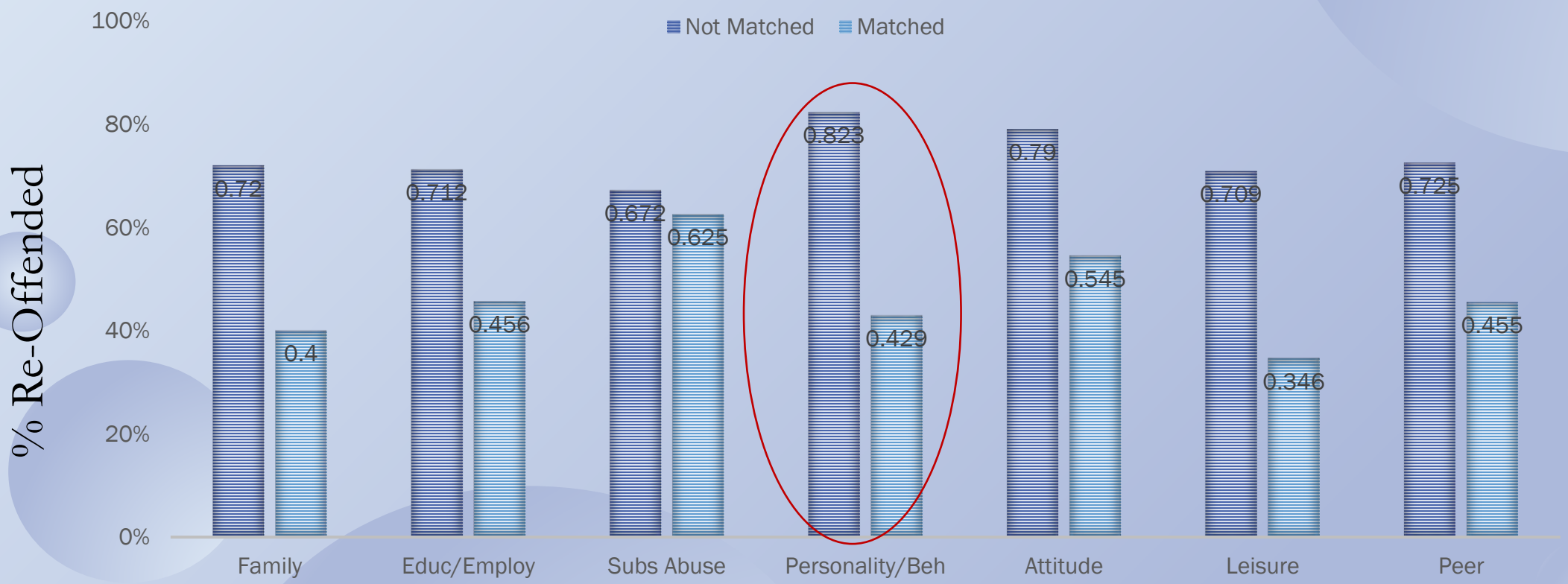
Needs + Case Plan = Better Outcomes

- 30.7% overall RNA needs/case plan match
  - Recidivism rates were lower when needs were matched to an appropriate service in 5 out of 6 YLS/CMI domains (Peterson-Badali, Skilling, Haqanee, 2014)

- Higher match rate significantly predicted recidivism reduction (25% well matched versus 75% not well matched; Vieira et al., 2009)

- Needs/match rate better predict or recidivism reduction for males compared females (Vitopoulos et al., 2012)

When Services are Matched to Youth's Needs, Chance of Reoffending Goes Down



Peterson-Badali, Skilling, Haqanee (2014)

Mental Health is a Specific Responsivity Factor – Not a Risk Factor

- Mental Health is not a risk factor – it does not increase the likelihood that someone will reoffend - but…….
  - Among youth - mental health problems are related to higher levels of dynamic risk/need domains (Guebert & Olver, 2014; McCormick et al., 2017; Schubert et al., 2011)

- Treatment of dynamic risk factors/needs has a larger impact on reoffending than MH-related programming (McCormick et al., 2017; Skeem et al., 2011) – but…….
  - Matching services to both dynamic risk/need domains and mental health needs can result in lower reoffending rates within key domains (e.g., adaptive skills, attitudes, education/employment) (McCormick et al., 2017)

Prevalence of MH Disorder in JJ
(Shufelt & Cocozza, 2006; Teplin et al., 2002, 2013; Wasserman, 2002)

- ✓Based on current studies conducted at a few JJ facilities, it seems . . .
- ✓Over 65% of adolescents in JJ settings meet DSM criteria for at least one disorder (vs. 20% in general population)
- ✓Rates of disorders vary by
  - o Gender (higher for girls 74% versus 66%)
  - o Race (highest for White adolescents and lowest for Black adolescents)
- ✓Having > 1 disorder is common (46% males; 57% females)

Rates of Mental Health Disorders are High Relative to Adolescents w/o JJ Involvement

Disorder	# of Studies	Males	Females
Psychotic Illness	21	2.7% (95% CI 2.0 to 3.4)	2.9% (95% CI 2.4 – 3.5)
Major Depression	33	10.1% (95% CI 8.1 – 12.2)	25.8% (95% CI 20.3 – 31.3)
ADHD	27	17.3% (95 CI 13.9 – 20.7)	17.5% (95% CI 12.1 – 22.9)
Conduct Disorder	31	61.7% (95% CI 55.4 – 67.9%)	59.0% (95% CI 44.9 – 73.1)
PTSD	21	8.6% (95% CI 6.4% - 10.7%)	18.2% (95% CI 13.1 – 23.2)

Significant gender differences in Major Depression and PTSD
Highlights the need for access to mental health services targeting common mental health disorders

Beaudry et al., 2021

Why is Poly-victimization Important?

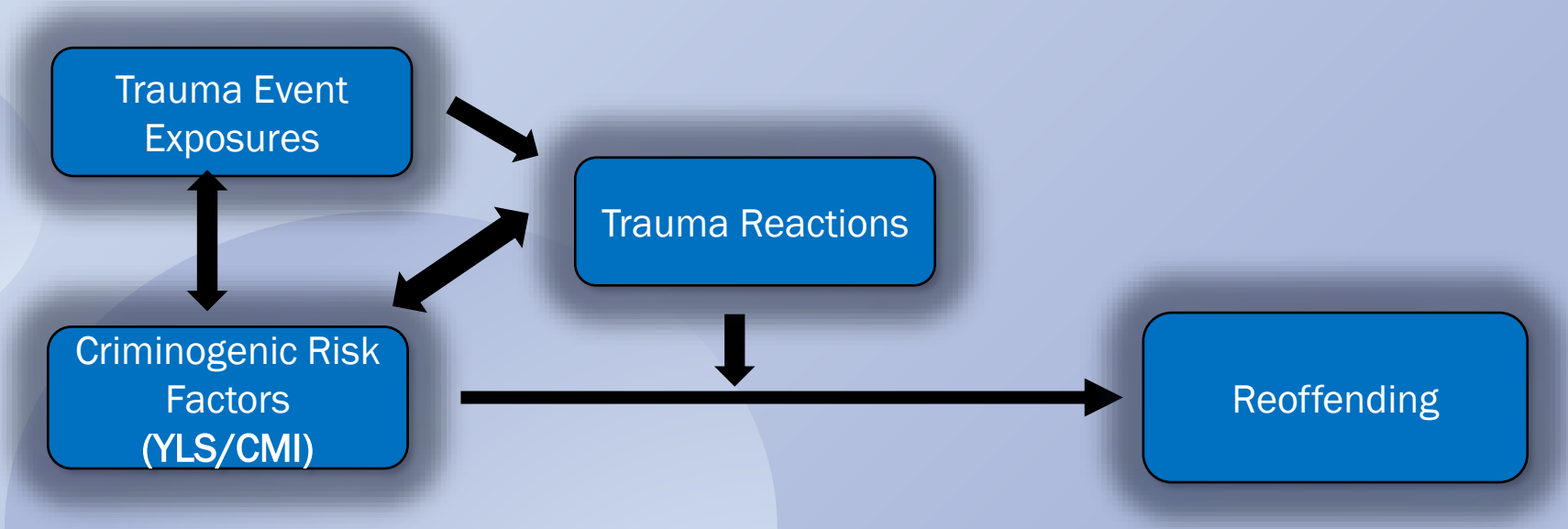
- Poly-victims are at greater risk for psychosocial impairments in childhood, adolescence, and adulthood (Briere, Kaltman, & Green, 2008; Ford, Connor, & Hawke, 2009; Ford et al., 2010)
  - Increased risk for PTSD and depression (Andrews et al., 2015; Ford et al., 2011)
  - Increased risk for chronic medical diseases (Anda & Brown, 2010)
  - Four times more likely to be re-victimized (Finkelhor, Omrod, & Turner, 2007)
  - Increased risk for anger, aggression, & impulsivity (Ford, Connor, & Hawke, 2009; Ford et al., 2012)
- Consistent with studies of ACES in JJ samples finding a dose response association linking 4+ ACES to multiple adverse outcomes
  - Suicide ideation, gang involvement, self-reported offending, official arrests, general and violent recidivism (Baglivio et al., 2014, Baglivio et al., 2021, Graf et al., 2021)

Unpacking the Links Between Trauma Reactions and Delinquency Risk – Application to the Risk-Needs-Responsivity Model

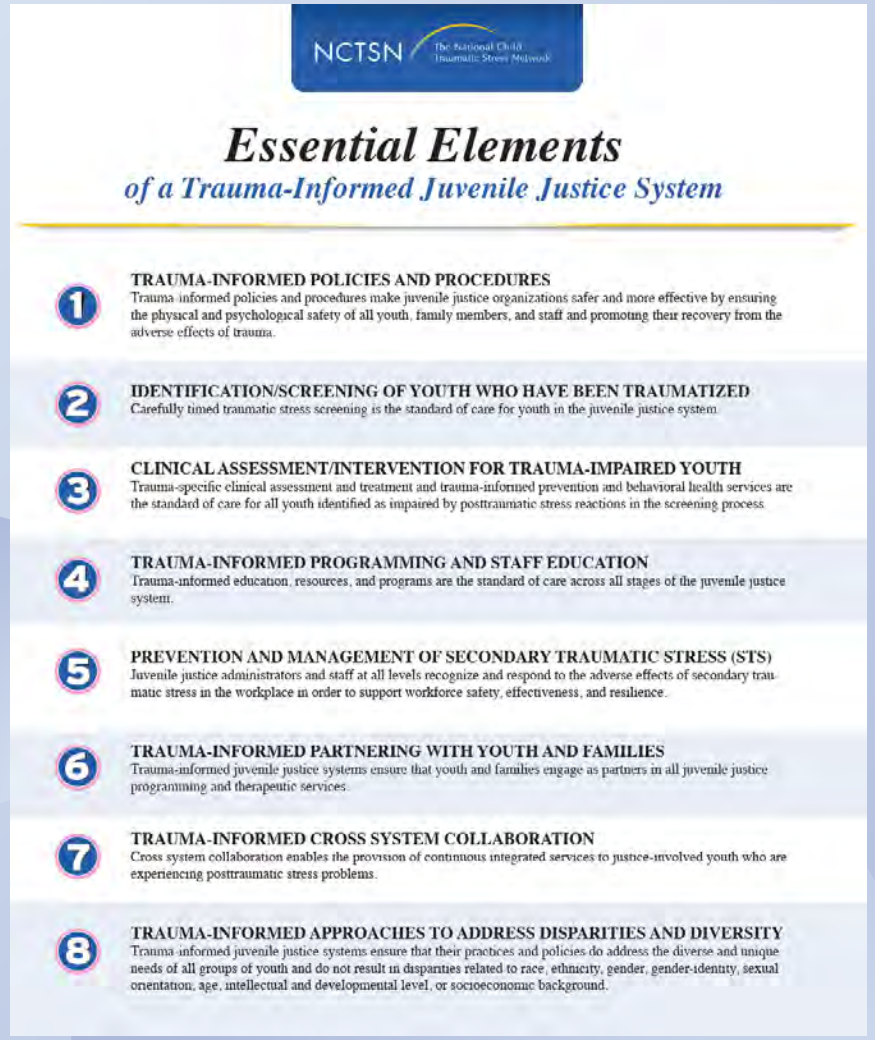
1) Criminogenic risk factors will predict recidivism– Risk Principle

2) Trauma reactions (PTSD symptom severity) will *not* directly predict reoffending outcomes – Needs Principle

3) Trauma reactions (PTSD symptom severity) will moderate the effect of criminogenic risk factors on reoffending outcomes – Responsivity Principle



NCTSN Has Multiple Resources Advancing Trauma Informed Care in Juvenile Justice Settings



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Essential Elements

of a Trauma-Informed Juvenile Justice System

1. **TRAUMA-INFORMED POLICIES AND PROCEDURES**
   Trauma-informed policies and procedures make juvenile justice organizations safer and more effective by ensuring the physical and psychological safety of all youth, family members, and staff and promoting their recovery from the adverse effects of trauma.
2. **IDENTIFICATION/SCREENING OF YOUTH WHO HAVE BEEN TRAUMATIZED**
   Carefully timed traumatic stress screening is the standard of care for youth in the juvenile justice system.
3. **CLINICAL ASSESSMENT/INTERVENTION FOR TRAUMA-IMPAIRED YOUTH**
   Trauma-specific clinical assessment and treatment and trauma-informed prevention and behavioral health services are the standard of care for all youth identified as impaired by posttraumatic stress reactions in the screening process.
4. **TRAUMA-INFORMED PROGRAMMING AND STAFF EDUCATION**
   Trauma-informed education, resources, and programs are the standard of care across all stages of the juvenile justice system.
5. **PREVENTION AND MANAGEMENT OF SECONDARY TRAUMATIC STRESS (STS)**
   Juvenile justice administrators and staff at all levels recognize and respond to the adverse effects of secondary traumatic stress in the workplace in order to support workforce safety, effectiveness, and resilience.
6. **TRAUMA-INFORMED PARTNERING WITH YOUTH AND FAMILIES**
   Trauma-informed juvenile justice systems ensure that youth and families engage as partners in all juvenile justice programming and therapeutic services.
7. **TRAUMA-INFORMED CROSS SYSTEM COLLABORATION**
   Cross system collaboration enables the provision of continuous integrated services to justice-involved youth who are experiencing posttraumatic stress problems.
8. **TRAUMA-INFORMED APPROACHES TO ADDRESS DISPARITIES AND DIVERSITY**
   Trauma-informed juvenile justice systems ensure that their practices and policies do address the diverse and unique needs of all groups of youth and do not result in disparities related to race, ethnicity, gender, gender-identity, sexual orientation, age, intellectual and developmental level, or socioeconomic background.

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NCJFCJ est. 1937 NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES

TRAUMA-INFORMED JUVENILE COURT SELF-ASSESSMENT

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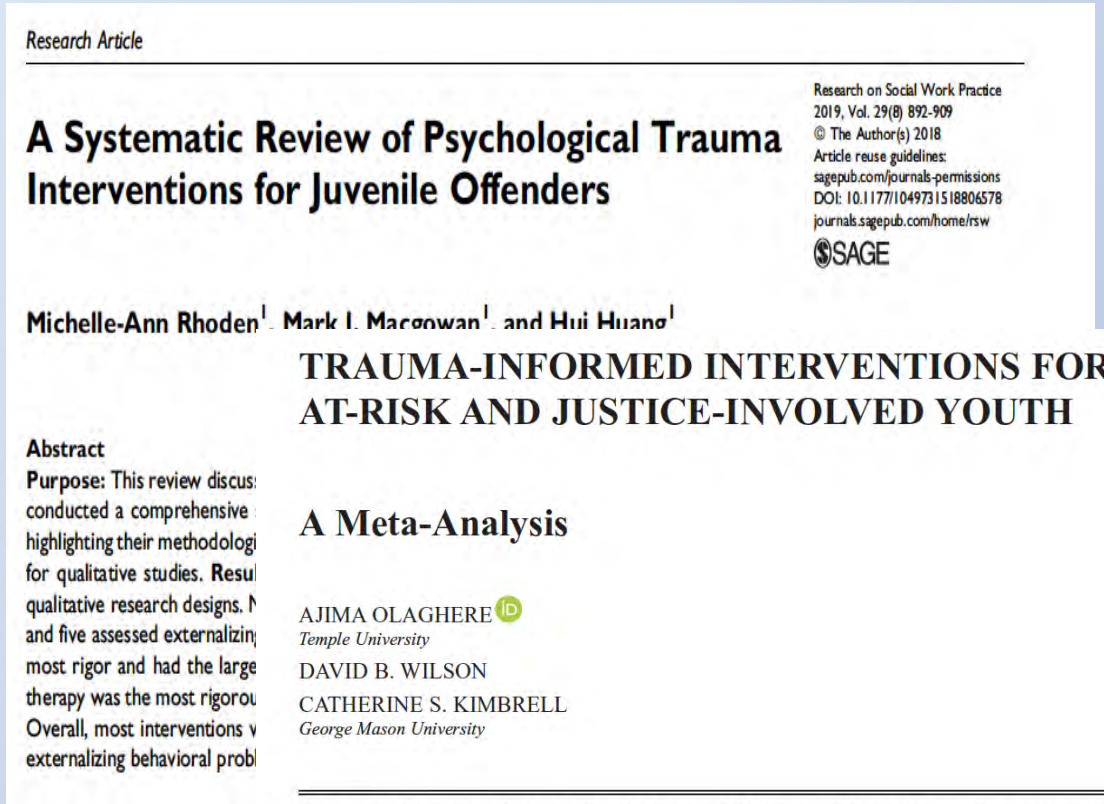
Evidence that Trauma-Specific Interventions can be Successfully Implemented and Achieve Symptom Reduction in JJ Settings



Research Article

A Systematic Review of Psychological Trauma Interventions for Juvenile Offenders

Research on Social Work Practice
2019, Vol. 29(8) 892-909

DOI: 10.1177/1049731518806578
journals.sagepub.com/home/rsw
SAGE

Michelle-Ann Rhoden[1], Mark L. Macgowan[1], and Hui Huang[1]

Abstract

Purpose: This review discus
conducted a comprehensive
highlighting their methodologi
for qualitative studies. **Resu**
qualitative research designs. N
and five assessed externalizin
most rigor and had the large
therapy was the most rigorou
Overall, most interventions v
externalizing behavioral probl

TRAUMA-INFORMED INTERVENTIONS FOR AT-RISK AND JUSTICE-INVOLVED YOUTH

A Meta-Analysis

AJIMA OLAGHERE
Temple University
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CATHERINE S. KIMBRELL
George Mason University

The impact of trauma on children and youth has potentially serious and long-lasting negative consequences, including increased involvement in the juvenile and criminal justice systems. The objective of this study was to meta-analyze research on the effectiveness of trauma-informed treatment programs for justice-involved youth and youth at risk of justice system involvement who have experienced some form of trauma. Our systematic search identified 29 publications that met our eligibility criteria and represent 30 treatment–comparison contrasts. Six of these evaluated the effectiveness of trauma-informed programs for justice-involved youth, and the remaining 24 evaluated programs for at-risk children and youth. The findings suggest that cognitive-behavioral therapy (CBT), including trauma-focused CBT, is effective. In addition, there was weak evidence suggesting that programs that used a cognitive restructuring component or had the participant create a trauma narrative were slightly more effective than programs without these features. Additional high-quality randomized controlled trials are needed.

Keywords: delinquency; youth; juvenile justice; antisocial behavior; trauma; treatment

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) (Calleja et al., 2020; Olaghere et al., 2021)
- Trauma Affect Regulation: A Guide for Education and Therapy (TARGET) (Ford, 2017; Ford et al., 2012a, 2012b, 2017)
- Trauma & Grief Components Therapy for Adolescents (TGCT-A) (Clow et al., 2023, Cook et al., 2005)

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Summary and Recommendations

- Given high rates of MH problems, all youth should receive access to evidence-based behavioral health screening and follow-up assessment
- Service planning should be anchored on validated risk/need assessment tools focusing on identifying critical dynamic factors associated with or driving delinquency risk
- At the system level, a trauma-informed approach provides both a path and principles to inform implementation of services in juvenile justice settings
- Implementation science and local adaptation should be prioritized to ensure that youth and families and systems are co-collaborators in developing, implementing, monitoring, and sustaining services

Thank You

- cruise@fordham.edu

- NCTSN Centers Focusing on Juvenile Justice and Native Youth
  - Center for Trauma Recovery and Juvenile Justice
  - National American Indian and Alaska Native Child Trauma TSA Center
  - University of Montana National Native Children's Trauma Center

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