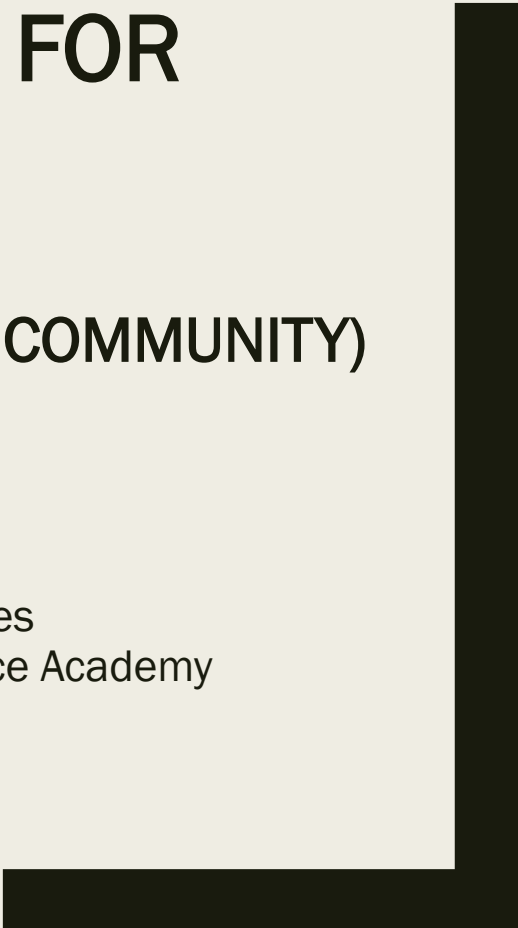# RISK ASSESSMENT FOR ADOLESCENTS

(PRACTICAL APPLICATIONS FOR THE COMMUNITY)

Heather Brown, MS, PsyA
(Doctoral Student)
Eastern Shore Psychological Services
Wor Wic Community College – Criminal Justice Academy

Objectives

- Factors that influence negative behaviors

- Risk Factors for Violence

- Risk Assessment

- Collaboration

Youth Violence and Public Health Crisis

- According to the CDC (2016), youth violence has become a public health crisis.

- The highest rate of violence crime stems from teenagers and young adults.

- The 3rd leading cause of death for ages 10 to 24 is homicide.

- According to the CDC (2016) , in a 2015 nationally representative sample of youth in grades 9-12:

  - *7.8% reported being in a physical fight on school property in the 12 months preceding the survey.*

  - *4.1% reported carrying a weapon (gun, knife or club) on school property on one or more days in the 30 days preceding the survey.*

CDC 2016 Youth Violence Facts

Why?

■ We don't always know the why people become violent.

■ However we do know that there are certain factors that impact how a person develops.

Development

Adverse Childhood Events (ACE) Study

■ This study examined the impact of a person's health and social effects throughout the lifespan.

■ The study followed 17,421 people who were members of the Kaiser Health Plan in San Diego County.

Outcome

■ The more adverse childhood experiences, the more likely they will suffer a range of negative health and social outcomes during adulthood.

■ These include depression, substance use, smoking, suicide, lung disease, injuries, HIV/STD, and impaired work performance.

CDC (1998). Adverse Childhood Events Study. Retrieved from: https://www.cdc.gov/violenceprevention/acestudy/
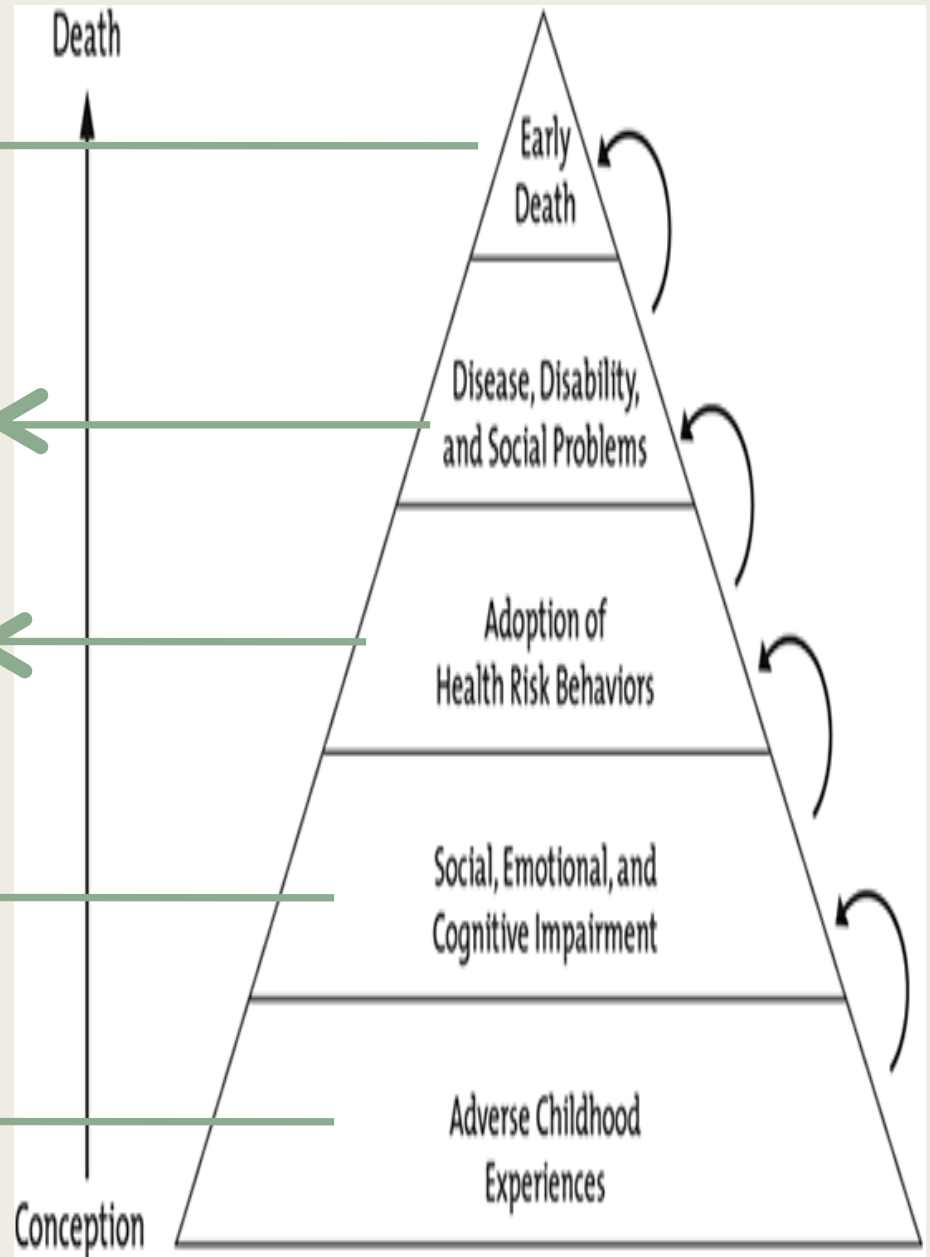
- Increased incidents of isolation, unemployment, chronic disease and early death.

- Truancy, suspension, drop out, STD, pregnancy, special education, DJS involvement.

- Smoking, substance abuse, risky sexual behavior, overeating, bullying and aggression.

- Grade failure, language difficulties, lack of focus, behavior problems.

- Abuse , household dysfunction and violence.

Death

Early Death

Disease, Disability, and Social Problems

Adoption of Health Risk Behaviors

Social, Emotional, and Cognitive Impairment

Adverse Childhood Experiences

Conception

Impacts of Neglect and Abuse

■ We know that men who are abused as children were 3 times more likely to act violently then those who were not abused.

■ Neglect interrupts the attachment children are able to develop with others and also changes the development of the brain.

3 Year Old Children

Normal   Extreme Neglect

www.ChildTrauma.org   B.D. Perry, M.D., Ph.D

Attachment

- Healthy bonds create feelings of well-being and attachment for the child and care giver.

- Basis for moral development for perspectives and empathy, understanding and adherence to rules.

- Able to modulate emotions by age 5 or 6.

- Age 6 or 7 academically and behaviorally successful.

- Age 10 able to trust, reciprocal relationships and see other's perspectives and posses empathy.

Disrupted Attachment

■ Unresolved, repeated and severe trauma

■ Mental health and or autism in childhood (inhibits the child from creating a bond)

■ When attachment is disrupted it delays development and causes the children to become angry.

■ Learn how to meet their own needs through manipulation. Are not able to be empathetic.

■ Delays in their ability to think logically and solve problems.

Youth Violence

Youth Violence

- The greatest predictor of sever and chronic violent behavior problems is the early onset of behaviors such as aggression, disregard for rules, delinquency, or substance abuse.

- A person's ability to deal with difficult situations is directly linked to the level of attachment they achieve early in their life and whether they have suffered trauma or detachment at any of the three critical periods of development.
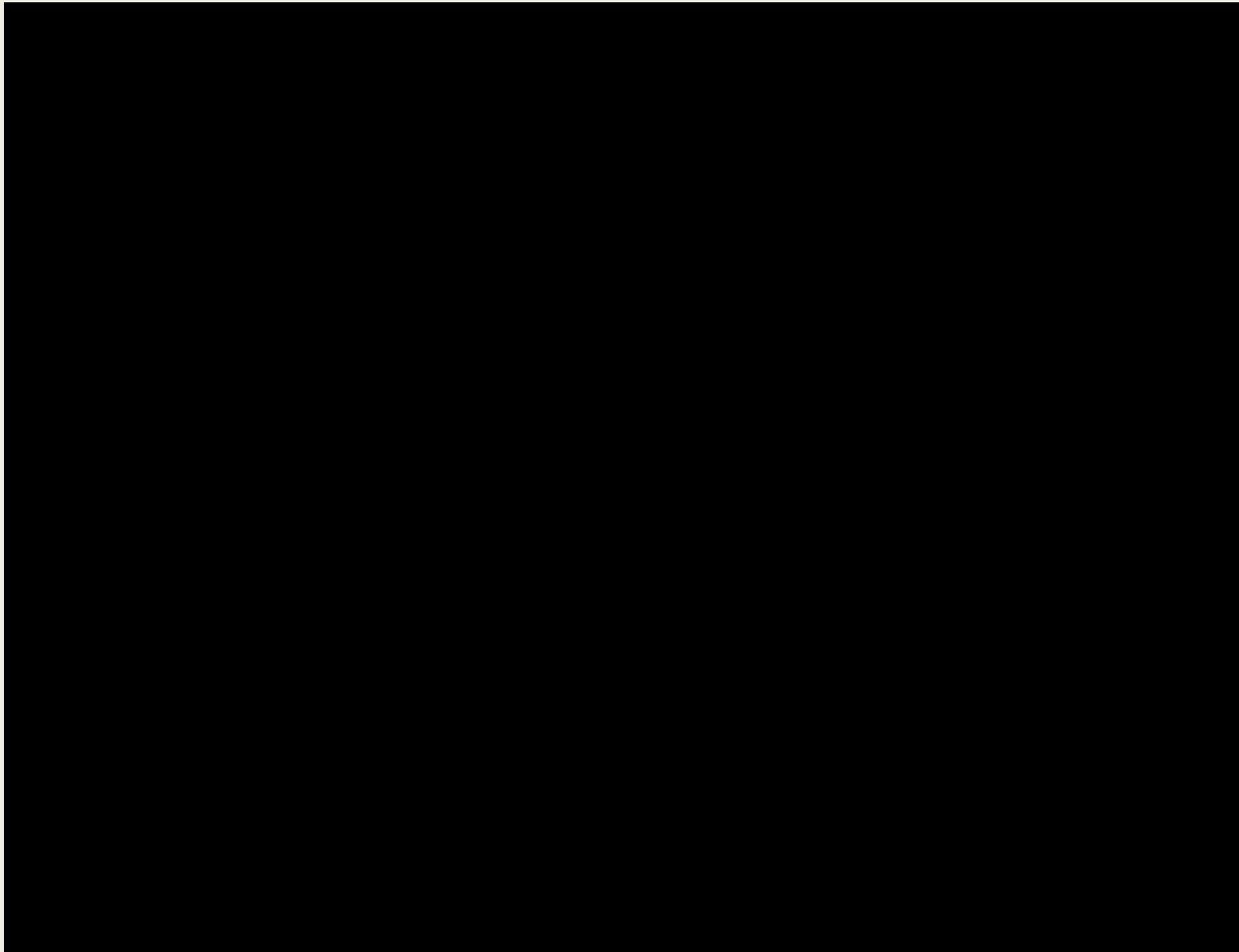
Chronic Violence

- There are teens who will respond well to treatment interventions and will not continue violence into their adulthood. This is considered to be short term trajectories.

- For those who develop multiple risk factors during their early childhood and have fewer resilience factors are more likely to have life long trajectories.

- Behaviors will begin prior or around the age of 13 for those who will have life long trajectories.

- Examples of Risk Factors: Lack remorse, bulling, history of trauma, lack of adult support, negative peer groups, impulsive, substance use.

- Gravitate towards negative peer groups such as gangs.

- The primary population that is involved with the juvenile justice system.

Additional Factors for Violence

- Youth who are committing these mass murders have identified to be psychotic or on the Spectrum and are not engaged in treatment.

- Similar to the chronically violent group, these youth lack certain basic coping skills such as self and anger management, problem solving, communication skills, and effective problem solving and lack of attachment.

- They have also been shown to suffer from one or more of these: paranoid misperceptions of social cues, severe stress levels, narcissism, and limited attachments or lack of a support system, which adversely affects their coping skills.

- It only takes on ego-shattering event to erupt the anger and become violent.

- Begins around age 15

Validated Risk Factors

- History of violence— setting fires and hurting people

- Chronic bed wetting

- Poor anger management

- Impulsivity/ADHD

- History of bullying

- Psychological problems (Not Treated)

- School failure

- Bad group of friends

- Low IQ

- Family violence

- Harming animals

- History of sex abuse

- Substance abuse

- Learning problems

Research completed by Tossey, Venables, Becker and McIntyre (2015), validated that the CARE2 had the greatest predictive validity in terms of gauging future risk for violence.

Resiliency Factors

■ Resiliency factors are seen as strengths that help youth cope with difficult or challenging situations.

- *High IQ*

- *Success at school*

- *Positive peer group*

- *Excellent social skills*

- *Good problem-solving skills*

- *Support at home and school*

- *Parents who set firm boundaries*

Children with more than 5 risk factors and less than six protective factors have an 80% chance of committing future crimes.

Risk Assessments

Risk Assessment

- Task of assessing the potential for violence, is attempting to make a prediction of dangerousness.

- Typically these assessments are completed by clinicians after collecting information through patient history.

- The environment in which the risk assessment is completed can vary.

- These are not 100% accurate so they should be completed with some sense of caution.

Clinical Risk Assessments

Tool	Arthur	Ages	Type of Tool	Treatment Planning	Copyright Date
CARE2	Seifert, K.	6-18	Risk and Needs	Yes	2003-2011
SAVRY Structure Assessment of Violence Risk in Youth	Borum	12-18	Guided Clinical Judgment	No	2002
YLS-CMI Youth Level of Service/Case Management Inventory	Andrews (2)	12-18	Risk and Needs	No	2010
PCL – YV	Forth(5)	12-18	Structured Interview Measures Psychopathy	No	2003

Research completed by Tossey, Venables, Becker and McIntyre (2015), validated that the CARE2 had the greatest predictive validity in terms of gauging future risk for violence.

Police and Risk Assessments

- Lethality Assessment (Domestic Violence)

- Emergency Petitions (threat to self or others)

- Four – Pronged Assessment Model from NCAVC (School Shooter)

- Most assessments are to determine if a person is a threat to self or others and then are referred to a mental health professional for further evaluation.

Collaboration

Police Interaction with Youth

- Youth with mental illness frequently interact with law enforcement officers because of the threatening, maladaptive and distressing character of their symptoms.

- Police officers play a critical role in the juvenile justice system.

- They are the ones who know first hand how the community and the youth.

- Police witness behaviors that clinicians will not see or be made aware of by the patient.

- Police officers become the primary gatekeeper for accessing behavioral services in the community (Lamb & Weinberger, 1998).

Mental Health Professional and Youth Interactions

■ Typically referred to fix the child.

■ Schools and parents are struggling with the child/adolescent out of control behaviors.

■ Use of substances

■ Threatening to hurt themselves

■ Referred by DJS.

Youth CIT

- Based off of Adult CIT programs.

- Interactions can be initiated by both clinicians and police to assist in addressing the safety of the youth and community.

- Police may be asked by clinicians to conduct well checks.

- Police officers initiate these interactions when they transport persons in crisis to emergency rooms and crisis centers.

- They may also request clinician assistance, guidance and information when responding to situations involving persons in crisis.

Program Examples

- Chicago CIT

- Seattle Police Department Youth Program

- Youth Violence Reduction Partnership (YVRP) - Philadelphia

- Safe Guarding Children

- Safe Streets

Four-Pronged Assessment Approach

- Personality of the Student: Behavior Characteristics and Traits
  - *How do they cope with situations; How do they express anger; do they follow rules, empathy?*

- Family Dynamics
  - *What are the patterns of behavior, beliefs, traditions, roles, customs, and values within the family?*

- School Dynamics
  - *What are the patterns of behavior, thinking, beliefs roles within the school culture? Are they going to school? How are their grades?*

- Social Dynamics
  - *Adolescents beliefs and, choices of friends, opinions activities and reading material.*
  - *Attitude towards drugs and alcohol and weapons*

CARE2 Screener

- This screening tool was developed from the validation of the CARE2 Risk Assessment.

- During the research, Seifert, Tossey, Venables, Becker and McIntyre (2015), Were able to identify that females and males have different risk factors that lead to future violence.

- The screener is designed to just give a quick view of specific factors within the life of the adolescent.

- If they score a certain number then the individual should be referred to a mental health professional.

- This sheet can be attached to an EP, CRT, sent to DJS and treatment providers so that they are aware of factors that are seen within the community.