



From risk assessment to risk management: Matching interventions to adolescent offenders' strengths and vulnerabilities

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ABSTRACT

Though considerable research has examined the validity of risk assessment tools in predicting adverse outcomes in justice-involved adolescents, the extent to which risk assessments are translated into risk management strategies and, importantly, the association between this link and adverse outcomes has gone largely unexamined. To address these shortcomings, the Risk–Need–Responsivity (RNR) model was used to examine associations between identified strengths and vulnerabilities, interventions, and institutional outcomes for justice-involved youth. Data were collected from risk assessments completed using the Short-Term Assessment of Risk and Treatability: Adolescent Version (START:AV) for 120 adolescent offenders (96 boys and 24 girls). Interventions and outcomes were extracted from institutional records. Mixed evidence of adherence to RNR principles was found. Accordant to the risk principle, adolescent offenders judged to have more strengths had more strength-based interventions in their service plans, though adolescent offenders with more vulnerabilities did not have more interventions targeting their vulnerabilities. With respect to the need and responsivity principles, vulnerabilities and strengths identified as particularly relevant to the individual youth's risk of adverse outcomes were addressed in the service plans about half and a quarter of the time, respectively. Greater adherence to the risk and need principles was found to predict significantly the likelihood of externalizing outcomes. Findings suggest some gaps between risk assessment and risk management and highlight the potential usefulness of strength-based approaches to intervention.

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1. Introduction

Though the overall prevalence of youth crime in the United States has decreased somewhat in recent years, it nonetheless remains a serious social problem (Centers for Disease Control and Prevention, 2008; Satcher, 2001; Slowikowski, 2009). In 2008, for example, there were 2.11 million arrests of youth aged 18 years and younger, representing 16% of all violent crime arrests in the United States (Puzzanchera, 2009). Moreover, recent estimates show that more than 81,000 young offenders reside in more than 2400 juvenile justice facilities in the United States (Hockenberry, Sickmund, & Sladky, 2011). Consistent with trends seen in adult corrections, many courts in the United States now require the use of risk assessment tools in secure facilities serving

justice-involved youth (e.g., Annie E. Casey Foundation, 2000; Austin, Johnson, & Weitzer, 2005; Juvenile Justice and Delinquency Prevention Act, 2002; Memorandum of Agreement, 2008; *U.S. v. Georgia*, 1998), and the use of risk assessment instruments in state juvenile correctional facilities has increased dramatically in recent years (Griffin & Bozynski, 2003). Consequently, the assessment of risk for adverse outcomes (e.g., recidivism, violence) in adolescent offenders has become a part of routine practice, and many instruments are available for this purpose.

1.1. Adolescent risk assessment instruments

Risk assessment instruments developed for assessing adolescent offenders can be classified as representing one of two general approaches: actuarial assessment or structured professional judgment (SPJ). Actuarial tools produce probabilistic estimates of the risk of future adverse outcomes based on a statistical algorithm. SPJ tools, in contrast, guide assessors in developing risk formulations (including categorical

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judgments of risk) based on professional experience and intuition. Though there has been much debate in the violence risk assessment field regarding the superiority of one approach over the other, recent meta-analyses (Guy, 2008; Singh, Grann, & Fazel, 2011) have clearly established the predictive validity of both approaches, as well as the superiority of structured approaches to risk assessment over unstructured ones (Grove, Zald, Lebow, Snitz, & Nelson, 2000).

The Short-Term Assessment of Risk and Treatability: Adolescent Version (START:AV; Nicholls, Viljoen, Cruise, Desmarais, & Webster, 2010) is a new SPJ instrument that guides the assessment of risk of violence to others, self-harm, suicide, unauthorized leave, substance abuse, self-neglect, being victimized, and general offending in adolescents between 12 and 18 years of age. It may be distinguished from other risk assessment tools designed for such populations in several ways (Viljoen, Cruise, Nicholls, Desmarais, & Webster, 2012). First, the START:AV guides the assessment of vulnerabilities (i.e., characteristics of the youth and their environment that may increase risk, either directly or indirectly) and strengths (i.e., characteristics of the youth and their environment that may reduce risk, either directly or indirectly) for every item. Second, the START:AV allows assessors to identify critical vulnerabilities (i.e., factors that may be particularly relevant to the individual youth's increased risk of adverse outcomes) as well as key strengths (i.e., factors that may be particularly relevant to the individual youth's decreased risk of adverse outcomes) to assist in the development of risk management plans. Third, all START:AV items are potentially dynamic in nature and thus, of increased relevance to treatment and intervention compared to static factors, although historical information is used as the foundation of every START:AV assessment. Fourth, although most instruments focus on identifying factors associated with risk for violence or recidivism, the START:AV guides a comprehensive assessment of risk for multiple adverse outcomes of concern among adolescent offenders, including violence, recidivism, suicide, self-harm, victimization, substance use, unauthorized leave, self-neglect, and general offending. Fifth and finally, the START:AV focuses on risk for adverse outcomes over shorter periods of time (i.e., weeks to months) compared to other youth risk assessment tools.

Results of studies examining the psychometric properties of START:AV assessments provide support for the approach (Desmarais, Sellers, et al., 2012; Viljoen, Beneteau, et al., 2012). For example, Desmarais, Sellers, et al. (2012) examined the descriptive characteristics and psychometric properties of START:AV assessments completed by case managers on 291 adolescent offenders (250 boys and 41 girls) at the time of admission to secure juvenile correctional facilities. Results provided evidence of the structural reliability of START:AV assessments, including good internal consistency, item homogeneity, and associations between item scores and specific risk estimates. Viljoen, Beneteau, et al. (2012) examined the inter-rater reliability and predictive validity of START:AV assessments completed on 90 adolescent offenders (62 boys and 28 girls). START:AV assessments demonstrated good to excellent inter-rater reliability and internal consistency, as well as strong concurrent validity with assessments completed using the Structured Assessment of Violence Risk in Youth (Borum, Bartel, & Forth, 2006). START:AV total scores and specific risk estimates predicted violence towards others, offending, victimization, suicide ideation, and substance abuse in the 3-month, prospective follow-up period.

Despite these promising findings, no studies have examined whether risk assessments completed using the START:AV inform risk management strategies. Moreover, there has been limited research on whether use of structured risk assessment tools – START:AV or otherwise – reduces the prevalence of adverse outcomes among justice-involved adolescents. This remains a critical knowledge gap in the youth risk assessment literature. The Risk–Need–Responsivity model (Bonta & Andrews, 2006) of offender rehabilitation provides a useful framework for operationalizing and understanding the importance of this link between risk assessment and risk management.

1.2. The Risk–Need–Responsivity model

The Risk–Need–Responsivity (RNR) model is a best practice approach for assessing and treating both adolescent and adult offenders (Crime & Justice Institute at Community Resources for Justice, 2009). The model is based on three core principles: risk, need, and responsivity. The *risk principle* states that individuals at highest risk of future adverse outcomes should be identified and resources allocated accordingly. Specifically, those at higher risk should receive more resources and those at lower risk should receive fewer. Research suggests that over-intervening can increase the likelihood of adverse outcomes by inadvertently increasing risk factors and reducing protective factors (Lowenkamp, Latessa, & Holsinger, 2006). The *need principle* asserts that interventions should target each youth's criminogenic needs; that is, factors related directly to the risk of adverse outcomes for the individual offender. For example, even though substance use is a well-documented predictor of criminal behavior and violence, this may not increase risk for criminal behavior and violence in this particular youth. Thus, substance use treatment may not reduce his/her risk for future offending. Matching interventions with those strengths and vulnerabilities identified through the risk assessment process will be referred to in this paper as *treatment match*. Finally, the *responsivity principle* affirms that intervention strategies should be sensitive to identified risk levels and needs, while also being delivered in such a way that takes into account individual factors that can affect treatment outcomes, such as intellectual functioning, maturity, mental health problems, and learning style. Of particular relevance to the current investigation, the responsivity principle emphasizes not only consideration of adolescents' limitations, but also their individual strengths that may be built upon in treatment and intervention. We return to this issue of strengths later.

Taken together, the RNR model recognizes that sanctions alone are inadequate when it comes to accomplishing the goal of reducing recidivism (Andrews & Bonta, 2010). The model reinforces the perspective that risk assessment is an ongoing dynamic process that informs appropriate rehabilitative interventions, which are essential to addressing the target needs of those exhibiting the highest risks for reoffending (Andrews & Bonta, 2007; Ogloff & Davis, 2004). Thus, the model serves as a useful framework for identifying and managing risk, while utilizing evidence-based best practices.

1.3. Link between risk assessment and risk management in adolescent offenders

There are now several meta-analyses demonstrating the effectiveness of the RNR model in reducing general and violent recidivism (e.g., Andrews, Bonta, & Wormith, 2006) and its specific applicability to adolescent offenders (Dowden & Andrews, 1999; Koehler, Lösel, Akoensi, & Humphreys, 2012). Despite this empirical support and the widespread acceptance of the model, only a small number of studies have investigated the link between risk assessment and risk management, and to our knowledge, none have considered the role of strengths. In the following section, we briefly review findings of three studies that have examined the link between risk assessment and risk management plans in adolescent offenders.

One study by Haqanee, Peterson-Badali, and Skilling (2012) investigated the frequency of matching adolescents on probation with appropriate interventions using the Youth Level of Service/Case Management Inventory (YLS/CMI; Hoge, Andrews, & Leschied, 2002). Their sample consisted of 291 adolescent probationers whose risk was assessed by probation officers. Semi-structured interviews revealed that probation officers did not focus on the criminogenic needs of the adolescents, especially in regard to family involvement, negative peer associations, and antisocial attitudes, and the majority of needs were not being matched to treatment.

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