

Sacramento Assessment Center: A Comprehensive Multi-Perspective Model for Effective Assessment of Juvenile Offenders

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The Sacramento Assessment Center is a residential-based assessment service utilized by the Juvenile Justice system in Sacramento County, California. This service utilizes a multi-dimensional approach to assessment, looking closely at ten different areas of functioning, including psychological, psychiatric, criminological, substance use, educational, occupational, recreational, social attachment, medical, and placement adjustment. The paper describes both the rationale for and the process of this assessment, exploring the personnel and tools required to produce this level of service to adjudicated youth. The general conclusion is that an extensive, multi-dimensional assessment is an important service to render, in order to identify criminological needs, specify appropriate placement and services, and thus make the most efficient use of limited resources available to serve this population and lower recidivism rates.

Keywords: Adolescent; Assessment; Delinquency; Assessment Center; Juvenile Justice

Introduction

In the mid nineteen-nineties, the annual number of delinquency caseloads peaked at nearly two million new cases a year. While that number has dropped significantly over the last twenty years, it still hovers around one and a half million cases a year (Puzzanchera, Adams, & Hockenberry, 2012; Snyder, 1999, 2003, 2005). Many of these youth will receive psychological screenings or assessments at some contact point in the system, but the screenings and even fuller assessments are often superficial and fail to examine critical areas of functioning, such as family, education, personality dynamics, and other key areas (Grisso, Vincent, & Seagrave, 2005). In a day and age of tight budgets, and given the ongoing large number of youth involved in the juvenile justice system, such brief, superficial screenings may be understandable, but a much more thorough, multi-disciplinary assessment has a higher potential to correctly identify the needs and challenges of juvenile offenders and thus save the juvenile justice system revenue in the long run by ensuring that youth are accurately placed and benefit from the most appropriate services that are likely to meet their most critical needs and thus reduce recidivism (Petteruti, Walsh, & Valazquez, 2009).

This article presents a model of a residential, in-custody assessment process for juvenile offenders. The model includes a rationale for such a program based on societal needs, and discusses the limitations of current practice, as well as best-practice considerations. The specific service project that is based on the model is described. The Sacramento Assessment Center is a collaborative approach, joining group home facilities, probation

personnel, and a full range of assessment professionals from relevant disciplines with the mutual goal of gaining a thorough understanding of the placement and treatment needs of adjudicated juveniles.

The Need for Assessment

The problem of juvenile delinquency has plagued societies for a long time (Heilbru, Goldstei, & Redding, 2005), and currently presents with significant urgency as the scope and seriousness of youth crime remains a serious societal problem (Puzzanchera et al., 2012). Because of the strain that ongoing arrests and adjudications place on the juvenile justice system, now and in the future, identifying effective, cost-saving interventions is crucial (Petteruti et al., 2009; Sherman, Gottfredson, MacKenzie, Eck, Reuter, & Bushway, 1997).

One of the emerging interventions showing great promise, and the subject of the present article, is in the area of pre-placement assessment as a tool for the juvenile courts and probation staff to identify key risk factors and strengths, as well as specific placement and treatment needs (Latessa, 2005). There is a growing body of evidence supporting not only the general efficacy of a thorough assessment in clinical practice (Meyer et al., 2001), but more specifically the importance of accurately identifying the range and severity of risk factors across multiple domains of behavioral and psychological functioning that are known to contribute to juvenile recidivism and to repeated adjudication as a result of placement failures (Grisso et al., 2005; Hammond, 2007; Latessa, 2005; Shephard, 2005).

Roberts (2004) has shown that among juvenile delinquents who require out-of-home placement following a crime, those who are provided with living situations and treatments that are specific to their needs, are significantly less likely to reoffend, supporting the idea that there is a strong need for pre-placement assessment (Latessa, 2005; Vincent, 2011).

Comprehensive Multi-Perspective Assessments

Many existing approaches aimed at reducing recidivism in juvenile offenders tend to treat each offender with the same model (Wasserman, Jensen, Ko, Cocozza, & Trupin, 2003). In other words, a somewhat common approach used by many Probation Departments to address juvenile crime is a “one-size-fits-all” response model. Juveniles are arrested, taken to juvenile hall, booked or released, adjudicated, and then often sent home with minimal aftercare that is mainly limited to increasingly overworked field supervision, and Court orders to complete family or individual counseling, anger management, or substance abuse treatment. This approach is costly, not case specific, and has proven rather ineffective in stopping the return of the offender to the system (Towse, 2000). Because the approach only temporarily fixes a portion of the problem, the systemic causes of why the juvenile is committing crimes are not addressed and thus the juvenile will typically return to the same environment that fostered the antisocial behavior without the tools necessary to avoid further legal problems (Dembo, 1999; Snyder, 2000; Towse, 2000).

Preliminary research in the area of juvenile offender assessments suggests that the concept of a comprehensive pre-placement assessment is considered a “best practice” (Dembo, 1998; Office of Juvenile Justice and Delinquency Prevention, 2002; Vincent, 2011). However, according to a preliminary literature review (Mendonsa, 2006), there are only a relatively small number of studies that actually examine the utility of comprehensive, multi-dimensional assessment program, suggesting that this area is relatively under-researched.

A more recent review of literature, in preparing this article found that little has changed. While there are a lot of brief screening tools available (Massachusetts Youth Screening Instrument), and some test instruments that are longer and are sometimes referred to as “assessments” but really are not (Child and Adolescent Needs and Strengths), there are very few programs across the country that engage in a thorough, multi-faceted, bio-psycho-social assessment of adjudicated youth. Not one could be found which included temporary residential placement as part of a specialized assessment process. It appears that there is little research in this area, at least partly because there are so few programs that engage in a truly thorough assessment process.

According to Heilbrun, Goldstein, and Redding (2005), decisions and treatment plans for juvenile offenders are dictated too often by judicial standing orders or standard protocol without considering other vital information about the juvenile’s abilities, deficits, strengths, and overall functioning. Quick decisions made based on the findings of screenings do not adequately address the true range of risk factors and needs of the youth in question. If these were properly identified and addressed, early in the adjudication process, it could reduce the likelihood that a juvenile will return to the justice system (Cocozza & Skowrya, 2007; Hammond, 2007). Given the potential benefit of early identification of risk factors and subsequent well-targeted

placement and treatment decisions, it is critical to determine the effectiveness of current assessment models.

Over the past 15 years, public probation, mental health providers, and community-based organizations have combined efforts to create centers capable of providing assessment across major areas identified as critical to understanding the treatment needs of offending youths. Currently, these centers only exist in a few jurisdictions nationwide and many are operated by public safety departments and tend to be one-dimensional. Although limited, they represent a step forward from the historical norm. One such example is Florida, where the assessment center assesses juveniles as part of the standard juvenile booking process. See Codozza and Skowrya (2007) for a list and descriptions of enhanced service programs for adjudicated youth in various parts of the country.

The Sacramento Assessment Center Program

With the establishment of the Sacramento Assessment Center, a very ambitious multi-disciplinary assessment model was created. It was designed by and based on the experience of three probation mental health consultants who recognized that juvenile offenders are multifaceted and all too often present with problems across functioning areas.

Recognizing this, the Sacramento Assessment Center was modeled after the Yale University Child Study Center (YUCSC) whose mission is to understand children’s mental health problems, and prevent or alleviate the symptoms of patients who suffer from them. YUCSC established that this requires understanding child development and its underpinnings, as well as the many contexts in which development unfolds. YUCSC brought together a faculty with extraordinary breadth of research and clinical interests, including internationally recognized experts from child psychiatry, pediatrics, psychology, genetics, neurobiology, epidemiology, nursing, education, social work, and social policy. Other major psychiatric institutes across the country, such as the University of California at San Francisco’s Langley-Porter Institute have followed the lead established by Yale University.

The Sacramento Assessment Center was designed with this multidisciplinary model in mind and established itself as a unique response to the need for pre-placement assessment of adjudicated youth. It serves many of Sacramento County Juvenile Probation placement Wards of the Court. It is operated as a non-profit organization and is funded primarily through the mental health Medicaid program.

The Sacramento Assessment Center was designed to provide a ten-area formal assessment, conducted by a multi-disciplinary assessment team that includes the assigned Probation Officer, clinical psychologist, child psychiatrist, educational psychologist, family specialist, substance abuse specialist, pediatrician, occupational and recreational specialist, and a social worker. This team is led by the Assessment Director and conducts its work according to a standardized assessment protocol. The assessment includes multiple clinical interviews, a standardized battery of tests in the different assessment areas, a family home visit and interview, a careful review of all available background information, and whenever possible, observation of the client’s behavior and functioning on the housing unit.

Each professional completes their specific assessment duties, culminating in a written report that is presented orally in an assessment team meeting to determine specific recommended

services and a general treatment plan for each adolescent. The results are documented in a full assessment report with a single page evaluation summary.

Each of the ten areas will be discussed along with the roles of each evaluator.

Criminality

In order to assess criminogenic risk, the clinical psychologist completes an evaluation to determine the severity of criminality, recidivism risk, and types of intervention needed. The criminality section of the assessment specifically addresses known risk factors for ongoing delinquency, such as the criminal history of the youth and his or her family, characterological issues, other mental health problems, abuse and neglect issues, trauma history, substance abuse, attachment and peer relations, gang association, and others. The assessment utilizes an interview of the client, the results from a standardized battery of tests, an actuarial risk assessment, and a review of background information.

Naturally, possible gang affiliation is a particular concern in the context of criminality assessment. The psychologist tries to determine the presence or absence of gang affiliation, and if present, the level of involvement and the client's willingness and ability to discontinue gang affiliation. Input from the Probation Officer and social worker on the housing unit are particularly important in assisting the psychologist in this matter and represents one of the strengths of the "team" approach to assessment. It is all too easy for individuals conducting an assessment in isolation to have incomplete information about gang affiliation and rely too heavily on either their own assumptions or the self-report of their clients, who are often motivated to not disclose their gang affiliation during an assessment.

The tests used to assess criminality include the Jesness Inventory—Revised, the Millon Adolescent Clinical Inventory, the Adolescent Relationship Scales Questionnaire, the Youth Self Report, and the Wisconsin Delinquency Risk Assessment Scale. The instruments provide information that helps determine how open the client is to admitting to misbehavior, underlying personality factors to delinquency, actuarial risk to reoffend, co-morbid emotional or psychological problems, possible attachment issues, and likely effective interventions to lower the risk of re-offense.

Psychological

In order to assess psychological functioning, the clinical psychologist completes an evaluation to determine psychodiagnostic, behavioral, and dynamic factors that impact both diagnoses and overall functioning, as well as possible effective interventions. In order to determine the adolescent's psychological strengths, weaknesses, and treatment needs, the clinical psychologist reviews all available background information, conducts a semi-structured clinical interview, and reviews results from a standardized battery of tests.

The tests utilized as part of this area of assessment include the Millon Adolescent Individual Inventory, the House-Tree-Person drawing test, the Kinetic Family Drawing Test, the Incomplete Sentences Blank, and the Youth Self Report. Other tests (such as the Rorschach) can be utilized on a case-by-case basis. In addition, test results from other areas of assessment can be used to help reach conclusions about issues in the psy-

chological area.

Psychiatric

Many of the youth who are involved in delinquent behavior have co-morbid mental health disorders. Hence, when conducting comprehensive assessments of delinquent youth, it is important to identify psychiatric conditions and potential corresponding psychopharmacologic interventions. Establishing a psychodiagnostic work-up helps guide treatment and placement recommendations for the minor. A child psychiatrist conducts a clinical interview with the adolescent and reviews background information. When needed, the child psychiatrist provides education to the juvenile and his or her legal guardian regarding the potential risks and benefits of medication. Having a psychiatrist evaluate the adolescent also provides another medical professional to identify possible medical problems, and offers an opportunity for the clinical psychologist and child psychiatrist to confer on issues of diagnosis and treatment and placement recommendations.

Family

The family assessment is completed by a licensed mental health professional who is at least at a Master's Degree level who is charged with assessing the overall functionality and dynamics of the client's family and the feasibility of the youth returning home. Often, the probation officer or the Court has identified potential family members or others who have identified themselves as potential caregivers. The family evaluator investigates these potential placement options and also gathers vital information about the minor's behavior in the home, out in the community, and at school. The family assessment also supplements the team's knowledge of the client's developmental history and the caregiver's view of the problem. Since the other evaluators cannot always interview the parent or caregiver as part of his or her assessment, the team places a high value on information gathered by the family evaluator.

Substance Use

The co-morbidity of substance use with conduct and other disruptive behavior disorders is very high (Cocozza & Skowrya, 2007; NCASA, 2004). Since disruptive behavior disorders and substance abuse are so prominent in this population, a comprehensive assessment of substance use is called for. In fact, this area should be assessed by other professionals on the assessment team as well. That way, the team members can share information, compare multiple client reports, and thus reach more accurate conclusions regarding the presence or absence of substance abuse issues.

In the substance abuse assessment, the evaluator carefully determines what substances the adolescent has used, age of onset, duration and frequency of use, and whether the client's use meets criteria for a DSM diagnosis of abuse or dependency. The evaluator also assesses, if the client has a problem, his or her motivation and readiness for treatment. The evaluator should also explore psychosocial and other factors that effect prognosis and the choice for most effective treatment modality.

Medical

There is a strong and consistent relationship between the pre-

sence of previously undiagnosed and untreated health problems and a background of child neglect and subsequent delinquency, especially more serious delinquency (Druss & Walker, 2011; Penner, 1982). Many adolescents with mental health diagnoses also have co-morbid chronic physical conditions (Combs-Orme, Heflinger, & Simpkins, 2002; Druss & Walker, 2011).

A common problem is psychosomatic complaints, particularly in those youth with anxiety and depression. These children sometimes have complaints that lead to an emergency room evaluation causing loss of staff time and potentially misdiagnosis.

The consequences of chronic physical conditions may include, 1) limitations in the adolescent's ability to perform activities that peers the same age can perform, 2) need for prescription medications and frequent medical monitoring, 3) need for special therapies, and 4) the need for more medical, mental health, or educational services than is usual for most peers the same age.

Within the context of a comprehensive, multi-perspective assessment, a pediatrician evaluates each child with a standard physical. The pediatrician brings a medical perspective to possible etiology for a child's somatic, as well as emotional and behavioral problems. The medical assessment is also used to determine if and what kind of follow-up care is needed by the adolescent while in placement.

Education

A licensed educational psychologist or supervised credential school psychologist is part of the assessment team. The educational assessment helps determine the overall levels of cognitive ability and achievement, and what services are already in place or need to be in place in order for the adolescent to succeed academically. In order to do so, it is important to identify previously undiagnosed learning disabilities, if present, or other qualifications for special education services. Equally important is to identify strengths in the area of education that do not require remediation. The educational assessment gathers information and testing data in order to be able to recommend the most appropriate academic placement and goals. In addition, in cases where there are few educational problems present, documenting such strengths can also be helpful in developing a comprehensive treatment plan.

Depending on the known history of special education services, an existing Individual Educational Plan (IEP), school performance records, and recent classroom performance and behavior, a variety of standardized instruments may be employed by the educational psychologist. A screening that gives a quick snapshot of ability and needs may also be used if there is no evidence of a learning ability and achievement is strong. However, when adequate records are not available and the client does not seem to be doing well academically, a full educational battery should be used.

Social Attachment

Attachment is an important issue that impacts both psychological and social functioning and risk for further criminal behavior (Hoeve, Stams, Put, Dubas, Laan, & Gerris, 2012). The ability to form and maintain healthy relationships with caretakers, authority figures, family, and peers is very important to overall healthy functioning and resistance to the temptations of an antisocial lifestyle. In order to assess this area, the clinical

psychologist completes an evaluation to determine an attachment "style", explore dynamic factors that impact both the identified "style" as well as overall social functioning, and describe possible effective interventions.

Within this assessment area, clinical interviews and standardized tests help the psychologist determine the type and overall quality of attachment the youth currently has with peers, adults, and society. If the adolescent has a secure attachment, this is identified as a critical protective factor. If, on the other hand, he or she has developed an insecure attachment style (preoccupied, fearful, dismissing, or disorganized attachment) this places the youth at higher risk to engage in activities that are harming to themselves, others, and society.

The clinical interview can be unstructured or semi-structured. In regard to more structured interviewing, the Adult Attachment Interview (AAI; Main & Goldwyn, 1998) can be adjusted for use with adolescents. Some examples of this include the Attachment Interview for Childhood and Adolescence (Amaniti, Candelori, Dazzi, De Coro, Muscetta, Urtu, Pola, Speranza, Tambelli, & Zampino 1990), the Child Attachment Interview (Shmueli-Goetz, Target, Fonagy, & Datta 2008), and the Adolescent Attachment Interview, which was adapted from the Family Attachment Interview (Bartholomew & Horowitz, 1991). It is typically expected that professionals using these interviews complete training designed to help them complete and code the interviews accurately. There are also a few objective, self-report, rating scale type tests to assess attachment. One example is the Adolescent Relationship Scales Questionnaire, which was adapted from the Relationship Scales Questionnaire (Griffin & Bartholomew, 1994). An assessment professional can also use information from other psychological tests, such as the Millon Adolescent Multiaxial Inventory or the Thematic Apperception Test to help develop an attachment profile. Overall, there are a number of questions and issues related to the assessment of attachment, especially with adolescents, that require more space for discussion than are available in this article (Crittenden, Claussen, & Kozłowska, 2007; Grisso et al., 2005; Nader, 2008).

Occupation

Maintaining a job and being competitive in today's job market requires that a person have basic workforce skills. Although not every youth needs specific job skills development or intervention in this area, general occupational skills and interests are certainly linked to future success as an adult who can be self-supporting through legal means. In this assessment area, a social worker evaluates what types of job skills the client has and what work activities the adolescent has been exposed to. Basic skills such as those developed doing baby-sitting, lawn care, and vehicle cleaning are recognized as positive contributors to a youth's preparation for future employment.

The social worker also evaluates the adolescent's occupational interests, and how these translate to his or her overall preparation and readiness for the work force, as well as identifying the best direction for job training or advanced education. Attitudes toward authorities, a sense of entitlement, and unrealistic dreams of being in the NBA or NFL, for example, are potential barriers that need to be resolved. If the adolescent has little or no occupational exposure, the final recommendation includes the need to link the youth to further occupational testing, training, and placement in order to initiate job experience.

It should be noted that this area of assessment is completed only with clients who are age appropriate (16 and up). At present, SATC utilizes the Los Rios Occupational Survey as the primary source of information for this area of the assessment.

Recreation

Although often thought of as simply leisure activity that has little to do with success in life, delinquency, recidivism, mental health, or pro social adjustment, recreation actually impacts all these areas and is thus an important area to assess. Common sense suggests that adolescents are typically engaged in one of two types of recreation. The first is prosocial recreation. This type of recreation includes organized sports, volunteering, and social interaction with pro social peers. The second type, anti-social recreation, is often noted in adolescents who are members of gangs and have inadequately internalized the rules, expectations, and values of mainstream society. This type of recreation, including gambling, fighting, "gangsta" rapping, and using drugs and alcohol can actually reinforce antisocial attitudes and behavior. Regular engagement in these activities and also alienate youth from pro social peers, as well as potentially positive adult influences.

In this area of assessment, a social worker administers testing that reveals the types of recreation that the youth will likely engage in, such as mainly risk versus non-risk, group oriented versus individual recreation. Helping the youth identify recreational activities within the profile can help youth maintain a course of development reinforces pro social attitudes and behavior. At present, SATC utilizes the Leisure Diagnostic Battery as the primary source of information for this area of the assessment.

Placement Adjustment

While the adolescent is undergoing the assessment process, they reside in a level 12 (moderately high level) group home. While the adolescents are there, they are assigned a social worker, who works with them from entry to discharge. The social worker is part of the assessment team, and brings vital information about the day-to-day functioning of the minor while living in the group home. Behaviors in the classroom and in the residential unit (with staff as well as peers) are vital pieces of information that can give the assessment team not only an idea of how the adolescent may behave in future group home placements, but can be used to further verify, disconfirm, or corroborate other assessment results. This important insight is one determining factor in deciding the most appropriate level of and services offered by the group home the minor will be placed in following assessment.

Clinical Implications

Evaluating clients from multiple perspectives provides comprehensive clinical data that can strengthen diagnostic accuracy and contribute to much better informed treatment plans that will likely prove beneficial for the client's adjustment, both in placement and in the community. Within the overall scope of the comprehensive ten-area assessment model, the mental and physical health, educational, family, attachment, substance abuse, and occupational and recreational needs of the juvenile are carefully evaluated, as are the level and type of clinical and criminogenic interventions needed.

In practice, this broad approach to assessment yields a more objective, thorough, and useful overall view of the offender, which requires that individual evaluators and probation staff collaborate directly to come to key decisions regarding placement and treatment. Our experience with the probation staff is that they are familiar with some of the basic needs and challenges of delinquent youth and of the available treatment and placement options in their geographic area, but lack the depth of information to identify the best fit in matching placement interventions with treatment needs. Many probation officers who have worked with the Sacramento Assessment Center have noted how helpful having a comprehensive assessment is in doing their job of client placement.

The information from the full assessment report is not only useful to the assigned deputy probation officer, but also the family, the youth, and to the placement and treatment facility staff who will be implementing treatment. In fact, the assessment report often leads to a much faster initiation of treatment planning and thus to shorter placements (Mendonsa, 2007).

Another benefit of a thorough assessment that has been noted includes better adjustment of clients to a treatment-oriented placement. Repeated clinical interviewing helps prepare adjudicated youth to being in a group home where they are required to participate in individual and group counseling. This likely has a meaningful effect on increasing the success rate of these clients in placement and thus lower recidivism rates.

There are limitations to this assessment approach, however. The main one is cost. Not only is it expensive to utilize a variety of specialized professionals to conduct an assessment, the cost of running a level 12 groups home facility can be prohibitive. Mitigating this concern is the fact that most of the youths at SAC would be housed at the local Juvenile Hall awaiting placement anyway, so to some extent, Probation Officers can view the SAC group home facility as a temporary alternative placement. Most of the costs of assessment are covered by MediCal funding, which requires that all youths obtaining assessments must qualify for, and be signed up for MediCal services. This requires additional staff to manage the process and paperwork. Next, it does take a great deal of leadership and organized effort to start and maintain this rigorous and program. It is no small feat to open a group home for adjudicated youth and manage the work of various professionals, many of whom will be independent contractors, rather than on-site staff. Finally, a residential assessment program has to be 'sold' to local Juvenile Court and Probation leaders who must be willing to refer youth to the service, participate in the assessment process, and act on the findings. One way to mitigate these challenges is to develop an in-custody assessment program. The youths would be assessed while retained at a local Juvenile Hall or even at home or another group home. SAC occasionally conducts assessments under these conditions. It is not optimal; you lose a lot of useful information when you don't have the residential component, and thus extensive observation of the youth's interactions with peers and adults, but it is still preferable to the brief screenings that are more typical in most jurisdictions.

So far, the results of the outcomes of the Sacramento Assessment Center are encouraging and provide much needed evidence for the benefit and utility of this comprehensive multi-perspective assessment model (Mendonsa, 2008; Wilcox, 2003). The demand for empirically based practices is growing and the current study adds additional support to the contention that the

assessment model at Sacramento Assessment Center is an effective approach to decreasing recidivism and increasing successful and effective out-of-home placement of adjudicated youth.

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