YCRA RESEARCH BRIEF:

DISTINGUISHING BETWEEN HIGHER AND LOWER RISK YOUTH OFFENDERS: APPLICATIONS FOR PRACTICE

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Summary: The authors report the development of an assessment process for distinguishing between higher and lower risk youth offenders through the use of 3 measures. Preliminary results and applications for practice are included.

Key Points in the Literature Review:

- Although the overall juvenile crime rate has steadily decreased since 1994, the current serious and violent crime rate among juveniles is 60% higher than the 1980 rate for youth younger than 15 years and 41% higher for youth 15 years and older (Coll, Juhnke, Thobro, & Hass, 2003; Puzzanchera, 1998).
- Hawkins et al., (1992) and Hawkins et al., (2000) found mounting evidence that adolescents who are most at risk for committing serious and violent crimes tend to display high levels of risk factors, such as alcohol and other drug (AOD) abuse or addiction, lack of parent-child closeness, family conflict, beliefs and attitudes favorable to criminality, early childhood aggressiveness, antisocial behavior, and poor peer acceptance.
- Common clinical practice, however, is to provide broad-based assessment, with heavy reliance on clinical judgment without a self-report component. This practice is now deemed a major limitation to distinguishing higher and lower risk youth offenders (Huizinga et al., 2000).
- It is not uncommon for youth offenders who commit serious and violent crime to find themselves in therapeutic communities and/or residential treatment facilities (Coll et al., 2004; LeCroy & Ashford, 1992; Lyons, Kisiel, Dulcan, Cohen, & Chesler, 1997).
- MacKenzie (1999) found that out-of-home placements for delinquent adolescents grew 51% between 1987 and 1996.
- Despite the severity of initial problems, youth offenders in out-of-home placements typically reported significantly reduced drug use and criminal activities and improved psychosocial development and interpersonal functioning outcomes after at least 6 months of treatment (Coll et al., 2003; Hanson, 2002).
- Consistent with recommendations by Huizinga et al., (2000) and Hawkins et al., (2000), Lyon et al., (1997) noted that to successfully determine the appropriateness of care for those in residential settings, the needs of youth must be assessed in a systematic, reliable, and clinically relevant manner.
- Other studies with residential youth offenders have also indicated that carefully assessing major risk behaviors and promoting intensive, individualized treatment should become the preferred practices for working with youth in residential treatment (Burdsal, Force, & Klingsporn, 1990; Grimley et al., 2000).

Purpose of the Study: The study investigated the utility of the Youth Comprehensive Risk Assessment (YCRA) process in distinguishing youth offender risk patterns. Once this difference was determined, we intended to use the information to provide more intentional and individualized treatment planning and implementation strategies.

Methods

The residential treatment facility receives court-referred adolescents, most of who had been involved in serious and violent crimes. The residents, ages 11 to 18 years, were court mandated for a variety of offenses ranging from running away to homicide. Treatment at the facility typically consists of a full school day; recreational, outdoor, and equine therapy; and individual, group, and family counseling. Residents average per week 1hour of individual counseling, 4 hours of group counseling, and 30 minutes of family counseling. In general, recidivism (re-arrests requiring out-of-home placement) in the program is approximately 7%.

Participants

Participants were 97 adolescents in treatment at the facility, 47% of whom were girls (n=46) and 53% boys (n=51). The ethnic composition of those receiving the intervention was 90% Caucasian, 5% Hispanic, and 5% African American. The average age was 14.5 years (range=12-17, SD=2.0). The adolescents were assessed during the 1st month of their stay by a team of licensed professional counselors, psychologists, and social workers.

Instruments Used

Standardized self-report instruments were selected, including the Substance Abuse Subtle Screening Inventory for Adolescents—Second Edition (SASSI-A2; F. Miller, 2001) and the Family Adaptability and Cohesion Evaluation Scale III (FACES III; Olsen, 1985). Additional clinical judgment information was gathered at admission and included the presence of any conduct disorder behaviors (American Psychiatric Association [APA], 2000) and the extent of criminal thinking patterns, which was based on Samenow's (1998) 17 errors of criminal thinking behavior.

Key Results:

48% of the participants were classified as chemically dependent per the SASSI-A2. 62% met at least the minimum criteria for the conduct disorder diagnosis.

58% were classified as engaging in criminal thinking at least "half the time" and 51% were classified as disengaged from their families.

The 47 higher risk residents were compared with the 50 lower risk residents. T-test analyses and effect size calculations ascertained statistically significantly differences and the magnitude of the differences between the two groups on clinical perceptions from professional staff on the six YCRA areas.

The higher risk residents were reported by staff to have significantly **more problems** with social functioning and substance abuse and needed a significantly higher degree of structure in treatment.

They also exhibited a significantly higher risk to self and to others. Analyses indicated that higher and lower risk youth were **not** significantly different in family resources available, with both groups reporting a high need for such resources.

Key Conclusions/Recommendations:

This investigation provided evidence for the value of formally assessing risk factors via clinical observation and self-reports.

Most important, the investigation demonstrated the *importance of identifying higher risk youth* offenders in therapeutic communities and the need for more *intentional treatment planning* with this population.

One could surmise that more intensive treatment of these risk factors will reap benefits in effectively reducing other risks, such as self-harm, acting out toward others, and sexually inappropriate behavior.