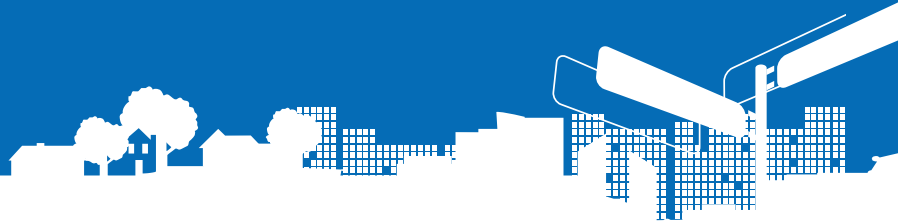




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TOOLS TO IDENTIFY AND ASSESS THE RISK OF OFFENDING AMONG YOUTH



NATIONAL CRIME PREVENTION CENTRE

Tools to Identify and Assess the Risk of Offending Among Youth

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Foreword

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Summary

This research report presents some of the tools used in the prevention of youth offending. Some of these tools are taken from related fields such as developmental psychology, while others are designed specifically for youth justice. This report is not intended to be comprehensive, but rather an overview of the tools that may be used in the field of delinquency prevention among youth.²

The tools used by researchers and practitioners in the field of prevention are based on conceptual models of the social vulnerabilities and risk factors associated with delinquency. Longitudinal and experimental research conducted in Canada and other countries has helped improve our understanding of the main risk factors associated with delinquency and identify offending trajectories.

Most of the tools available fall into two main categories: tools for identifying at-risk youth, and tools for assessing the risk of youth offending/re-offending:

□ **Tools for Identifying Youth At Risk of Offending (Screening Tools).**

These tools are used to facilitate referral and screening procedures for youth at risk so as to refer them to the appropriate resources, programs and services. By making it possible to identify at-risk youth, these tools help strengthen the foundations of targeted prevention approaches by focusing resources on a specific clientele and by recommending appropriate interventions.

□ **Tools for Assessing the Risk of Youth Offending/Re-Offending (Risk Assessment Tools).**

These tools are designed to analyze the young person's current and past situations by identifying the principal risk and protective factors so as to assess the level of risk (low/moderate/high) and develop tailored intervention plans. These tools foster a better understanding and a comprehensive approach to the young person's situation by assessing and measuring significant relationships between past and current risk factors and the young person's behaviours.

It is increasingly accepted that the identification of youth presenting risk factors and the assessment of their risk levels are key aspects of an effective crime prevention initiative. However, there are challenges associated with the use of these tools, including the risk of stigmatization of an already vulnerable clientele and errors in interpreting results. For practitioners using these tools, it is important to ensure that the program's objectives and implementation criteria are compatible with those of the tool selected.

²Appendix 1 contains fact sheets describing the main features of the selected tools, and Appendix 2 provides a table illustrating the key elements of these tools.



Chapter 1. Overview of Tools Used in the Prevention of Child and Youth Offending

Although young people may exhibit problem behaviours at some point in their development, not all of them embark on a path towards a life of crime. In fact, only a minority of youth are responsible for most crimes and are on a trajectory toward serious and persistent offending. In Canada, “16% of alleged offenders were classified as chronic offenders, who were responsible for 58% of all alleged criminal incidents.” This is consistent with findings from another study indicating that over 70% of crimes were committed by about 8% of young male offenders.²

Longitudinal and experimental studies conducted in various countries have contributed to a better understanding of offending trajectories and the associated risk factors. Most young people are involved in an offending trajectory that is limited to minor behaviours during adolescence. They abandon that trajectory around late adolescence. However, a small percentage continues on this trajectory and moves into persistent and chronic criminal activity.

In addition to this adolescence-limited offending trajectory, two other main offending trajectories can be identified. The first is that of early onset, where children adopt behaviours for which they would be criminally liable if they were of legal age. This early offending trajectory is significant in terms of delinquency prevention and persistence, since most research supports the notion that the earlier in the young person’s life offences are committed, the greater the probability that they will adopt serious and chronic criminal behaviour.³ The second offending trajectory involves the late onset of delinquency, where young people adopt offending behaviours late in their development. There is little current knowledge on this trajectory and on the appropriate interventions for this group.⁴

Knowledge of offending trajectories has made it possible to identify the most significant risk factors contributing to the establishment of a serious criminal career. Studies have shown that the more risk factors a young person accumulates in different domains, the greater the probability that he or she will move onto a trajectory of serious offending,⁵ as the risk factors have cumulative and interactive effects.⁶

One of the challenges in preventing and reducing risks of offending is to identify young people who are at risk, that is, who are facing multiple risk factors associated with delinquency, and to measure the effect of these factors on their behaviours in order to apply an intervention of the appropriate type and intensity.

It is in this context of intervention that the tools for identifying youth at risk and assessing the risk of offending/re-offending become meaningful and that their use becomes highly relevant for researchers and practitioners. Also, a number of the tools used in the prevention of youth offending come from and are used in related fields, such as developmental psychology, where the focus is on variables that evaluate young people’s positive social and cognitive development.

Tools From the Field of Developmental Psychology

Tools from the field of developmental psychology focus on youth development and are based on models that emphasize the assessment of behavioural adequacy and social skills acquisition in children and youth,⁷ as well as on the presence of cognitive and behavioural problems.

These tools may have a role in identifying youth at risk of offending, for example the *Behavioral and Emotional Screening System* (BASC-2 BESS), as well as in assessing the risk of offending in youth identified as being at risk, for example the *Behavior Assessment System for Children* (BASC-2) and the *Achenbach System of Empirically Based Assessment* (ASEBA). In addition to their use in the prevention of youth offending, these tools are also used in the assessment of mental health⁸ and youth violence.⁹ Some tools serve to identify a range of behavioural and social problems, including aggressive and antisocial behaviour; for example, the *School Social Behaviour Scales* (SSBS) and the *Problem-Oriented Screening Instrument for Teenagers* (POSIT) are two screening tools for identifying at-risk youth, and the *Social Skills Improvement System* (SSIS) is a tool with the dual role of identifying and assessing risk.

These tools from related fields are very useful for practitioners in juvenile delinquency prevention to help identify social and behavioural vulnerabilities that often correspond to the dynamic risk factors¹⁰ associated with offending behaviour. Accurate identification of these factors could eventually reduce the risk of more serious future offending. For example, persisting difficulties with social skills, such as consistently having poor peer relations, are a predictor of internalized and externalized behavioural disorders in adolescence, and even in adulthood.¹¹ The behavioural difficulties measured by these tools do not refer to the harmless problems that all children may manifest temporarily at one stage or another in their development, but rather to fairly serious difficulties that compromise their subsequent development.¹² These behavioural difficulties must not be neglected, especially since most youth cases referred to professionals working with children in schools and institutions involve these type of difficulties.¹³

Tools From the Field of Youth Justice

Tools from the field of youth justice are used specifically to identify and assess the risk of re-offending among young offenders. These tools are used in the area of youth justice, primarily with young people who have already committed criminal offences or had contact with the police. Examples are the *Early Assessment Risk List* (EARL-20B and EARL-21G), *Structured Assessment of Violence Risk in Youth* (SAVRY), *Youth Level of Service/Case Management Inventory* (YLS/CMI) and *Youth Assessment and Screening Instrument* (YASI).

These tools are all considered useful for assessing the risk of offending/re-offending and are based on a conceptual model of the significant relationships between the main known risk factors for offending and the youth's behaviour. These tools, whether they are clinical or actuarial, develop a profile of the youth by assessing his/her level of risk of offending/re-offending (low/moderate/high) in order to develop a plan featuring suitable interventions at an intensity based on the level of risk and the primary risk factors identified in the analysis.

In Canada, for example, there are two validated tools for identifying youth at risk based on the conceptual model of the significant relationships between the risk factors associated with offending and the youth's behaviours: the *Youth Level of Service/Case Management Inventory - Screening Version* (YLS/CMI-SV) and the *Youth Assessment and Screening Instrument - Pre-Screen Version* (YASI).

In terms of problems related to delinquency, there are tools used in the field of youth substance abuse worth noting: *Detection of Alcohol and Drug Problems in Adolescents* (DEP-ADO) and the *Addiction Severity Index for Adolescents* (IGT-ADO). Since youth offending is often accompanied by related problems,¹⁴ the screening and assessment of these problems should also be integrated within a comprehensive prevention approach. Concerning the problem of youth gangs, more in-depth research should be conducted in order to learn more about the tools available and assess their scientific thoroughness (validity, reliability and consistency).

1.1. Tools for Identifying Youth at Risk of Offending (Screening Tools)

Definition and methods

Tools for identifying youth at risk of offending are defined as instruments designed to screen at-risk youth so they can be referred to resources and provided with appropriate services and programs. These tools help establish targeted selective prevention mechanisms by intervening with a specific youth clientele.

One of the methods used in designing identification tools is the behavioural measurement scale. These scales assess the presence and frequency of certain problem behaviours in order to measure the level of risk for the youth. The total score obtained is then used to determine the overall level of risk based on predetermined cut-off points. To illustrate an example of a cut-off point, a result of 5 and under will mean no risk; from 6 to 11, low risk; from 12 to 17, moderate risk; and 18 and over, high risk. The tools developed on the basis of these cut-off points require the evaluator to be vigilant. Even though they are supported by weighted or relational models, these tools carry the risk of identifying individuals who do not have real problems (false positives) or, conversely, of failing to identify those who have (false negatives). Constant attention must therefore be paid to results within two points of the cut-off point between two risk levels.

Certain tools will also supplement these scales with questions about whether there are risk or problem factors, as well as binary questions where one of the poles describes an appropriate behaviour and the other a problem behaviour. The more positively a young person responds to the criteria of problem behaviour, the more he or she will be considered to be at risk of offending.

Other tools are based on normative results, that is, the distribution of the test results of a specific group. These norms are indicators of similar characteristics among people subjected to the same test. Normalized results then serve as a basis for situating and comparing a young person's results to the norm. Some of the tools presented in this report bring forward prescriptive results based on age and gender, i.e. that for boys and girls of a same age, there are two specific standardized distributions.

Contexts of use

Screening tools are used in various settings, particularly in schools or as part of programs supported by local communities. They may also be used in institutional settings during meetings among professionals providing youth services (e.g. social workers, psychologists, nurses).

Main objectives

- ❑ Facilitate screening and referral of youth at risk who would benefit from participating in a preventive program or receiving resources or services. In other words, target the right youth for the right program or the right service.
- ❑ Support perceptions with valid and objective data. This is the case, for example, in a school setting when a young person with behaviour problems is identified by the administration and professionals; using an instrument will then substantiate and validate what at first might be an incorrect perception.
- ❑ Establish an initial distinction, without a diagnosis being necessary, among young people based on their level of risk or how advanced a problem is. This initial distinction serves to further strengthen the foundations of a selective prevention approach by targeting only young people who present moderate-to-high risk so that they can be referred to and participate in a program.

Examples of tools for identifying youth at risk of offending (screening tools)

- ❑ Behavioral and Emotional Screening System (BASC-2 BESS)
- ❑ School Social Behavior Scales (SSBS)
- ❑ Substance Abuse Subtle Screening Inventory - Adolescent Version (SASSI-A2)
- ❑ Problem-Oriented Screening Instrument for Teenagers (POSIT)
- ❑ Detection of Alcohol and Drug Problems in Adolescents (DEP-ADO)
- ❑ Youth Level of Service/Case Management Inventory - Screening Version (YLS/CMI-SV) (a version of this tool is also used as a risk assessment tool)
- ❑ Social Skills Improvement System (SSIS) (also used as a risk assessment tool)
- ❑ Youth Assessment and Screening Instrument - Pre-Screen Version (YASI™) (a version of this tool is also used as a risk assessment tool)

1.2. Tools for Assessing the Risk of Youth Offending/Re-Offending (Risk Assessment Tools)

Definition and methods

There is a long tradition of using risk assessment tools, particularly with young offenders involved in the justice system.¹⁵ Based on risk factor models, these instruments assess the level of risk of offending or re-offending in youth. They are used to gather information based on an in-depth analyses of the young person's current and past situation. The results obtained help to develop a tailored intervention or treatment plan that corresponds to both the risk level and the main risk factors identified.

Without going into the methodological details or the various generations of risk assessment tools used with young offenders,¹⁶ two types are worth noting: actuarial assessment and clinical assessment of risk.

Actuarial risk assessment is essentially defined as assessment that is based on a statistical model of significant, even quasi-predictive, relationships between the main risk factors associated with delinquency and the young person's behaviours. Although clinical risk assessment is also based on facts and risk factors, professionals use their professional judgment when making a diagnosis. It would appear that combining the results of actuarial risk assessments and clinical judgments may help assess an offender's risk of re-offending.¹⁷

Of all the risk assessment tools used with youth at high risk of offending and reoffending behaviour, the most appropriate ones identified in the literature are those that are based on the dynamic risk factors associated with delinquency. They emphasize the main risk factors known to be associated with delinquency (past and current), their frequency, their variety and their intensity.¹⁸ The results obtained from this type of assessment are considered reliable and accurate.¹⁹

Contexts of use

Tools for assessing the risk of youth offending/re-offending are used in various settings such as youth justice, health and social services, schools, and addiction treatment centres. Interpreting the results generally requires appropriate skills and qualifications in a field such as social work, forensic psychology or developmental criminology.

Main objectives

- ❑ Produce a complete profile of the young person's current and past situation and measuring his/her level of risk of offending or re-offending.
- ❑ Evaluate the significant relationships between the young person's risk factors and behaviours. Specifically, identify the most proximal risk factors, i.e. distinguish those that appear most closely related to offending behaviours from those that appear most distant.
- ❑ Identify the positive aspects in the young person's life (protective/promotive factors)²⁰ to reinforce them through targeted intervention. Responsivity of the young person and his/her family to the program or treatment is another important consideration that adds value to use of the tool.
- ❑ Collect, through a structured and standardized data gathering process,²¹ information about the young person and his/her family. Assessment tools that are based on various information sources²² are considered more reliable, since they present a complete overview, thereby reducing the potential for error or bias at the time of the assessment.²³ When making a diagnosis concerning the interventions to provide or determining the duration and intensity of treatment, it is particularly important that practitioners have access to multiple sources of information.²⁴
- ❑ Develop, from the results obtained, a tailored intervention plan specific to the young person's situation, adapted to his/her needs, and whose intensity is modulated to the level of risk.²⁵ For the purposes of offender assessment and treatment, the risk-need-responsivity model seems to be the most useful.²⁶

Examples of tools for assessing the risk of youth offending/re-offending (risk assessment tools)

- ❑ Beck Youth Inventories - Second Edition (BYI-II)
- ❑ Behavior Assessment System for Children - Second Edition (BASC-2)
- ❑ Achenbach System of Empirically Based Assessment (ASEBA)
- ❑ "Addiction Severity Index for Adolescents" (Indice de gravité d'une toxicomanie pour les adolescents - IGT-ADO)
- ❑ Early Assessment Risk List for Boys (EARL-20B)
- ❑ Early Assessment Risk List for Girls (EARL-21G)
- ❑ Risk Factor Profile Instrument (RFPI)
- ❑ ONSET
- ❑ ASSET
- ❑ Structured Assessment of Violence Risk in Youth™ (SAVRY)
- ❑ Youth Level of Service/Case Management Inventory (YLS-CMI) - Risk/Needs Assessment (a version of this tool is also used as a screening tool for identifying youth at risk of offending)
- ❑ Social Skills Improvement System (SSIS) (also used as a screening tool for identifying youth at risk of offending)
- ❑ Youth Assessment and Screening Instrument - Full Assessment (YASI™) (also used as a screening tool for identifying youth at risk of offending)



Chapter 2. Practical Tips for Tool Selection

Some prevention programs have been implemented with instruments specifically designed for them, however, some do not have tools pre-selected for mandatory use as part of their program. Therefore, program managers who want to use a tool must select one that is appropriate for their program. Here are a few practical tips for selecting a tool to identify or assess the risk of offending among youth.

Essentially, when selecting a tool, you have to ensure that there is compatibility between: (1) the program's and the tool's selection and implementation criteria, and (2) the program's and the tool's objectives. Making an informed selection of a tool requires thorough knowledge of the program's objectives and procedures, as well as respect for the program's mission. In other words, the reasons and requirements for using a given tool as part of the program must be clear.

The following are practical tips that must be taken into consideration when selecting a tool.

1. Compatibility between the program's and the tool's selection and implementation criteria

- ❑ Age group:
 - Do the program and the tool target the same age group?
- ❑ Context for implementing the program and context for using the tool:
 - Is this a school program, family program or community program?
 - Is use of the selected tool appropriate to this context?
 - Is this a program with a cultural component? Is this a gender-based program?
 - Is this a clientele diagnosed with a specific problem (for example, fetal alcohol syndrome, attention deficit disorder)?
- ❑ Qualifications and experience of the program practitioners and skills required to use the tool:
 - What specific skills/training are required to use the tool?
 - Are the program practitioners qualified?
 - Do other practitioners need to be hired?
- ❑ Risk factors/issues:
 - Are the risk factors/issues of the program and those targeted by the tool similar?
 - For example, if the program focuses on reducing violence or aggression among children, the selected tool must have criteria that identify or assess this issue and its associated risk factors.

2. Objectives of the program and the tool

- ❑ Does the program require that youth at risk be identified so that they can be recruited to participate in the program? If so, a screening tool must be used.
- ❑ Does the program require that the level of risk of offending/re-offending be assessed for each participant? If so, a risk assessment tool must be used.
- ❑ Does the program require that risk and protective factors be analyzed for each participant? If so, a risk assessment tool must be used.
- ❑ Does the program require that tailored intervention plans be developed for each participant? If so, a risk assessment tool must be used.
- ❑ Does the program require that the progress of each participant be monitored? If so, a risk assessment and monitoring tool must be used.

Use of the tools also means that the organizations responsible for program delivery must have an information management system. This system, usually specialized software, structures and organizes all the data collected. With that said, the need for such a system increases as a growing number of young people participate in the program. Also, all data entered into this information management system will help evaluate the program's impact and monitor the progress of a young person participating in the program.



Chapter 3. Challenges in Integrating Tools Into a Prevention Initiative

It is increasingly accepted that the identification of youth presenting risk factors and the assessment of their risk levels are key aspects of an effective crime prevention initiative.²⁷ However, this also poses substantial ethical and practical issues.²⁸ The following is a summary of the main strengths and weaknesses of integrating these tools into a preventive initiative.

STRENGTHS

□ **Harmonizing the various steps required to set up an integrated delinquency prevention initiative**

Standardized use of tools can help establish an integrated delinquency prevention initiative by making it possible to inter-relate the various steps involved in the identification and assessment of the risk of offending. Many researchers consider that tools for screening youth at risk and risk assessment tools work “hand in hand.”²⁹

Targeted identification of the right youth, an in-depth assessment and tailored intervention plans will help establish an integrated delinquency prevention initiative (i.e. screening youth at risk, assessment, intervention plan, review and closure). Furthermore, after a few months of participation in a program (three to six), a follow-up and a review can be done using the same tool used for the intake assessment. In programs that extend over several months, follow-up is a central dimension for analyzing the young person’s progress in the program, ensuring that the objectives are achieved, and adjusting interventions when necessary and appropriate.

□ **Improving targeted prevention programs**

Targeted prevention requires focussing on the appropriate clientele. The use of instruments that help screen youth who present various risk factors is therefore essential for this targeted prevention. Tools developed from the model of risk factors associated with delinquency or developed from models borrowed from developmental psychology offer this advantage. In addition, directly linked to this advantage, the use of an identification tool to recruit the appropriate clientele ensures that decisions are supported with concrete and substantiated results. Beyond the popular perception that a young person is difficult, the tool provides practitioners with objective data on the young person’s behaviours and attitudes.

□ **Fostering dialogue among local partners**

Using a tool as part of a prevention program may stimulate a coordinated and concerted discussion and information sharing among the various local partners (e.g. school services, health and social services, police and all other stakeholders involved in the program). While considering the privacy challenges of information sharing, the arrangement of partnership protocols and collaborative agreements could help develop local processes that are standardized, sound and shared by the relevant partners involved.

WEAKNESSES

□ Interpretation of results

One of the inherent limitations of certain instruments is that they are designed using cut-offs, i.e. a person is classified in a specific category based on the result obtained (low, moderate or high risk). Interpreting results that fall within two points of the cut-off between two categories requires considerable vigilance to avoid over-representation and labelling of at-risk youth, as well as the failure to identify and provide services to youth with real needs.

While recognizing their usefulness and scientific foundation, the tools are neither a panacea nor a predictor of future behaviour: they are indicators that are themselves subject to error. A risk assessment tool can generate probability errors. For example, some youth assessed at a high risk of re-offending will never re-offend, while youth assessed at a low risk of re-offending will re-offend.³⁰

Furthermore, we must also constantly be aware that the results do not allow for a distinction, within a group of at-risk youth, between those who will have minor behavioural problems over a fairly short period of time, and those who will adopt a life trajectory oriented toward more serious and chronic crimes.³¹

Based on the complexity of the case and the seriousness of the behaviours, practitioners must act in accordance with their professional code and their expertise.³² There will always be cases where the practitioner's professional judgment will be his/her best tool.³³ As pointed out by the *Youth Justice Board*,³⁴ in order to reduce the risks of subjectivity and errors in interpretation, it is important to discuss during team meetings the results obtained and to continuously focus on the reasons and facts that support decisions.

□ Stigmatization of a client population

Stigmatization, or the process of labelling certain individuals, is a significant weakness associated with use of these tools, and should not be overlooked.

Stigmatization can lead to over-assessment of risk for youth said to be at high-risk, as can the stigmatization of youth who are labelled at-risk or in need of control,³⁵ and then become a lever leading to more severe punitive measures³⁶ being imposed on this population.

In a delinquency-related field, according to an opinion poll conducted in England by the *Royal College of Psychiatrists*,³⁷ people who suffer from dependencies, in particular alcoholism and substance abuse,³⁸ are perceived and labelled by the general public as dangerous and unpredictable. The results of this poll have shown that labelling unreasonably exacerbates the social handicaps that these people suffer from. This stigmatization leads to increased isolation, social distress and difficulty finding employment.³⁹

□ Specification by age and gender

With regard to the age variable, it is essential to ensure that the tool's age group corresponds to the age group targeted by the program. The variables and aspects measured by the tool will not be the same across different age groups. For children aged 5 to 10, the tools will mainly focus on factors such as aggressive and violent thinking, pro-social behaviour and the adoption of aggressive behaviour. For young people aged 11 to 24, the tools will mainly address factors such as violent and offending behaviours, conflict resolution strategies, social and emotional skills, peer influence, parental supervision and monitoring, family relationships, exposure to violence, integration in the group, and neighbourhood characteristics.⁴⁰ Also, the weight given to certain risk factors will vary depending on the age group.⁴¹

In terms of the gender variable, more in-depth research should be conducted to develop gender-specific tools. On one hand, some studies done by the *Girls Study Group*⁴² and assessment results on the use of the *Early Assessment Risk List for Boys and for Girls* (EARL-20B and EARL-21G)⁴³ demonstrate the importance of having a gender-specific tool. Certain factors, such as the prevalence of family risk factors and internalized behavioural problems, seem to be more present in girls, confirming the importance of having a gender-specific tool in order to assess these factors.⁴⁴ On the other hand, one meta-analysis based on predictive risk assessment results according to gender has shown that predictive validity varied very little whether the tool was used with boys or girls.⁴⁵

Other experimental and longitudinal studies should focus on analyzing gender specificity in developmental offending trajectories for girls, and to the preponderance, frequency and comorbidity of certain risk factors.⁴⁶

□ Cultural adaptation

Using the same tool with different cultures raises the issues of limitations and the lack of data on specificities in the nature and intensity of certain risk factors linked to specific cultural groups, and whether or not these tools require adaptation.

Over-representation of youth at risk from cultural groups caused by the inappropriate use of tools is a factor that should not be overlooked. One study of special education services done by the *National Center of Educational Statistics*⁴⁷ (United States) showed the over-representation of Black children diagnosed with deficits⁴⁸: 22% of Black children in public schools had been diagnosed with one of these deficits (learning problems, delayed mental development and attention disorders), while they represented only 17% of the total public school population. Furthermore, Black children accounted for 27% of all children with emotional difficulties, even though only 1% of all children qualified to receive services for emotional difficulties. In this context, according to experts, the over-representation of Black children could be perceived as racial segregation or an attempt to remove Black children from the public school system.⁴⁹

There are many repercussions at all levels of such over-representation of one segment of the population. Important consideration should be given to developing research projects into identifying the specific risk factors for offending among youth from cultural groups, in the Canadian context, so as to determine whether it is necessary to adapt the tools for identifying and assessing youth at risk of offending.



Conclusion

There are a range of valid and reliable tools for identifying and assessing the risk of offending/re-offending among young people in order to prevent and reduce their risk of adopting a serious offending trajectory. There is a considerable body of knowledge on the risk factors associated with child and youth offending. Incorporating screening and risk assessment tools into a prevention initiative will reinforce the actions and interventions to be taken by directing them toward appropriate targets, structuring them and modelling them based on the nature and level of the risk presented by the young person. Furthermore, identifying youth at risk before they escalate into an aggravated offending trajectory would help improve their positive development into adulthood and reduce the social and economic costs associated with youth crime.

Whether they are used in the field of youth justice or in the related field of delinquency prevention, the tools support the decision making and the analysis of monitoring level necessary for interventions. These tools must be used to help with decision making and implementation of structured actions. Furthermore, the initial step of the process is to ensure having the proper training as well as the necessary experience before using a tool.

Nonetheless, a better understanding is needed of all the risk and protective factors surrounding the processes of persisting in and abandoning an offending trajectory, for both boys and girls, for different age groups, and at specific transition points in their development. More in-depth knowledge of risk and protective factors would facilitate the selection of tools in order to improve the screening of young people, more accurately assess their level of risk of offending, and implement effectively preventive programs based on research into at-risk youth.



Bibliography

- Augimeri, L. et al.** 2005. Early Assessment Risk Lists for Boys and Girls. In Grisso, T., G. Vincent and D. Seagrave (Eds.), *Mental Health Screening and Assessment in Juvenile Justice*. New York: The Guilford Press, Chapter 18.
- Augimeri, L., C. Koegl and S. Chanda.** 2003. *Children Under Age 12 in Conflict with the Law: The Development of Police Protocol Demonstration Sites in Selected Communities in Ontario*. Report submitted to the Ontario Ministry of Public Safety and Security. Toronto, Ontario: Earls court Child and Family Centre.
- Bailey, S. and S. Scott.** 2008. Juvenile Delinquency. In Rutter, M. et al. (Eds.). *Rutter's Child and Adolescent Psychiatry*. Blackwell Publishing, 5th edition, Chapter 68, 1106-1125.
- Beuhring, T.** 2002. The Risk Factor Profile Instrument: Identifying Children at Risk for Serious and Violent Delinquency. In Corrado, R., et al. (Eds.), *Multi-Problem Violent Youth: A Foundation for Comparative Research on Needs, Interventions and Outcomes*. The Netherlands: IOS Press.
- Bonta, J. and D. A. Andrews.** 2007. *Risk-Need-Responsivity Model for Offender Assessment and Rehabilitation*. Ottawa: Correctional Service Canada, Reports and Manuals, Public Safety Canada.
- Bonta, J. and J. S. Wormith.** 2008. Risk and Need Assessment. In McIvor, G. and P. Raynor (Eds.), *Developments in Social Work with Offenders*. London, England: Jessica Kingsley Publishers, 131-152.
- Campbell, M. A., S. French and P. Gendreau.** 2007. *Assessing the Utility of Risk Assessment Tools and Personality Measures in the Prediction of Violent Recidivism for Adult Offenders*. Ottawa: Public Safety Canada.
- Carrington, P., A. Matarazzo and P. deSouza.** 1995. *Court Careers of a Canadian Birth Cohort*. Crime and Justice Research Paper Series. Ottawa: Canadian Centre for Justice Statistics, Statistics Canada.
- Corrado, R. R. et al.** 2002. *Multi-Problem Violent Youth: A Foundation for Comparative Research on Needs, Interventions and Outcomes*. The Netherlands: IOS Press.
- Crisp, A. and M. Gelder.** 2000. "Stigmatisation of People with Mental Illnesses." *British Journal of Psychiatry*, 177(1), 4-7.
- Dahlberg, L. et al.** 2005. *Measuring Violence-Related Attitudes, Behaviors, and Influences Among Youths: A Compendium of Assessment Tools*, 2nd edition. Georgia: Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Dumaray, M. and S. Ruffalo.** 1995. "Social Skills Assessment: A comparative Evaluation of Six Published Rating Scales." *School Psychology Review*, 24(4), 648-652.
- Grisso, T., G. Vincent and D. Seagrave.** 2005. *Mental Health Screening and Assessment in Juvenile Justice*. New York: Guilford Press.
- Hahhah-Moffat, K. and P. Maurutto.** 2003. *Youth Risk/Need Assessment: An Overview of Issues and Practices*. Ottawa: Research and Statistics Division, Justice Canada.
- Hawkins, J. et al.** 2000. *Predictors of Youth Violence*. Juvenile Justice Bulletin. U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

- Hawkins, S.** 2009. *Girls and Delinquency: Using Research to Develop Good Practice*. Presented at the 36th National Conference on Juvenile Justice in Orlando, Florida.
- Hinshaw, S.** 2005. "The Stigmatization of Mental Illness in Children and Parents: Developmental Issues, Family Concerns, and Research Needs." *Journal of Child Psychology and Psychiatry*, 46(7), 714-734.
- Hoge, R. D.** 2005. *Youth Level of Service / Case Management Inventory*. In Grisso, T., G. Vincent and D. Seagrave (Eds.), *Mental Health Screening and Assessment in Juvenile Justice*. New York: The Guilford Press, Chapter 17, 283-294.
- Howell, J. C.** 2000. Risk/Needs Assessment and Screening Devices. In Loeber, R., D. P. Farrington (Eds.), *Child Delinquents: Development, Intervention and Service Needs*. Thousand Oaks, 395-404.
- Huizinga, D., R. Loeber and L. Cothorn.** 2000. *Co-occurrence of Delinquency and Other Problem Behaviors*. Juvenile Justice Bulletin. U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Janosz, M. and M. Le Blanc.** 1996. "Pour une vision intégrative des facteurs reliés à l'abandon scolaire." *Revue canadienne de psycho-éducation*, 25(1), 61-88.
- Kamphaus, R. and P. Frick.** 2002. *Clinical Assessment of Child and Adolescent Personality and Behavior*. 2nd edition. Boston: A Pearson Education Company.
- Le Blanc, M. and R. Loeber.** 1998. "Developmental Criminology Updated." *Crime and Justice: A Review of Research*, 23(1), 115-198.
- Levene, K. et al.** 2001. *Early Assessment Risk List for Girls -Version 1, Consultation Edition*. Toronto, Ontario: Earls court Child and Family Centre.
- Loeber, R., D. Farrington and D. Petechuk.** 2003. *Child Delinquency: Early Intervention and Prevention*. Bulletin Series Child Delinquency. U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Logue, L.** *Concepts of Risk and Protective Factors*. Backgrounder distributed at an information session. No dated.
- Lösel, F.** 2002. "Risk/Need Assessment and Prevention of Antisocial Development in Young People: Basic Issues from a Perspective of Cautionary Optimism." In Corrado, R. R. et al. (Eds.), *Multi-Problem Violent Youth: A Foundation for Comparative Research on Needs, Interventions and Outcomes*. The Netherlands: IOS Press.
- Merrell, K. W.** 2001. "Assessment of Children's Social Skills: Recent Development, Best Practices, and New Directions." *Exceptionality*, 9(1-2), 3-18.
- Merrell, K. W.** 2008. *Behavioral, Social, and Emotional Assessment of Children and Adolescents*, 3rd edition. Taylor & Francis Group.
- Miller, J. and J. Lin.** 2007. "Applying a Generic Juvenile Risk Assessment to a Local Context. Some Practical and Theoretical Lessons." *Crime & Delinquency*, 53(4), 552-580.
- Minogue, N., P. Kingery and L. Murphy.** 1999. *Approaches to Assessing Violence Among Youth*. Rosslyn, Virginia: Hamilton Fish National Institute on School and Community Violence.
- Moffitt, T. E.** 1993. "Adolescence-Limited and Life-Course-Persistent Antisocial Behavior: A Developmental Taxonomy." *Psychological Review*, 100(4), 674-701.

BIBLIOGRAPHY

- Moretti, M. and C. Odgers.** 2002. "Aggressive and Violent Girls: Prevalence, Profiles and Contributing Factors." In Corrado, R. R. et al. (Eds.), *Multi-Problem Violent Youth: A Foundation for Comparative Research on Needs, Interventions and Outcomes*. The Netherlands: IOS Press.
- Morizot, J. et al.** 2001. "Un nouvel outil pour le dépistage et l'évaluation des difficultés comportementales chez l'enfant: validation préliminaire de l'échelle d'évaluation des dimensions du comportement destinée aux parents." *Revue québécoise de psychologie*, 22(2), 5-28.
- National Crime Prevention Centre.** 2010. *Crime Prevention Glossary*. Ottawa: Public Safety Canada.
- National Crime Prevention Centre.** 2009. *Supporting the Successful Implementation of the National Crime Prevention Strategy*. Ottawa: Public Safety Canada.
- National Crime Prevention Centre.** 2008. *Promising and Model Crime Prevention Programs*. Ottawa: Public Safety Canada.
- O'Shaughnessy, J. and H. Andrade.** 2008. "Forensic Psychiatry and Violent Adolescents." *Brief Treatment and Crisis Intervention*, 8(1), 27-42.
- Piper, C.** 2008. *Investing in Children. Policy, Law and Practice in Context*. Willan Publishing.
- Reppucci, D. et al.** 2002. Youth Violence: Risk and Protective Factors. In Corrado, R., et al. (Eds.), *Multi-Problem Violent Youth: A Foundation for Comparative Research on Needs, Interventions and Outcomes*. The Netherlands: IOS Press.
- Rutter, M., H. Giller and A. Hagell.** 1998. *Antisocial Behavior by Young People*. New York: Cambridge University Press.
- Savignac, J. and A. Yessine.** 2009. "Études longitudinales et expérimentales sur les jeunes à risque au Canada: état des connaissances actuelles." *Justice Report*, 24(3), 25-29.
- Schwalbe, C.** 2008. "A Meta-Analysis of Juvenile Justice Risk Assessment Instrument: Predictive Validity by Gender." *Criminal Justice and Behavior*, 35(11), 1367-1381.
- Scottish Government (the).** 2004. *Effective Intervention Unit – Young People with, or at risk, of Developing Problematic Substance Misuse: A Guide to Assessment*.
- Serin, R. C.** 1995. Psychological Intervention in Corrections. In Leis, T. A. A., L. L. Motivk and J. R. O. Ogloff (Eds.), *Forensic Psychology: Policy and Practice in Corrections*. Ottawa: Correctional Service Canada, 36-40.
- Smith, R. and L. Handler.** 2007. *The Clinical Assessment of Children and Adolescents: A Practitioner's Handbook*. New Jersey: Lawrence Erlbaum Associates.
- Sprague, J. and H. Walker.** 2000. "Early Identification and Intervention for Youth with Antisocial and Violent Behavior." *Exceptional Children*, 66(3), 367-369.
- Thornberry, T. et al.** 1995. The Prevention of Serious Delinquency and Violence. Implications From the Program of Research on the Causes and Correlates of Delinquency. In Howell, James C. et al. (Eds.), *A Sourcebook on Serious, Violent, and Chronic Juvenile Offenders*. Sage Publications, 213-237.
- Thornberry, T., D. Huizinga and R. Loeber.** 2004. "The Causes and Correlates Studies: Findings and Policy Implications." *Juvenile Justice Journal*, 9(1). U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Vitaro, F., et al. 1994. *Les problèmes d'adaptation psychosociale chez l'enfant et l'adolescent: prévalence, déterminants et prévention*. Sainte-Foy, Québec: Presses de l'Université du Québec.

Wasserman, G. A., et al. 2000. *Prevention of Serious and Violent Juvenile Offending*. Juvenile Justice Bulletin. U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Wasserman, G. A., et al. 2005. "Gender Differences in Psychiatric Disorders at Juvenile Probation Intake." *American Journal of Public Health*, 95(1), 131-137.

Wiebush, R. et al. 1995. "Risk Assessment and Classification for Serious, Violent and Chronic Juvenile Offenders." In Howell, James C. et al. (Eds.), *A Sourcebook on Serious, Violent, and Chronic Juvenile Offenders*. Sage Publications, 171-211.

Williams, S. 2008. *Review of Mental Health Screening and Assessment Tools*. California: UC Davis Extension, University of California, Northern California Training Academy.

Youth Justice Board. 2008. *Assessment, Planning, Interventions and Supervision: Key Elements of Effective Practice*. London.



Notes

1. Carrington et al., 1995, p. 6.
2. Beuhring, 2002, p. 191.
3. On this subject, see in particular Loeber et al., 2003.
4. On this subject, see in particular the article by Savignac and Yessine (2009) on experimental and longitudinal studies in Canada and youth at-risk.
5. Hawkins et al., 2000, p. 7.
6. On this subject, see in particular Thornberry, Huizinga and Loeber, 2004.
7. The field of behavioural and emotional assessment of children and adolescents is one that has been widely studied by the scientific community. To learn more, the reader is invited to consult the following report in particular: Merrell. 2008. *Behavioral, Social, and Emotional Assessment of Children and Adolescents*, 3rd edition. Taylor & Francis Group.
8. For an overview of the assessment instruments available in the field of mental health, the reader is invited to consult the following report in particular: Williams. 2008. *Review of Mental Health Screening and Assessment Tools*. UC Davis Extension, University of California, Northern California Training Academy. California. This publication is available on the Internet at: <http://humanservices.ucdavis.edu/Academy/pdf/FINAL2MentalHealthLitReview.pdf>.
9. For an overview of the assessment instruments available in the field of youth violence, the reader is invited to consult the following report in particular: Dahlberg et al. 2005. *Measuring Violence-Related Attitudes, Behaviors, and Influences Among Youths: A Compendium of Assessment Tools*. 2nd edition. Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Georgia. This publication is available on the Internet at: <http://www.cdc.gov/ncipc/pub-res/measure.htm>.
10. **Dynamic risk factors** are factors whose negative effects can be mitigated and modified, for example, by crime prevention and reduction programs and appropriate treatment programs. Substance abuse, antisocial attitudes, poor parental practices and frequenting of antisocial peers are some examples of active dynamic risk factors. **Static risk factors**, on the other hand, are not likely to change over time and are considered stable; examples are criminal history, illness or incidents of abuse during childhood. National Crime Prevention Centre, 2010. *Glossary*.
11. Dumaray and Ruffalo, 1995, p. 648.
12. Morizot et al., 2001, p. 6.
13. Ibid.
14. On this subject, see in particular Huizinga, Loeber and Cothorn, 2000.
15. Miller and Lin, 2007, p. 554.
16. The reader is invited to consult in particular the following publications: Bonta and Wormith. 2008. Risk and Need Assessment. In McIvor, G. and P. Raynor (Eds.), *Developments in Social Work with Offenders*, London, England: Jessica Kingsley Publishers, pp. 131-152; Bonta and Andrews. 2007. *Risk-Need-Responsivity Model for Offender Assessment and Rehabilitation*. Ottawa: Public Safety Canada, Corrections Services, Reports and Manuals; Hahhah-Moffat and Maurutto. 2003. *Youth Risk/Need Assessment: An Overview of Issues and Practices*. Ottawa: Research and Statistics Division, Justice Canada.
17. Serin, 1995, p. 38.
18. Sprague and Walker, 2000, p. 370.
19. Bonta and Andrews, 2007, p. 3.
20. **Protective factors** are positive influences or circumstances that improve the living conditions of individuals or the safety of a community. They may decrease the likelihood of individuals engaging in crimes and/or becoming victims. Building on existing protective factors makes individuals and communities stronger and better able to counteract the effects of risk factors. National Crime Prevention Centre, 2010. *Glossary*.

21. Scottish Government, 2004, chapter 6.
22. Here are some examples of information sources useful in conducting an assessment: interview with the young person and his/her family/guardian, consultation of the young person's file with police services, academic institutions, youth courts, health and social services centres, youth protection centres, treatment centres frequented by the young person, etc.
23. Youth Justice Board, 2008, p. 12.
24. Smith and Handler, 2007, p. 10.
25. Wiebush et al., 1995, p. 173.
26. Bonta and Andrews, 2007, p. 1.
27. Merrell, 2001, p.3.
28. Beuhring, 2002, p.191.
29. Howell, 2000, p.401.
30. Wiebush et al., 1995, p.177.
31. Loeber, Farrington and Petechuk. 2003; O'Shaughnessy and Andrade, 2008, p. 35.
32. Youth Justice Board, 2008, p. 22-23.
33. Ibid.
34. Youth Justice Board, 2008, p.13-14.
35. O'Shaughnessy and Andrade, 2008, p. 40.
36. Piper, 2008, p. 111.
37. Poll conducted in London, England in 2000, see Crisp and Gelder, 2000.
38. People afflicted with schizophrenia were also perceived as dangerous and unpredictable (Crisp and Gelder, 2000, p.4). Hinshaw (2005) found stigmatization to be one of the most important aspects linked to mental illness.
39. Crisp and Gelder, 2000, p. 6.
40. Dahlberg et al., 2005.
41. Wasserman et al., 2000, p. 10.
42. Girls Study Group, OJJDP, http://girlsstudygroup.rti.org/index.cfm?fuseaction=dsp_home
43. See in particular Augimeri et al., 2005; Levene et al., 2001.
44. Lösel, 2002, p. 49.
45. Schwalbe, 2008, p. 1377.
46. See in particular Moretti and Odgers, 2002.
47. Study conducted in 2000, see Smith and Handler, 2007.
48. Smith and Handler, 2007, p. 22-23.
49. Ibid.

Appendix 1

Fact Sheets – Tools for Identifying Youth at Risk of Offending and Tools for Assessing the Risk of Youth Offending/Re-Offending



Appendix 1

Fact Sheets - Tools for Identifying Youth at Risk of Offending and Tools for Assessing the Risk of Youth Offending/Re-Offending

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Behavioural and Emotional Screening System (BASC-2 BESS)

Presentation

The Behavioural and Emotional Screening System (BASC-2 BESS) is a family of tools used to determine behavioural and emotional strengths and weaknesses in children and adolescents.

BASC-2 BESS is designed to identify the first signs of behavioural problems or emotional difficulties in children and adolescents.

BASC-2 BESS is considered to be an effective system designed for use in school settings to identify students at risk of developing behavioural or emotional problems.

Age group

This tool is intended for youth aged 3 to 17, according to the form used:

- Teacher form – two levels: ages 3 to 5 and 6 to 17 years
- Parent form – two levels: ages 3 to 5 and 6 to 17 years
- Student self-report form: ages 8 to 17 years

These three forms (teachers, parents and self-report) can be used individually or in any combination.

Context and procedure for use

The BASC-2 BESS is a screening tool designed for use by schools, mental health clinics, pediatric clinics, communities and researchers to identify young people at risk.

Administration time ranges from 5 to 10 minutes.

Components and items assessed

Each form (teachers, parents and student self-report) has 25 to 30 items.

The BASC-2 BESS basically identifies the same behaviours as does the Behaviour Assessment System for Children, Second Edition (BASC-2) (see the fact sheet on this tool for more information):

- externalized behaviour problems (such as aggression, hyperactivity and conduct problems);
- internalized behaviour problems (such as depression, anxiety and withdrawal);
- school problems;
- adaptive skills of children and adolescents.

Results are provided as percentiles and T-scores. Results between 20 and 60 mean that the young person falls under the “normal” category, between 61 and 70 indicate a “high-risk” of developing behavioural or emotional problems, and 71 and higher a “very high-risk”.

As its name indicates, the BASC-2 BESS is a tool used to identify and screen young people at high and very high-risk.

The results obtained with the BASC-2 BESS should not be the only factor considered in issuing a diagnosis or developing a treatment plan. Once the young people at risk have been identified, it is recommended that they be more thoroughly assessed, for example, with an assessment tool such as the BASC-2.

Relevance and validity

- ❑ The total score obtained on the forms is a reliable and accurate predictor of behavioural, emotional or academic problems for the child or adolescent (Pearson, Assessments for Educational, Clinical and Psychological Use).
- ❑ A validity index identifies responses that may be overly negative or inconsistent (Pearson, Assessments for Educational, Clinical and Psychological Use).
- ❑ When used in schools, this tool promotes the success of young students with difficulties and helps improve their social relationships with others by identifying them early and allowing for quick corrective action (Reynolds and Kamphaus).
- ❑ In cases of attention deficit hyperactivity disorder (ADHD), the BASC-2 is a good alternative to the Child Behaviour Checklist¹ as an early sign identification tool (Gladman and Lancaster 2002).
- ❑ BASC-2 is comparable to the Child Behaviour Checklist and other behaviour rating scales and seems sometimes superior in some respects (Gladman and Lancaster, 2002).

Additional information

- ❑ This tool was developed in the United States.
- ❑ This tool was developed by Randy W. Kamphaus and Cecil R. Reynolds (2007).
- ❑ The forms may be completed and analyzed with the BASC-2 Behavioural and Emotional Screening System ASSIST™ software.
- ❑ This software can generate reports organized by area, district, school and teacher.
- ❑ The T-scores and percentiles available for BASC-2 BESS were normed on a representative sample that closely matches recent U.S. census population characteristics.

¹For more information about the Child Behaviour Checklist (CBCL), see the fact sheet on the Achenbach System of Empirically Based Assessment (ASEBA).

Getting more information and materials

To obtain more information regarding the required qualifications, the training availability and the required materials (forms, software, manual, training materials, etc.), please contact:

Pearson, Assessments for Educational, Clinical and Psychological Use

Telephone: 1-866-335-8427

Fax: 1-800-632-9011 or 952-681-3299

E-mail: ClinicalCustomerSupport@Pearson.com

Web site: <http://www.pearsonassessments.com/pai/>

Materials are available in English and Spanish.

The BASC-2 BESS manual costs approximately \$65 and each questionnaire package (teachers, parents, and youths) cost approximately \$30.

Visit the Web site in order to obtain more information regarding the materials availability and related costs.

References

Gladman, M. and S. Lancaster. 2003. "A Review of the Behaviour Assessment System for Children." *School Psychology International* 24(3), 276-291.

Pearson, Assessments for Educational, Clinical and Psychological Use. BASC-2: *Behavior Assessment System for Children*, Second Edition.

Reynolds, C. and R. Kamphaus. BASC-2: *Behavior Assessment System for Children: Parent Feedback Report, Teacher Rating Scales*. AGS Publishing.



School Social Behaviour Scales (SSBS)

Presentation

The School Social Behaviour Scales (SSBS) was designed to achieve several objectives. It is intended as:

- a tool for identifying students with risk behaviours;
- part of a collection of multi-method and multi-source assessment instruments;
- a way of determining students' eligibility for intervention programs;
- a tool to help design treatment programs suitable to the needs of young people; and,
- a research instrument fostering a better understanding of the relationships between social competences and antisocial behaviours.

Age group

This tool is intended for youth aged 5 to 18.

Context and procedure for use

The SSBS is used by teachers and other school-based professionals.

Usually, most teachers can complete the SSBS in 5 to 10 minutes.

Components and items assessed

The SSBS contains 65 items distributed into two scales: Scale A consists of positive behaviours and prosocial skills, and Scale B comprises negative and problematic behaviours.

All sets of prosocial skills and antisocial behaviours assessed by the SSBS were selected because they frequently emerge in school settings and therefore reflect the experiences of that environment.

Scale A — Social Competence (32 items)

- **Interpersonal Skills:** measure the student's social skills in establishing good relationships with others.
- **Life Skills:** measure the student's social skills relating to self-restraint, cooperation and compliance with the demands of school rules and expectations.
- **Academic Skills:** measure the student's social skills relating to competent performance and engagement in academic tasks.

Scale B — Antisocial Behaviour (33 items)

- ❑ **Hostile – Irritable:** measure behaviours that are considered to be self-centered and annoying, and likely to lead to peer rejection.
- ❑ **Antisocial – Aggressive:** measure behaviours involving overt violations of school rules and intimidation or harm to others.
- ❑ **Disrupting – Demanding:** measure behaviours that are likely to disrupt ongoing school activities and that place excessive demands on others.

The SSBS is a system that rates frequency of behaviour on a 5-point scale, ranging from “never” (1 point) to “frequently” (5 points).

Once scoring is completed for each scale, the total score is then converted into *social functioning levels*, which are the basis for the following findings:

- a) average functioning;
- b) moderate Problem/Deficit functioning;
- c) significant Problem/Deficit functioning.

Relevance and validity

- ❑ Many studies have shown that SSBS is a tool with good to excellent stability and consistency (Merrell and Gimpel 1998).
- ❑ SSBS findings indicate that the scales can discriminate among various groups of students, particularly between behaviour-disordered and other special education students (Merrell and Gimpel 1998).
- ❑ Overall findings support SSBS’s construct validity (Merrell and Gimpel 1998).
- ❑ SSBS is easy to use in educational settings to accurately identify students with social and behavioural problems (Merrell 2001).
- ❑ One of the SSBS’s limitations is the tool’s inability to group results by gender.

Additional information

- ❑ This tool was developed in the United States.
- ❑ Correlations between the SSBS and other assessment instruments (e.g. ASEBA’s Child Behaviour Checklist and Teacher’s Report Form) show that SSBS findings converge towards identical results (Merrell and Gimpel 1998).
- ❑ Scale B on antisocial behaviours is not designed to measure overcontrolled or internalized behaviour problems, such as anxiety, depression, or attention deficit hyperactivity disorder (Merrell and Gimpel 1998).
- ❑ The second edition of the SSBS (SSBS-2) is now available. The first version by K. W. Merrell dates to 1993.
- ❑ A new SSBS instrument, the Home and Community Social Behaviour Scales (HCSBS), is also currently available. This version is to be completed by parents and other community-based informants.
- ❑ Since the second edition of the SSBS and the new instrument (HCSBS) are quite recent (2008), there is little information on them at this time.

Getting more information and materials

To obtain more information regarding the required qualifications, the training availability and the required materials for the SSBS and the HCSBS (forms, software, manual, training materials, etc.), please contact:

Brookes Publishing Co

Kimberly Allen
PO Box 10624
Baltimore, MD, 21258-0624
Telephone: 800-638-3775
Fax: 410-337-8539
E-mail: kallen@brookespublishing.com
Web site: <http://www.brookespublishing.com/sbs>

The order form is available at:

<http://www.brookespublishing.com/store/books/merrell-sbs/index.htm>

The SSBS materials are available in English only while the HCSBS materials are available in English and Spanish.

Costs are approximately \$50 for the user's guide and \$40 for the forms.

Visit the Web site in order to obtain more information regarding the materials availability and related costs.

References

- Dumaray, M. and S. Ruffalo.** 1995. "Social Skills Assessment: A Comparative Evaluation of Six Published Rating Scales." *School Psychology Review*, 24(4), 648-652.
- Merrell, K. W.** 1993. "Using Behaviour Rating Scales to Assess Social Skills and Antisocial Behavior in School Settings." *School Psychology Review*, 22(1), 115-139.
- Merrell, K. W.** 2001. "Assessment of Children's Social Skills: Recent Developments, Best Practices, and New Directions." *Exceptionality*, 9(1-2), 3-18.
- Merrell, K. W. and G. A. Gimpel.** 1998. *Social Skills of Children and Adolescents: Conceptualization, Assessment, Treatment*. Mahwah, New Jersey: Lawrence Erlbaum Associates.



Substance Abuse Subtle Screening Inventory - Adolescent (SASSI-A2)

Presentation

SASSI-A2 is a screening instrument designed to identify young people who have a substance abuse and substance dependence.

Age group

This tool is intended for youth aged 12 to 18.

The same form can be used for both boys and girls, but the rating scales are different for each gender.

Context and procedure for use

SASSI-A2 can be administered individually or in a group setting. The questionnaire takes 15 to 20 minutes to administer.

This instrument is equally useful both in dependence treatment programs and in correctional settings.

Components and items assessed

The SASSI-A2 comprises five scales:

1. Family and friends
2. Attitudes towards substance abuse
3. Symptoms of substance misuse/addiction
4. Validity check
5. Classification scale (helps distinguish between substance abuse and addiction)

This tool contains direct and indirect subscales that operate dynamically together to screen young people with substance use disorders regardless of their honesty or motivation (Feldstein and Miller 2007).

SASSI-A2 works on the basis of cut-off scores to screen young people at risk and to distinguish those with a substance abuse disorder from those at high risk of having a dependence disorder/addiction.

Relevance and validity

- ❑ Studies have shown that the SASSI-A2 has a diagnostic accuracy of 94% (SASSI Institute).
- ❑ Counsellors in addiction treatment centres have reported preferring use of the SASSI-A2 over other known addiction screening tools; for example the Michigan Alcohol Screening Test (MAST) and Addiction Severity Index (ASI) (Feldstein and Miller 2007).
- ❑ The predictive validity of the SASSI-A2 is now sufficiently great and has been demonstrated several times, making it one of the most widely used instruments in addiction treatment centres (Feldstein and Miller 2007).
- ❑ The SASSI-A2 authors indicate that the diagnostic accuracy of this instrument is not affected by the respondent's age, ethnicity, education, institutional setting, comorbidity or levels of honesty or defensiveness (Feldstein and Miller 2007).

Additional information

- This tool was developed in the United States.
- The tool's authors are Franklin G. Miller, James Roberts, Marlene K. Brooks, Linda E. Lazowski and the SASSI Institute.
- A version of this tool is also available for respondents 18 years and over (SASSI-3).
- At this time there seems to be no French translation of this tool.
- This tool is also available in electronic form.
- The SASSI Institute, in collaboration with Stephen Hupp and Jeremy Jewell, developed a tool known as Behaviors & Attitudes Drinking & Driving Scale (BADDS). This tool is designed for persons who have been arrested for impaired driving and can also be used to assess the effectiveness of drinking and driving programs.
- Since SASSI-A2 is exclusively a screening tool and not an assessment tool, it should not be used to make diagnoses or to recommend or develop dependence treatment plans (Feldstein and Miller 2007).

Getting more information and materials

To obtain more information regarding the required qualifications, the training availability and the required materials (forms, software, manual, training materials, etc.), please contact:

SASSI Institute Headquarters

201 Camelot Lane
Springville, IN 47462
Telephone: 812-275-7013
Fax: 888-397-2774
E-mail: canada@sassi.com
Web site: <http://www.sassi.com/>
Customer Service: 888-467-2774
Training: 800-697-2774
Clinical Help Line: 888-297-2774
Computer Technical Support: 888-251-4147

Materials can also be ordered through Pearson:

Pearson, Assessments for Educational, Clinical and Psychological Use

Telephone: 1-866-335-8427
Fax: 1-800-632-9011 or 952-681-3299
E-mail: ClinicalCustomerSupport@Pearson.com
Web site: <http://www.pearsonassessments.com/pai/>

Materials are available in English.

The cost of the SASSI-A2 starter kit (including the Manual, User's Guide, scoring key and 25 paper tests and profiles) is between \$125 and \$165.

Visit the Web site in order to obtain more information regarding the materials availability and related costs.

References

Feldstein, S. and W. Miller. 2007. "Does subtle screening for substance abuse work? A review of the Substance Abuse Subtle Screening Inventory (SASSI)." *Addiction*, 102(1), 41-50.

SASSI Institute. 2001. *Estimates of the Reliability and Criterion Validity of the Adolescent SASSI-A2.*

SASSI Institute - Web site: <http://www.sassi.com/>



Problem-Oriented Screening Instrument for Teenagers (POSIT)

Presentation

As its name indicates, the Problem-Oriented Screening Instrument for Teenagers (POSIT) is a screening instrument designed to identify at-risk youth with potential problems in one or more of ten areas of psychosocial functioning and who require more thorough assessment.

After obtaining POSIT results, assessors can use another rigorous assessment tool to conduct a more thorough assessment of the areas where problems were identified and then develop an intervention plan specifically tailored to the adolescent's needs.

Age group

This tool is intended for youth aged 12 to 19.

Context and procedure for use

POSIT was designed to be used by several groups: school personnel, juvenile and family court personnel, medical and mental health care providers, and staff in substance use disorder treatment programs.

Usually POSIT is completed individually by the adolescents, while the administrator remains available to answer any questions they may have. POSIT is a self-report instrument.

It takes 20 to 30 minutes to complete.

Components and items assessed

POSIT comprises the following:

1. POSIT self-administered questionnaire;
2. POSIT scoring templates;
3. POSIT scoring sheet.

The self-administered questionnaire has 139 closed items, which male or female adolescents must answer "yes" or "no".

The items presented focus on the following 10 areas of psychosocial functioning:

1. Substance Use/Abuse
2. Physical Health
3. Mental Health
4. Family Relations
5. Peer Relations
6. Educational Status

7. Vocational Status
8. Social Skills
9. Leisure/Recreation
10. Aggressive Behaviour/Delinquency

The final score in each of these 10 areas can be calculated by hand or through available software.

Once a total score is calculated for each area, the POSIT administrator can use empirically derived cut-off scores to classify the youth's risk level as low, medium or high for each of the 10 areas.

Relevance and validity

- In 1997 a study was conducted to test POSIT's ability to identify psychoactive substance abuse disorders defined in the DSM-III-R. This study used a sample of 342 adolescents recruited from school, clinical, and correctional settings, and found that POSIT can be used as a useful screening instrument to identify adolescents in need of further drug abuse assessment (Latimer, Winters and Stinchfield 1997).
- A study showed that POSIT is a valid and useful tool in the identification of dysfunctional families (Santisteban 1999).
- In 2001, the reliability of POSIT was tested using a one-week test-retest methodology. POSIT was administered to a sample of 15 to 18 year-old patients of a medical care centre and then re-administered a week later (to the same patients). The study concluded there was "supportive evidence for the reliability of the POSIT in primary care medical settings, although some POSIT scales could likely be improved" (Knight et al. 2001).
- A 1994 study that sought to test the validity of POSIT concluded that POSIT "seems to provide an optimal procedure for integrating disparate data from multiple sources into a comprehensive assessment of an adolescent's substance use and related functioning. Because known correlates of the POSIT Substance Use/Abuse scale probably contribute to the development of substance use disorders (e.g. school or family problems), the POSIT may also be a useful tool for identifying individuals at risk" (McLaney and Boca 1994).

Additional information

- This tool was developed in the United States.
- Various studies have examined the capabilities of POSIT; however, it should be reiterated that POSIT is not a diagnostic instrument, and comprehensive assessments require additional tests (Knight et al. 2001).
- POSIT is often used as a screening tool in the youth justice system. This is a first step that enables assessors to make referrals for cases that require more thorough assessment (Dembo and Anderson 2005).
- POSIT's main advantage is that it is very clear and straightforward.
- POSIT was developed on the basis of research showing that youth who come into contact with the justice system or police, or who participate in targeted prevention programs, often have problems in several of the ten functioning areas identified by POSIT (Dembo and Anderson 2005).
- Since POSIT is a self-report instrument, it is important to gather other information to validate the responses provided by the youths (Dembo and Anderson 2005).
- A POSIT Follow-up Questionnaire is also available and is very similar to the original questionnaire. The follow-up questionnaire measures changes in seven of the ten functioning areas; it does not measure changes in the following problem areas: educational status, vocational status and aggressive behaviour/delinquency.
- The follow-up questionnaire must be completed by the youth at least two months after the POSIT is first administered.

Getting more information and materials

To obtain more information regarding the required qualifications, the training availability and the required materials (forms, software, manual, training materials, etc.), please contact:

National Institute on Drug Abuse (NIDA)

National Institutes of Health
 Division of Clinical and Services Research
 Room 5213
 6001 Executive Boulevard
 Bethesda, Maryland, 20892-9561
 Telephone: 301-443-1124
 E-mail: information@nida.nih.gov
 Web site: <http://www.drugabuse.gov>

Materials are available in English and Spanish.

Visit the Web site in order to obtain more information regarding the materials availability and related costs.

References

- Dembo, R. and A. Anderson.** 2005. Problem-Oriented Screening Instrument for Teenagers. In Grisso T., G. Vincent and D. Seagrave (Eds). *Mental Health Screening and Assessment in Juvenile Justice*. New York: The Guilford Press, Chapter 8, 112-122.
- Knight, J.R. et al.** 2001. "Reliability of the Problem Oriented Screening Instrument for Teenagers (POSIT) in Adolescent Medical Practice." *Journal of Adolescent Health*, 29(2), 125-130.
- Latimer, W.W. et al.** 1997. "Screening for Drug Abuse Among Adolescents in Clinical and Correctional Settings Using the Problem-Oriented Screening Instrument for Teenagers." *American Journal of Drug and Alcohol Abuse*, 23(1), 79-98.
- McLaney, M. A. and F. D. Boca.** 1994. "A Validation Study of the Problem-Oriented Screening Instrument for Teenagers (POSIT)." *Journal of Mental Health*, 3(3), 363-377.
- Santisteban, D. et al.** 1999. "An Efficient Tool for Screening for Maladaptive Family Functioning in Adolescent Drug Abusers: the Problem Oriented Screening Instrument for Teenagers." *The American Journal of Drug and Alcohol Abuse*, 25(2), 197-209.



Detection of Alcohol and Drug Problems in Adolescents (DEP-ADO)

Presentation

DEP-ADO is a screening checklist used to detect problem alcohol and drug use in adolescents.

This tool is used for identification of problem or at-risk use in adolescents. The results obtained by administering the DEP-ADO indicate to the assessor whether there are grounds for intervention or referral to a front-line organization or an organization specializing in substance addiction.

Age group

This tool is intended for youth aged 14 to 17.

The tool has not been validated for ages 12 to 13, but clinical studies have shown that it is still appropriate for use with this age group. However, the DEP-ADO is not recommended for use with young people under 12 years of age.

Context and procedure for use

DEP-ADO can be administered by a clinician in a one-to-one interview. It can also be administered as a self-report questionnaire in a group setting for clinical or research purposes. At this time, direct supervision by a clinician is indicated.

It takes about 15 minutes to administer. Additional time should be allowed for interpreting results and providing feedback to respondents.

Targeted intervention settings are primarily organizations offering early substance addiction intervention; these include health care centres, community organizations, schools and youth centres.

Components and items assessed

Items included in the DEP-ADO address three factors: alcohol and cannabis, other drugs, and consequences. In general, the reference period is “in the last 12 months”.

This tool uses a score and colour system indicating the level of problem use and the interventions to be conducted as a result:

- Score of 13 points or less = Green Light. No obvious problem of drug or alcohol use (no intervention is necessary);
- Score of 14 to 19 points = Yellow Light. Developing problem (early intervention considered desirable);
- Score of 20 points or more = Red Light. Obvious problem (specialized intervention and a more in depth assessment are required).

Scores are calculated from a coding index included with the DEP-ADO questionnaire.

Special attention must be paid to adolescents who obtain scores near the boundary between two categories (two points at either side of the cut-off). Establishing cut-off points is useful but involves a certain risk, either of detecting problem substance use where there is none (false positives) or the opposite, that is, failing to detect actual problem substance use where there really is one (false negatives).

Relevance and validity

- ❑ Psychometric analyses have shown that the breakpoints provide adequate classification for 79.25% of young people.
- ❑ Special attention must be paid to 20% of adolescents, highlighting the importance of clinical expertise in the youth addiction field in order to screen adolescents whose DEP-ADO scores do not reflect their actual problems.
- ❑ These results indicate that DEP-ADO has adequate psychometric properties that compare favourably with those of other problem-use screening tools.
- ❑ The first version of DEP-ADO dates to 1999; a number of empirical studies made it possible to validate this tool and update it for use in new contexts. The current version is DEP-ADO, Version 3.2, September 2007.

Additional information

- ❑ This tool was developed in Canada.
- ❑ This is a detection instrument; it is not to be used in issuing diagnoses.
- ❑ When an adolescent obtains a “red light”, i.e., is identified as having problematic substance use, an exhaustive assessment of drug and alcohol use should be conducted, using, for example, the tool “Addiction Severity Index for Adolescents” (Indice de gravité d’une toxicomanie pour les adolescents - IGT-ADO)¹, also developed by the RISQ.
- ❑ Any use of the DEP-ADO not leading to a service offer contravenes the very essence of the instrument.
- ❑ The use of this tool for mass screening (of groups) is contraindicated.

Getting more information and materials

To obtain more information regarding the required qualifications, the training availability and the required materials (forms, software, manual, training materials, etc.), please contact:

Recherche et intervention sur les substances psychoactives - Québec

950 de Louvain Street East
 Montreal, Quebec
 H2M 2E8
 Telephone: 514-385-3490, ext. 3112
 Fax: 514-385-4685
 E-mail: risq.cirasst@sss.gouv.qc.ca
 Web site: <http://www.risqtoxico.ca/risq/www/index.php>

Materials are available in English and French.

Visit the Web site in order to obtain more information regarding the materials availability and related costs.

RISQ is the creator and owner of DEP-ADO.

References

Germain, M. et al. 2007. *Detection of Alcohol and Drug Problems in Adolescents (DEP-ADO)*. Version 3.2, September 2007. Recherche et intervention sur les substances psychoactives – Québec (RISQ).

Landry M. et al. 2004. “La grille de dépistage de la consommation problématique d’alcool et de drogues chez les adolescents et les adolescentes (DEP-ADO): développement et qualités psychométriques.” *Drogues, Santé et société*, 3(1), 35-67.

¹ For more information on this risk assessment tool, please refer to the fact sheet “Addiction severity index for adolescents” (Indice de gravité d’une toxicomanie pour les adolescents - IGT-ADO).



Youth Level of Service/Case Management Inventory - Screening Version (YLS/CMI-SV)

Presentation

This screening tool for at-risk youth is a short version of the Youth Level of Service/Case Management Inventory-Risk/Needs Assessment (YLS/CMI) (see the YLS/CMI fact sheet for more information).

This screening version was designed to identify youth at risk and conduct a preliminary assessment to identify the level and nature of interventions required.

Since it is a short version, the YLS/CMI-SV should not be used alone in making or supporting decisions. High-risk youth should be referred for a comprehensive risk assessment.

Age group

This tool is intended for youth aged 12 to 17.

Context and procedure for use

This tool was developed to be used in school settings and by all practitioners involved in youth assessment.

Components and items assessed

The screening version contains the following eight items:

1. History of Conduct Disorder
2. Current School or Employment Problems
3. Some Criminal Friends
4. Alcohol/Drug problems
5. Leisure/Recreation
6. Personality/Behaviour
7. Family Circumstances/Parenting
8. Attitudes/Orientation

For items 1 to 6, the interviewer gives a yes/no response depending on whether the problems are “present” or “absent”.

Items 7 and 8 are rated on a 3-point scale ranging from 0, “a satisfactory situation with little or no improvement needed”, to 3, “a very unsatisfactory situation with a very clear and strong need for improvement”.

Ratings are then added for a total score, which ranges from 0 to 12 (1 point for each “yes” response).

Higher total scores indicate a higher need for intervention. Items checked “yes” or given a score of “3” indicate potential intervention targets.

Relevance and validity

- ❑ This tool was standardized by the Ottawa Police Service following two and a half years of research and evaluation (Hoge and Andrews).
- ❑ This tool is currently used by the Ottawa Police Service and in three other northern communities in Canada (Hoge and Andrews).
- ❑ This tool helps place the youth along a level of risk continuum ranging from “no-risk” to “high-risk” (Hoge and Andrews).
- ❑ Information gathered through this tool can be used for several purposes, including the following:
 - Identifying youth who would benefit most from intervention through identification of the domains where intervention services can best be targeted for youth as individuals.
 - Screening out no-risk or low-risk youth from others at greater risk so as to minimize net widening in the justice process.
 - Identifying trends in youth criminality.
 - Identifying gaps for community capacity building.
 - Ensuring consistency in how police address youthful offenders.
 - Ensuring a greater awareness of risk and protective factors for both youth and police.
 - Affording more accuracy for case management planning in intervention (Hoge 2005).

Additional information

- ❑ This tool was developed in Canada.
- ❑ This screening version is a practical application of an approach based on early screening and intervention.
- ❑ Since this is a short screening version, the Youth Level of Service/Case Management Inventory-Risks/Needs Assessment (YLS/CMI) must be used to conduct an actual in-depth assessment and develop appropriate intervention plans.

Getting more information and materials

To obtain more information regarding the required qualifications, the training availability and the required materials (forms, software, manual, training materials, etc.), please contact:

Multi-Health Systems Inc.

3770, avenue Victoria Park
 Toronto, Ontario
 M2H 3M6
 Telephone: 1-800-268-6001
 Web site: www.mhs.com

Dr. Robert D. Hoge

Department of Psychology
 Carleton University
 Ottawa, Ontario
 Telephone : 613-520-5773
 Email : Robert_hoge@carleton.ca

Materials are available in English and French. French translation was realized by the Royal Canadian Mounted Police.

Visit the Web site in order to obtain more information regarding the materials availability and related costs.

References

Andrews, D. A. et al. 2002. *Youth Level of Service and Case Management Inventory*. Toronto, Ontario: Multi-Health Inc.

Hoge R. D. 2005. Youth Level of Service/Case Management Inventory, In Grisso, T., G. Vincent and D. Seagrave (Eds.), *Mental Health Screening and Assessment in Juvenile Justice*. New York: The Guilford Press, Chapter 17, 283-294.

Hoge, R. D. and D. A. Andrews. *Youth Level of Service/Case Management Inventory (YLS/CMI) - Screening Version*. Carleton University. Draft version - may not be distributed without the authors' prior written permission. Not dated. Obtained through a work meeting.



Beck Youth Inventories - Second Edition (BYI-II)

Presentation

Beck Youth Inventories - Second Edition (BYI-II) is a clinical assessment instrument designed to assess social and emotional impairment in children and adolescents.

This instrument is composed of five inventories of behaviours and emotions that can be used separately or in combination to assess symptoms of depression, anxiety, anger, disruptive behaviour and self-concept.

Age group

This tool is intended for youth aged 7 to 18.

Context and procedure for use

This tool is used in educational and clinical settings and can be administered individually or in a group.

Each inventory takes about five minutes to complete.

Components and items assessed

This instrument assesses young people's emotional and social impairment in five specific areas (the five Beck inventories). This is a self-report instrument.

Each inventory contains 20 statements about thoughts, feelings and behaviours associated with emotional and social impairment in youth. Children and adolescents describe how frequently the statement has been true for them (Pearson, Assessments for Educational, Clinical and Psychological Use).

The five Beck inventories are described below:

Depression Inventory

In line with the depression criteria of the Diagnostic and Statistical Manual of Mental Health Disorders - Fourth Edition (DSM-IV), this inventory allows for early identification of symptoms of depression. It includes items related to negative thoughts about self, life and the future, and feelings of sadness and guilt.

Anxiety Inventory

Reflects children's and adolescents' specific worries about school performance, the future, negative reactions of others, fears including loss of control, and physiological symptoms associated with anxiety.

Anger Inventory

Evaluates thoughts and feelings of anger and hatred.

Disruptive Behavior Inventory

Identifies thoughts and behaviours associated with conduct disorder and oppositional-defiant behaviour.

Self-Concept Inventory

Taps self-perceptions of competence, potency and positive self-worth.

The items are rated on a scale from 0 (never) to 3 (always). The total score is then standardized into a T-score. Results are standardized based on children and adolescents aged 7 to 18 years in the US by gender (FRIENDS).

Relevance and validity

- There are numerous advantages to using this tool, including the following:
 - assessing youth with special needs and low reading level;
 - identifying impaired children for referral to more extensive assessment services;
 - identifying potential vulnerability to victimization; and,
 - monitoring response to interventions.
- This is a standardized instrument (FRIENDS).
- The instrument has high internal consistency and good reliability for all age groups on all scales (FRIENDS).

Additional information

- This tool was developed in the United States.
- The authors are Judith S. Beck, Aaron T. Beck, John B. Jolly and Robert A. Steer.
- The BYI-II can be administered for various purposes, such as producing a score for referral to a service/program; serving as a pre/post-test to determine intervention outcomes; and keeping track of progress and changes, when administered periodically.

Getting more information and materials

To obtain more information regarding the required qualifications, the training availability and the required materials (forms, software, manual, training materials, etc.), please contact:

Pearson, Assessments for Educational, Clinical and Psychological Use

Telephone: 1-866-335-8427
Fax: 1-800-632-9011 or 952-681-3299
E-mail: ClinicalCustomerSupport@Pearson.com
Web site: <http://www.pearsonassessments.com/pai/>

Materials are available in English and some forms are also available in French. The instruction manual is available only in English.

The BYI-II starter kit costs approximately \$200.

Visit the Web site in order to obtain more information regarding the materials availability and related costs.

References

FRIENDS National Resource Center for Community-Based Child Abuse Prevention. *Compendium of Evaluation Tools - Beck Youth Inventories (Second Edition)*. <http://friendsnrc.org/index.htm>.

Pearson, Assessments for Educational, Clinical and Psychological Use. *Beck Youth Inventories™ - Second Edition*.



Behaviour Assessment System for Children, Second Edition (BASC-2)

Presentation

The BASC-2 system is a family of tools used to assess a range of emotional and behavioural problems in young people and to help practitioners and professionals develop appropriate intervention plans.

BASC-2 assesses the extent of externalized and internalized behaviour problems, problems at school and adaptation skills.

The BASC-2 system uses a multidimensional assessment approach and applies a triangulation method to gather information and validate the results obtained. BASC-2 considers behaviour from the following three perspectives:

1. The young person itself, through the Self-Report of Personality (SRP) scale.
2. Teachers, through Teacher Rating Scales (TRS) and the Student Observation System (SOS).
3. Parents, through the Parent Rating Scales (PRS), Structured Developmental History (SDH) and the Parenting Relationship Questionnaire.

Due to its multi-component structure, the BASC-2 system is one of the tools with the most comprehensive and multidimensional approaches currently available.

Age group

This tool is intended for youth aged 2 to 21, divided into three specific age groups:

- ❑ 2 to 5 years (Pre-school)
- ❑ 6 to 11 years (Child)
- ❑ 12 to 21 years (Adolescent)

The Self-Report of Personality uses different age intervals: 6 to 7 (data collected through interviews), 8 to 11, 12 to 21, and 18 to 25.

Context and procedure for use

BASC-2 results should be interpreted by psychologists, education professionals, clinicians and other professionals.

Administration time varies depending on the tool being used. For example both the Teacher and Parent rating scales take 10 to 20 minutes to complete, while the Self-Report requires about 30 minutes.

Components and items assessed

BASC-2 focuses on both the strengths and weaknesses of the young person's behaviours and feelings.

Behaviour assessment: Parent and Teacher perspectives

The young person's behaviour is primarily assessed through the Parent Perspectives (Parent Rating Scales) and the Teacher Perspectives (Teacher Rating Scales and Student Observation System).

These two rating scales are built from approximately 16 items, divided into two categories: items measuring the young person's degree of adjustment (adaptive scales) and clinical items (clinical scales).

Items measuring the young person's adjustment focus on positive psychological behaviours, while clinical scale items place more emphasis on externalized and internalized problem behaviours and on problems at school.

The items assessed by these two rating scales are outlined below:

Adaptive Scales

- Activities of Daily Living (variable used only with parents)
- Adaptability
- Functional Communication
- Leadership
- Social Skills
- Study Skills (variable used only with teachers)

Clinical Scales - externalized behaviour problems

- Aggression
- Hyperactivity
- Conduct Problems
- Atypicality

Clinical Scales - internalized behaviour problems

- Anxiety
- Somatization (mental illness according to DMS-IV)
- Depression
- Withdrawal

Clinical Scales - problems at school

- Attention Problems
- Learning Problems (variable used only with teachers)

The response format for each item is based on a 4-point scale ranging from 0, meaning "Never", to 4, meaning "Almost Always".

Assessment results are presented as percentiles and T-scores. For example, for adaptive items, results lower than 40 correspond to low-risk, while results higher than 41 indicate high-risk. For clinical items, a result between 20 and 59 corresponds to low-risk, and 60 and over to high-risk.

Emotional assessment: Self-Report of Personality

Young people's emotions and feelings are assessed through self-reporting.

The measured items are as follows:

- Alcohol Abuse (for ages 18 to 25 only)
- Anxiety
- Attention Problems
- Attitude to School
- Attitude to Teachers
- Atypicality
- Depression
- Hyperactivity
- Interpersonal Relations
- Locus of Control
- Relations with Parents
- School Maladjustment
- Self-Esteem
- Self-Reliance
- Sense of Inadequacy
- Social Stress
- Withdrawal
- Sensation Seeking

Relevance and validity

- BASC-2 uses an integrative approach to provide a comprehensive assessment of children and adolescents (Gladman and Lancaster 2003).
- It is recognized as an effective tool for its sensitivity to children's developmental stages (Pearson, Assessments for Educational, Clinical and Psychological Use).
- It has been tested several times for internal consistency and reliability, with consistently conclusive results (Kamphaus and Frick 2005).
- This assessment tool can be used before and after a prevention program to measure behavioural and emotional changes in young people. For instance, it was used in the evaluation of CAP: Children's Domestic Abuse Program (Murray Close et al. 2003).

Additional information

- This tool was developed in the United States.
- The BASC assessment system was designed by Cecil Reynolds and Randy Kamphaus.
- The first edition of BASC dates to 1992.
- The BASC system includes a definition for all items measured to ensure a uniform understanding of the variables to be assessed.
- Software can be used to help analyze results. BASC-2 can also be hand-scored.
- This software generates graphic representations of the behaviours that should be targeted by the intervention.
- The T-scores and percentiles available for BASC-2 were normed on a representative sample matching the most recent U.S. census population characteristics. Standardized results are also available for girls and boys.

Getting more information and materials

To obtain more information regarding the required qualifications, the training availability and the required materials (forms, software, manual, training materials, etc.), please contact:

Pearson, Assessments for Educational, Clinical and Psychological Use

Telephone: 1-866-335-8427

Fax: 1-800-632-9011 or 952-681-3299

E-mail: ClinicalCustomerSupport@Pearson.com

Web site: <http://www.pearsonassessments.com/pai/>

Forms are available in English, French and Spanish but the manual is available only in English.

Visit the Web site in order to obtain more information regarding the materials availability and related costs.

References

Gladman, M. and S. Lancaster. 2003. "A Review of the Behaviour Assessment System for Children." *School Psychology International*, 24(3), 276-291.

Kamphaus, R. W. et al. 2007. *The Clinical Assessment of Children and Adolescents: A Practitioner's Handbook*.

Kamphaus, R. W. and P. J. Frick. 2005. *Clinical Assessment of Child and Adolescent Personality and Behavior*. Second Edition.

Murray-Close, M. et al. 2003. *CAP: Children's Domestic Abuse Program 2000-2001, Evaluation report*. Wilder Foundation Programs, Wilder Research Center. Saint Paul, Minnesota.

Pearson, Assessments for Educational, Clinical and Psychological Use. *BASC-2: Behavior Assessment System for Children*, Second Edition.



Achenbach System of Empirically Based Assessment (ASEBA)

Presentation

ASEBA was developed to fill the need for a practical and user-friendly assessment system for children and adolescents that could be used in a variety of settings.

The ASEBA assessment system is a family of tools comprised of the following three instruments:

1. Child Behaviour Checklist - CBCL
2. Youth Self-Report - YSR
3. Teacher's Report Form - TRF

All three ASEBA assessment tools use a common strategy of focusing on risk and protective factors to assess a broad spectrum of emotional, social and behavioural problems in children and adolescents.

ASEBA is considered as a multidimensional and integrated assessment system because it is based on the perspectives of parents, teachers and the children themselves.

Age group

This tool is intended for youth aged 6 to 18, as follows:¹

- Child Behaviour Checklist: 6 to 18 years
- Youth Self-Report: 11 to 18 years
- Teacher's Report Form: 6 to 18 years

Context and procedure for use

ASEBA can be used in a variety of areas, including youth justice, mental health, medical settings and school.

Each ASEBA form is tailored to a specific type of informant, as follows:

- The Child Behaviour Checklist should be filled out by the children's parents or guardians.
- The Youth Self-Report should be filled out by the young person him/herself.
- The Teacher's Report Form should be filled out by the teacher or another education professional who knows the young respondent well.

Each form takes about 15 minutes to complete.

Forms can be completed by hand or electronically, using a software program.

¹For further reference, there are other instruments available for ages 18 to 59, namely the Adult Self-Report and the Adult Behaviour Checklist.

Components and items assessed

All ASEBA forms have a scale for internalized problems, externalized problems and a total problems score. The items measured are outlined below:

Internalized problems

- Withdrawn
- Somatic Complaints
- Anxiety/Depression
- Social Problems
- Thought Problems

Externalized problems

- Attention Problems
- Rule-breaking Behaviour
- Aggressive Behaviour

These items are measured on a 3-point scale, where a rating of 0 indicates the child's behaviour is "absent", 1 "somewhat or sometimes true", and 2 "very true or often true".

According to Achenbach and colleagues, a result over 63 generally indicates behavioural problems on the three scales (total problems, externalized problems and internalized problems). A result over 70 usually points to more serious and specific behaviour problems.

Child Behaviour Checklist and Youth Self-Report

More specifically, the Child Behaviour Checklist and Youth Self-Report measure competence through the following three competence scales:

1. **Activities:** assesses quality of participation and time spent with others in sport or other activities
2. **Social:** assesses children's interpersonal relationships
3. **School:** assesses children's academic performance and problems at school

Total Competence: combination of the results of these three scales

The Child Behaviour Checklist includes about 113 items on problem behaviours. Parents rate on a 3-point scale how true these behaviour items are: 0 indicates "not true", 1 "somewhat or sometimes true", and 2 "very true or often true".

The Youth Self-Report scale also measures the frequency and intensity of the behaviour on a 3 point scale, where 0 is "not true", 1 "somewhat or sometimes true" and 2 "very true or often true".

Relevance and validity

- ❑ The Child Behaviour Checklist is one of the most widely used instruments for assessing behaviour problems in children and adolescents (Warnick et al. 2008).
- ❑ A systematic review of studies employing the Child Behaviour Checklist shows there are several benefits to using this tool to help professionals screen children and youth with problems, assess them, and develop an intervention plan, either in clinical settings or local communities (Warnick et al. 2008).
- ❑ ASEBA can generate results grouped by respondents' sex and age (Achenbach 2005).
- ❑ Modules of the ASEBA system were adapted for cultural communities.
- ❑ ASEBA is a reliable instrument for use in youth justice settings (Achenbach 2005):
 - Findings obtained with ASEBA help predict over the long term certain rule breaking behaviours, particularly those involving contact with the police and alcohol or drug use, from childhood to adolescence, or from adolescence to adulthood.
 - These studies also show that ASEBA yields significant results in terms of predicting suicidal behaviour, dropping-out behaviour and mental health care needs.

Additional information

- ❑ This tool was developed in the United States.
- ❑ Data can be processed electronically. The software produces reports with direct comparisons of the problems reported by children, parents and educators.
- ❑ ASEBA can be used as an assessment tool to measure behavioural changes and outcomes for young people having participated in a prevention program (Achenbach 2005).
- ❑ This instrument can also be used at regular intervals to monitor treatment progress, for example every three to six months (Achenbach 2005).
- ❑ ASEBA is an instrument suitable for use with cultural communities.

Getting more information and materials

To obtain more information regarding the required qualifications, the training availability and the required materials (forms, software, manual, training materials, etc.), please contact:

ASEBA/Research Center for Children, Youth and Families

1 South Prospect Street
 St. Joseph's Wing (3rd Floor, Room 3207)
 Burlington, VT 05401
 Telephone: 802-656-5130
 Fax: 802-656-5131
 E-mail: mail@aseba.org
 Web site: <http://www.aseba.org/>

Materials are available in English and Spanish.

Visit the Web site in order to obtain more information regarding the materials availability and related costs.

References

- Achenbach, T.** 1991. *Manual for Child Behavior Checklist/4-18 and 1991 Profile*. Burlington, VT: University of Vermont, Department of Psychiatry.
- Achenbach, T.** 2005. Achenbach System of Empirically Based Assessment. In Grisso, T., G. Vincent and D. Seagrave (Eds.), *Mental Health Screening and Assessment in Juvenile Justice*. New York: The Guilford Press, Chapter 11, 187-205.
- Achenbach, T. and L. Rescorla.** 2001. *Manual for the ASEBA School-Age Forms Profiles: An Integrated System of Multi-informant Assessment*. Burlington, VT: University of Vermont, Research Center for Children, Youth & Families.
- Gladman, M. and S. Lancaster.** 2003. "A Review of the Behaviour Assessment System for Children." *School Psychology International* 24(3), 276-291.
- Warnick, E. M. et al.** 2008. "Screening Efficiency of the Child Behavior Checklist and Strengths and Difficulties Questionnaire: A Systematic Review." *Child and Adolescent Mental Health* 13(3), 140–147.



« Addiction Severity Index for Adolescents » (Indice de gravité d'une toxicomanie pour les adolescents - IGT-ADO)¹

Presentation

IGT-ADO is an assessment tool used to measure the severity of alcohol and drug problems in adolescents so they can be referred for appropriate treatment.

This tool can produce bio-psychosocial assessment of the young people, assist in referring them to specialized services, and serve as a foundation for the development of an intervention plan.

Age group

This tool is intended for young people aged 14 to 17 who have been identified as having alcohol and drug abuse problems.

It can also be used with the 12 to 13 and 18 to 21 age groups.

Context and procedure for use

The IGT-ADO is designed for use as part of a specialized addiction treatment program. This tool is used primarily by treatment centres specializing in youth addiction.

Semi-structured questionnaire administered as part of an interview with the young person.

This tool takes about 90 minutes to administer: 15 minutes for scoring and 15 to 20 minutes for interpreting the results and providing feedback to the respondent.

Components and items assessed

IGT-ADO is used to calculate composite scores and develop severity profiles based on the following eight scales:

1. Alcohol
2. Drugs
3. Physical Health
4. Employment
5. Psychological Status
6. Interpersonal Relationships
7. Family Relationships
8. Social and Legal Systems

¹The information presented here is entirely derived from a RISQ fact sheet on the IGT-ADO (version 3.1, April 2003), available from : http://www.risqtoxico.ca/documents/Fiche_IGT_ADO_sep08.pdf

Relevance and validity

- This tool was validated in Quebec with young people aged 14 to 17.
- Validation studies indicate that the instrument has good psychometric properties in terms of validity (construct validity and discriminate validity) and reliability (test-retest and internal consistency).

Additional information

- This tool was developed in Canada.
- The IGT-ADO is a youth addiction assessment tool developed by the RISQ in collaboration with partners working in substance addiction rehabilitation centres, youth centres, schools and communities.
- A user's manual and a clinical practices guide are included with the questionnaire.
- A two-day training session with a half-day refresher is required to ensure adequate use of the tool.
- Supervision is recommended, especially in early practice; adequate knowledge of the tool requires regular use.
- A provincial support committee ensures quality of use; institutions using the questionnaire may appoint a committee representative.
- This tool helps collect reliable data for both clinical and research purposes.

Getting more information and materials

To obtain more information regarding the required qualifications, the training availability and the required materials (forms, software, manual, training materials, etc.), please contact:

Recherche et intervention sur les substances psychoactives – Québec

950 de Louvain Street East
Montreal, Quebec
H2M 2E8
Telephone: 514-385-3490, ext. 3112
Fax: 514-385-4685
E-mail: risq.cirasst@ssss.gouv.qc.ca
Web site: <http://www.risqtoxico.ca/risq/www/index.php>

Materials are available in English and French.

Visit the Web site in order to obtain more information regarding the materials availability and related costs.

References

Germain, M. et al. 2003. *Indice de gravité d'une toxicomanie pour les adolescents*. Version 3.1. Recherche et intervention sur les substances psychoactives - Québec (RISQ).

Landry, M. et al. 2000. *Indice de gravité d'une toxicomanie (IGT) pour les adolescents et les adolescentes: étude des qualités psychométriques*. Montréal: Cahiers de recherche du RISQ.

Landry, M. et al. 2002. "Développement et validation d'un instrument d'évaluation de la toxicomanie chez les adolescents." *Alcoologie et Addictologie*, 24(1), 7-13.



Early Assessment Risk List for Boys (EARL-20B)

Presentation

The Early Assessment Risk List for Boys (EARL-20B), Version 2, is a clinical risk assessment tool based on scientific research about the primary risk factors known to be linked to children's future aggression and antisocial behaviour.

The EARL-20B helps to individually target each of the primary risk factors that could lead the child to engage in aggressive, violent or antisocial behaviour.¹

EARL-20B is designed to play an active role in the development of intervention strategies by focusing on and isolating the risk factors that should be targeted for immediate intervention. Through these interventions, EARL-20B is also helpful at finding services and resources that meet the child's needs.

Age group

This tool is intended for boys aged 6 to 12 who are thought to be at risk for future antisocial behaviour.

A tool specifically developed for girls, the Early Assessment Risk List for Girls (EARL-21G), is also available (see the following fact sheet for more information).

Context and procedure for use

EARL-20B must be used only by clinicians and professionals experienced in working with boys aged 12 and under who are at high-risk for delinquent behaviour.

The time required to administer the EARL-20B depends at first on the amount of information to be collected prior to the assessment (parent and child interviews, case conferences, psychologist/social worker reports, school assessments, police reports, etc.). It is strongly recommended that the assessment be supported with as much information as possible.

Once the information is collected, filling out the EARL-20B should take 15 to 30 minutes.

Components and items assessed

The EARL-20B, as the name indicates, is a list containing 20 items (risk factors) organized under three broad sections: Family, Child and Responsibility.

Family Items

1. Household Circumstances
2. Caregiver Continuity
3. Supports
4. Stressors
5. Parenting Style
6. Antisocial Values and Conduct

¹In the context of the EARL-20B, the term "antisocial behaviour" indicates any behaviour that leads to legal punishment, that is, all criminal behaviours such as physical or sexual assaults, robbery, prostitution, drug use and trafficking, and so on.

Child Items

1. Developmental Problems
2. Early Onset Behavioural Difficulties
3. Abuse/Neglect/Trauma
4. Hyperactivity/Impulsivity/Attention Deficits
5. Likeability
6. Peer Socialization
7. Academic Performance
8. Neighbourhood
9. Authority Contact¹
10. Antisocial Attitudes
11. Antisocial Behaviour
12. Coping Ability

Responsivity Items

1. Family Responsivity
2. Child Responsivity

The risk factors assessed include a mix of dynamic and static risk factors. Interventions conducted on the basis of the assessment results will be designed to change the dynamic risk factors while taking into account the effect of static risk factors.

The tool uses a 3-point rating scale to rate each item (0-not present, 1 possibly present, 2-present). All factors yield a total maximum score of 40 points.

In addition to this rating scale, the tool includes a “critical risk” column that enables the assessment administrator to “red flag” the critical risk factors.

EARL-20B is not designed to work with cut-off scores. The overall interpretation of the assessment is based not only on the total point score but also on the presence of critical risk factors (the red flags). In this context, it is possible for a child to have a low total score but still show a very significant critical risk factor that should be targeted for intervention.

Relevance and validity

- A 2005 study by Augimeri et al. conducted on three assessment samples reported that EARL-20B shows a high degree of reliability and validity in predicting a future criminal offence (Augimeri et al. 2005).
- A retrospective seven-year study showed that children with above-median EARL-20B scores were significantly more likely to be found guilty of an offence than their lower-scoring counterparts (Koegl et al. 2008).
- EARL-20B was selected for a National Demonstration Site Project as the preferred tool for screening very young offenders in Florida (Child Development Institute Web site).
- From the current literature, it appears the EARL-20B is one of the most relevant risk assessment tools for very young children with conduct problems (Child Development Institute Web site).

¹Contact with authority is not included as a risk factor in the EARL-21G, the instrument for girls. Instead, the EARL-21G has an item that focuses on girls' sexual development.

Additional information

- This tool was developed in Canada.
- Training is strongly encouraged prior to use of the EARL-20B.
- This training is offered by the Centre for Children Committing Offences (CCCO), at the Child Development Institute (CDI) in Toronto, Ontario.
- The SNAP® Under 12 Outreach Project (SNAP®ORP)² uses the EARL-20B to assess the risk factors of boys involved in this prevention program. Findings from the assessment are used to develop a targeted and individualized intervention plan.

Getting more information and materials

To obtain more information regarding the required qualifications, the training availability and the required materials (forms, software, manual, training materials, etc.), and to learn more about the SNAP™ program, please contact:

Child Development Institute (CDI)

Leena K. Augimeri, Ph.D.
 Director, Centre for Children Committing Offences & Program Development
 46 St. Clair Gardens
 Toronto, Ontario
 M6E 3V4
 Telephone: 416-603-1827 ext. 3112
 Fax: 416-654-8996
 E-mail: laugimeri@childdevelop.ca
 Web site: <http://www.childdevelop.ca/>

Some documents are available in English and French.

The EARL-20B manual costs \$30 to \$35, plus shipping and handling.

Visit the Web site in order to obtain more information regarding the materials availability and related costs.

References

- Augimeri, L. et al.** 2001. *Early Assessment Risk List for Boys - version 2*. Toronto, Ontario: EarlsCourt Child and Family Centre.
- Augimeri, L. et al.** 2005. Early Assessment Risk Lists for Boys and Girls. In Grisso, T., G. Vincent and D. Seagrave (Eds.), *Mental Health Screening and Assessment in Juvenile Justice*. New York: The Guilford Press, Chapter 18., 295-310.
- Koegl, C.J. et al.** 2008. A Canadian Programme for Child Delinquents. In Loeber, R., N.W. Slot, P. Van Der Laan and M. Hoeve (Eds.), *Tomorrow's Criminals: The Development of Child Delinquency and Effective Interventions*. Aldershot: Ashgate, 285–300.

²Further information on this program is available at <http://stopnowandplan.com/index1.php>



Early Assessment Risk List for Girls (EARL-21G)

Presentation

The Early Assessment Risk List for Girls (EARL-21G) is a gender-based risk assessment tool, as it was designed specifically to take into account the differences in girls' expression of aggression and antisocial behaviours, as compared to boys.

The EARL-21G assessment tool has a very similar format to that of the EARL-20B, used for boys (see the previous fact sheet on the EARL-20B).

Age group

This tool is intended for girls aged 6 to 12 who are thought to be at risk for future antisocial behaviour.

Context and procedure for use

The EARL-21G must be used only by clinicians and professionals experienced in working with very young girls who are at high-risk for delinquent behaviour.

The time required to administer the EARL-21G depends at first on the amount of information to be collected prior to the assessment (parent and child interviews, case conferences, psychologist/social worker reports, school assessments, police reports, etc.). It is strongly recommended that the assessment be supported with as much information as possible.

Once the information is collected, filling out the EARL-21G should take 15 to 30 minutes.

Components and items assessed

The EARL-21G, as the name indicates, is a list containing 21 items (risk factors) organized under three broad sections: Family, Child and Responsivity.

Family Items

1. Household Circumstances
2. Caregiver Continuity
3. Supports
4. Stressors
5. Parenting Style
6. Caregiver-Daughter Interaction (girls only)
7. Antisocial Values and Conduct

Child Items

1. Developmental Problems
2. Early Onset Behavioural Difficulties
3. Abuse/Neglect/Trauma
4. Hyperactivity/Impulsivity/Attention Deficits
5. Likeability
6. Peer Socialization
7. Academic Performance
8. Neighbourhood
9. Sexual Development¹
10. Antisocial Attitudes
11. Antisocial Behaviour
12. Coping Ability

Responsivity Items

1. Family Responsivity
2. Child Responsivity

The risk factors assessed include a mix of dynamic and static risk factors. Interventions conducted on the basis of the assessment results will be designed to change the dynamic risk factors while taking into account the effect of static risk factors.

The tool uses a 3-point rating scale. Each item is rated on a 3-point scale (0-not present, 1-possibly present, 2-present). All factors yield a total maximum score of 42 points.

In addition to this rating scale, the tool includes a “critical risk” column that enables the assessment administrator to “red flag” the critical risk factors.

EARL-21G is not designed to work with cut-off scores. The overall interpretation of the assessment is based not only on the total point score but also on the presence of critical risk factors (red flags). In this context, it is possible for a child to have a low total score but still show a very significant critical risk factor that should be targeted for intervention.

Relevance and validity

- ❑ Retrospective studies on three samples have shown moderate-to-high statistical agreement (Levene et al. 2001).
- ❑ In general, the EARL-21G yielded similar positive findings to the EARL-20B in terms of clinical utility, reliability and validity (Koegl et al. 2008).
- ❑ New studies on the EARL-21G have investigated the relationship between the individual and overall risk scores and responsiveness to treatment. Analyses indicate that girls with a high EARL score tend to show lower levels of change during treatment than girls with a low total-risk score (Koegl et al. 2008).
- ❑ Girls who scored high on Sexual Development, the gender-specific EARL-21G risk factor, displayed particularly complex constellations of risk and less responsiveness to treatment than other girls with lower scores for this variable (Koegl et al. 2008).

¹Sexual Development is not included as a risk factor in the EARL-20B for boys. Instead the EARL-20B has the Authority Contact item.

Additional information

- This tool was developed in Canada.
- Training is strongly encouraged prior to use of the EARL-21G.
- This training is offered by the Centre for Children Committing Offences (CCCO), at the Child Development Institute (CDI) in Toronto, Ontario.
- The SNAP® Girls Connection (SNAP® GC)¹ program uses the EARL-21G to assess the risk factors of girls participating in this prevention program. Findings from this assessment are used to develop a targeted and individualized intervention plan.

Getting more information and materials

To obtain more information regarding the required qualifications, the training availability and the required materials (forms, software, manual, training materials, etc.), and to learn more about the SNAP™ Girls Connection program, please contact:

Child Development Institute (CDI)

Leena K. Augimeri, Ph.D.
Director, Centre for Children Committing Offences & Program Development
46 St. Clair Gardens
Toronto, Ontario
M6E 3V4
Telephone: 416-603-1827, ext. 3112
Fax: 416-654-8996
E-mail: laugimeri@childdevelop.ca
Web site: <http://www.childdevelop.ca/>

Some documents are available in English and French.

The EARL-20B manual costs \$30 to \$35, plus shipping and handling.

Visit the Web site in order to obtain more information regarding the materials availability and related costs.

References

- Augimeri, L. et al.** 2005. Early Assessment Risk Lists for Boys and Girls. In Grisso, T., G. Vincent and D. Seagrave (Eds.), *Mental Health Screening and Assessment in Juvenile Justice*. New York: The Guilford Press, Chapter 18, 295-310.
- Koegl, C. J. et al.** 2008. A Canadian Programme for Child Delinquents. In Loeber, R., N.W. Slot, P. Van Der Laan and M. Hoeve (Eds.), *Tomorrow's Criminals: The Development of Child Delinquency and Effective Interventions*. Aldershot: Ashgate, 285-300.
- Levene, K. et al.** 2001. *Early Assessment Risk List for Girls—Version 1, Consultation Edition*. Toronto, Ontario: Earls court Child and Family Centre.

¹Further information on this program is available at <http://stopnowandplan.com/index1.php>



Risk Factor Profile Instrument (RFPI)

Presentation

The Risk Factor Profile Instrument (RFPI) is an assessment tool based on a literature review of the risk factors associated with early onset of chronic and violent youth delinquency.

The RFPI's main objective is to identify children who have committed a criminal offence and are at high-risk for escalating into more serious offending and continuing on a path to chronic violent delinquency.

This tool is used as part of All Children Excel (ACE), a prevention program for children under twelve who have committed a criminal offence. The RFPI assesses the risk factors facing young offenders to assist in:

1. Distinguishing between young offenders at low-to-moderate-risk and those at high-risk;
2. Developing interventions tailored to the risk factors identified and at different intensity levels according to the child's degree of risk.

Age group

This tool is intended for young offenders aged 6 to 15.

Context and procedure for use

The RFPI is used by members of the ACE screening team, who assess the referrals of young offenders to the program. ACE is referral-based and the screening team is responsible for assessing the files of each young offender referred to the program.

This is a multidisciplinary team comprised entirely of professionals experienced in dealing with multi-problem youth and families.

The RFPI has to be used within at least the first two weeks following the child's referral. To conduct the RFPI assessment, team members meet to review all the risk factors linked to the child's temperament, family, school and neighbourhood. The information required for this meeting is provided by interviews with individuals who have knowledge about the child, such as school staff, case workers and probation officers, and interviews with the child and family.

Following the approximately 45-minute review, each team member takes about five minutes to make independent ratings on the child's level of risk. The ratings are then recorded on a computer and an overall risk score is calculated for the child.

The overall risk score ranges from 0 (no risk) to 7 (extreme risk), corresponding to the child's likelihood of escalating into chronic serious/violent delinquency. Children who score 3.0 or more are considered high-risk and enrolled in the ACE program. Children who score 2.9 or less are referred to other shorter-term interventions in the community.

Components and items assessed

The assessment is based on risk factors associated with the child's characteristics, family, school and neighbourhood.

The variables measured in each domain are listed below:

Child Scale

- ❑ Referring Offence
- ❑ Behaviour History
- ❑ History of Abuse in the Family
- ❑ Likelihood of Academic Failure
- ❑ Child's Temperament

Context Scale

- ❑ Parent risk factors (parent with criminal history, drug use, abuse and neglect, mental health problems, domestic violence)
- ❑ Sibling risk factors (delinquency, problem behaviours)
- ❑ Peer risk factors (delinquency, problem behaviours)
- ❑ Community/School risk factors (neighbourhood disorganization, neighbourhood resources, student climate and school resources)

Interaction Scale (interaction between temperament and context)

Risk score (score 0 to 7)

The interaction between the child's temperament and the context of the neighbourhood is an important scale in this tool. Children with volatile temperament who are living in chaotic environment are at much greater risk for becoming chronic serious/violent delinquents than children with mild temperament who are exposed to the same environment, or children with volatile temperament who are receiving the structure and support they need. This interaction between volatile temperament and the level of risk of the neighbourhood context is the key to identifying the children who need comprehensive long-term services to prevent escalation into violence.

Relevance and validity

- ❑ Two validation studies showed that the RFPI is a valid and reliable tool for assessing an early onset offender's risk of becoming a chronic serious/violent offender during adolescence (Beuhring 2002).
- ❑ The degree-of-risk continuum developed by this tool helps distinguish between children on the basis of their degree of risk; the greater the overall risk score, the greater the likelihood of future re-offending.
- ❑ This continuum helps define three major sub-groups based on the degree of risk (low, moderate and high) for determining intervention duration and intensity.
- ❑ A study conducted by Beuhring (2003) examined the characteristics of child delinquents and their families by comparing children at high-risk with those at low-to-moderate-risk. The study showed that:
 - 45% of high-risk children have a mental health diagnosis, compared to 16% of children at low-to-moderate-risk;
 - 47% have delinquent siblings, compared to 34%;
 - 89% have a criminal parent, compared to 77%;
 - 72% have a parent who uses drugs, compared to 49%;
 - 63% report domestic violence, compared to 48%;
 - 79% have a child protection history, compared to 58%; and
 - 80% live with a family on public assistance, compared to 64%.

Additional information

- This tool was developed in the United States.
- This screening tool does not include age, gender, ethnic origin, family structure or poverty as risk factors.
- Given the limited number of evaluation studies for this tool, it would be useful to conduct more research on its validity and reliability.

Getting more information and materials

To obtain more information regarding the required qualifications, the training availability and the required materials (forms, software, manual, training materials, etc.), and to learn about the All Children Excel (ACE) program, please contact:

Ramsey County

160 East Kellogg Blvd.
 St. Paul, MN 55101
 Telephone: 651-266-4202
 Fax: 651-266-4436
 Web site: <http://www.co.ramsey.mn.us/ph/yas/ace.htm>

Hope Melton, ACE Program Director

E-mail: Hope.Melton@co.ramsey.mn.us

Ed Frickson, in charge of Training

E-mail: Ed.frickson@co.ramsey.mn.us

Materials are available in English.

Visit the Web site in order to obtain more information regarding the materials availability and related costs.

References

Beuhring, T. 2002. The Risk Factor Profile Instrument: Identifying Children at Risk for Serious and Violent Delinquency. In Corrado, R., et al. (Eds.), *Multi-Problem Violent Youth: A Foundation for Comparative Research on Needs, Interventions and Outcomes*. The Netherlands: IOS Press.

Beuhring, T. 2003. *Risk Factor Prolife Instrument*. Ramsey County ACE Program. ACE Research and Evaluation, University of Minnesota.

Frickson, E. 2007. *Deflecting Children from the Path of Violence—Intensive Early Intervention for Very Young Offenders*. Ramsey County.



ONSET

Presentation

ONSET was developed by a team from the Centre for Criminology at the University of Oxford in England. This tool is used as part of an early intervention process to screen at-risk youth and plan interventions that are appropriate for these young people.

ONSET is used in prevention programs funded by the Youth Justice Board (YJB) as a structured process-based framework that works as a referral, risk-assessment and intervention-planning tool.

ONSET is a comprehensive risk-assessment tool for young people. Its objectives include the following:

- Identifying young people at risk through a referral and screening system.
- Conducting a comprehensive assessment of the young person's situation.
- Referring young people to a prevention program tailored to their needs.
- Developing an individualized plan tailored to the young person's situation.
- Evaluating changes in the behaviour of young people after they take a prevention program.

Age group

This tool is intended for youth aged 8 to 16 at risk of engaging in offending behaviour.

Context and procedure for use

ONSET can easily be used as part of a youth prevention program.

The YJB offers a two-day training session for those with little experience in youth risk assessment.

ONSET can be considered as a process-based tool that works in stages, as follows:

1. Referral
2. Verification and consent from parents/guardians
3. Assessment
4. Self-assessment for young people and questionnaire for parents/guardians
5. Questionnaire for young people posing a serious risk of harm to others or themselves
6. Intervention plan - development
7. Intervention plan - review
8. Intervention plan - final review

There are a number of forms to complete at each stage of the process.

Components and items assessed

ONSET is an assessment tool that measures possible links between young people's behaviour and risk factors grouped according to the following 12 areas:

1. Living arrangements (e.g. living with persons known to the police)
2. Family and personal relationships (e.g. inconsistent parental supervision)
3. School and education (e.g. disruptive behaviour at school)
4. Neighbourhood (e.g. drugs easily available in the neighbourhood)
5. Lifestyle (e.g. all offending behaviour occurs with a particular group of friends)
6. Substance use (alcohol, drugs, e.g. the young person offends to obtain money for substances)
7. Physical health (e.g. the young person has a physical health problem)
8. Emotional and mental health (e.g. the young person shows symptoms of mental illness)
9. Perception of self and others (e.g. the young person displays discriminatory attitudes)
10. Thinking and behaviour (e.g. the young person has difficulty in managing his/her emotions)
11. Attitudes to offending (e.g. the young person believes that he/she is acting appropriately)
12. Motivation to change (e.g. the young person has no incentive to stop his/her behaviour)

There is also a protective factors section for each of these areas.

The collection of information is a vital step for a full assessment of all these areas. The necessary information can be gathered from multiple sources: interviews with the young person and parents, the police, schools, health care centres, social service centres, and others.

ONSET uses a 4-point scale rating the extent to which each particular area is associated with the young person's behaviour, where 0 means not associated at all; 1, occasional association; 2, moderate but definite association; 3, quite strongly associated; and 4, very strongly associated.

All the scores are added to yield a total score. However, it is not so much the total score that is important, but rather the reporting of the key risk factors that should form the basis for future action. A maximum of five factors can be reported.

In contrast to most tools that use scales rating the frequency or presence of risk factors in various areas, ONSET assesses the relationships and links between the young person's behaviour and the risk factors present in his or her life. Examples must be provided to support the judgment of the person conducting the assessment.

Relevance and validity

- A number of issues emerged from an evaluation of the implementation of the *Youth Inclusion and Support Panels*, a program in England (Walker et al. 2007), as follows:
 - the need for the agency or organization in charge of implementing the program to underline the importance of conducting a good preliminary assessment and that the persons conducting this assessment be properly trained;
 - most practitioners did not have the knowledge required to conduct follow-up assessments;
 - ONSET was not used uniformly: certain pilot sites used ONSET, while others did not;
 - the difficulty of matching targeted interventions to the most significant risk factors in the young person's life, often due to lack of resources.

Additional information

- This tool was developed in the United Kingdom.
- ONSET has been used since 2003 in various programs funded by the Youth Justice Board, including the *Youth Inclusion Programme* (YIP).
- The National Crime Prevention Centre (NCPC) carried out a Canadian adaptation of ONSET in accordance with the Youth Justice Board agreement.

Getting more information and materials

To obtain more information regarding the required qualifications, the training availability and the required materials (forms, software, manual, training materials, etc.), please contact:

Youth Justice Board for England and Wales

1 Drummond Gate
London SW1V2QZ
Telephone: 020 3372 8000
Fax: 020 3372 8002
E-mail: enquiries@yjb.gov.uk
Web site: <http://www.yjb.gov.uk>

All ONSET forms are available on the Youth Justice Board Web site at:
<http://www.yjb.gov.uk/en-gb/practitioners/Assessment/Onset.htm>

The ONSET training folder as well as an ONSET booklet and CD can also be ordered online. The booklet and CD were designed to train practitioners in the use of ONSET (prices are shown in pounds sterling, please contact the organization directly for prices in your currency).

Visit the Web site in order to obtain more information regarding the materials availability and related costs.

References

- Walker, J. et al.** 2007. *Youth Inclusion and Support Panels: Preventing Crime and Antisocial Behaviour?* Department for Children, Schools, and Families. Research Report DCSF-RW018. Available at:
<http://www.dcsf.gov.uk/research/data/uploadfiles/DCSF-RW018.pdf>
- Youth Justice Board.** 2006. *ONSET. A Referral and Assessment Framework for Children and Young People at Risk of Committing Crime or Anti-social Behaviour.* Centre for Criminology, University of Oxford.
- Youth Justice Board.** 2006. *ONSET: Training for Practitioners in Assessment.* England.



ASSET

Presentation

ASSET is a structured assessment tool used by the Youth Justice Board (YJB) in England to assess the profile of young offenders who come into contact with the criminal justice system.

It aims to look at the young person's offence or offences and identify the various risk factors or circumstances that may have contributed to such behaviour.

The information gathered from ASSET can be used to highlight all of the young person's particular needs or difficulties, so they can be adequately addressed through a tailored intervention. ASSET will also help measure changes in needs and risk of re-offending over time.

Age group

This tool is intended for young offenders aged 12 to 17 who come into contact with the criminal justice system.

Context and procedure for use

The information gathered with ASSET is used by the courts to develop intervention plans appropriate to the young person.

In England, this tool must be used for all young people subject to one of the following:

- Bail supervision and support;
- A request for a court report (pre-sentence report and specific sentence report);
- Community disposals during the assessment, quarterly review and closure stages;
- Custodial sentences at the assessment, transfer to the community and closure stages.

To make a full assessment, the administrator will be required to engage in interviews with the young person and his/her family, obtain information from a range of other sources (the police, courts, health care centres, treatment centres, educational institutions, etc.) and make a series of judgements about the factors that affect his/her offending behaviour.

Components and items assessed

ASSET provides a structure for recording and analyzing information. However, it does not prescribe how interviews should be conducted.

The main issues that must be covered are listed below. They do not have to be discussed in any particular order:

- Offending Behaviour
- Living Arrangements
- Family and Personal Relationships
- Education, Training and Employment
- Neighbourhood

- ❑ Lifestyle
- ❑ Substance Use
- ❑ Physical Health
- ❑ Emotional and Mental Health
- ❑ Perception of Self and Others
- ❑ Thinking and Behaviour
- ❑ Attitudes to Offending
- ❑ Motivation to Change
- ❑ Positive Factors (protective factors)
- ❑ Indicators of Vulnerability
- ❑ Indicators of Serious Harm to Others

ASSET uses four main forms:

1. Core Profile
2. Risk of Serious Harm
3. What Do You Think? (young offenders' self-assessment)
4. Intervention plan

Two additional forms are used in specific situations as follows:

1. Final Warning (used when the youth receives a final warning)
2. Bail Supervision and Support Profile (used for young offenders in a bail supervision and support program)

Relevance and validity

- ❑ In 2002 University of Oxford researchers conducted an evaluation of ASSET. This 18 month study analyzed 3,395 young offender profiles generated by administering ASSET, 627 “What Do You Think?” forms (self-assessment forms completed by young offenders) and a sample of comparable self-assessment data from a school population (Baker et al. 2002):
 - In one of the tests undertaken to measure the reliability of ASSET, one group of individuals was assessed by several practitioners. Results showed that in over 60% of the cases analyzed, the difference in ASSET scores was two points or less.
 - Researchers measured the tool’s validity by using ASSET scores to predict the likelihood of a young offender being re-convicted. Results indicated that the ASSET scoring system predicted re-conviction with 67% accuracy.
- ❑ In 2005, Baker and colleagues published a follow-up study on ASSET (Baker et al. 2005):
 - To measure the tool’s reliability, multiple assessors viewed the same video case studies and scored them using ASSET. Results showed an acceptable level of consistency; however, in some cases, ratings seemed to have been allocated on the basis of perceived problems, rather than on the extent to which these were associated with a likelihood of further offending.
 - To measure validity, the researchers re-analyzed the same sample used in the first study, but over a longer period. As previously indicated, after a little over a year, ASSET was able to predict the likelihood of re-conviction with 67% accuracy; after two years, this figure went up to 69.4% accuracy.

Additional information

- ❑ This tool was developed in the United Kingdom.

Getting more information and materials

To obtain more information regarding the required qualifications, the training availability and the required materials (forms, software, manual, training materials, etc.), please contact:

Youth Justice Board for England and Wales

1 Drummond Gate
 London SW1V2QZ
 Telephone: 020 3372 8000
 Fax: 020 3372 8002
 E-mail: enquiries@yjb.gov.uk
 Web site: <http://www.yjb.gov.uk>

All ASSET forms are available on the Youth Justice Board Web site at:
<http://www.yjb.gov.uk/en-gb/practitioners/Assessment/Asset.htm>

Materials are available in English.

Visit the Web site in order to obtain more information regarding the materials availability and related costs.

References

Baker, K. et al. 2002. *The Evaluation of the Validity and Reliability of the Youth Justice Board's Assessment for Young Offenders: Findings from the First Two Years of the use of ASSET*. Youth Justice Board.

Baker, K. et al. 2005. *Further Development of ASSET*. Youth Justice Board.

Youth Justice Board. 2000. ASSET.

Web site: <http://www.yjb.gov.uk/en-gb/practitioners/Assessment/Asset.htm>



Structured Assessment of Violence Risk in Youth (SAVRY)

Presentation

The Structured Assessment of Violence Risk in Youth (SAVRY) is a structured assessment tool that helps measure a young person's risk for future violence, aggression or any other forms of behaviour considered to be serious.

All items addressed in SAVRY are drawn from scientific research on the risk and protective factors involved in the development of violence and aggression in youth.

SAVRY emphasizes dynamic factors and is designed to be useful in intervention planning and monitoring of ongoing progress. This includes the formulation of clinical treatment or intervention plans, conditions of community supervision and release/discharge planning.

Age group

This tool is intended for adolescents aged 12 to 18 who:

- have been detained; or
- have been referred for a comprehensive, in-depth assessment of violence risk.

Context and procedure for use

SAVRY should be used by professionals with assessment and/or supervision experience regarding violence risk in youth. At a minimum, those who use the SAVRY should have expertise (i.e., training and experience) in conducting individual assessments, child/adolescent development, and in youth violence.

SAVRY is coded on the basis of several sources of information: police or probation reports, mental health and social services records, and multiple interviews with the young person and family. The greater the number of information sources used, the more complete and reliable the assessment will be.

The time required to gather this information will vary, but once this stage is completed, coding all the SAVRY items typically takes 10 to 15 minutes.

Components and items assessed

SAVRY is composed of 30 items, of which 24 are associated with risk factors and 6 with protective factors.

The 24 risk items are divided into three categories, namely historical, social/contextual and individual/clinical risk factors, as follows:

Historical Risk Factors

- History of Violence
- History of Nonviolent Offending
- Early Initiation of Violence
- Past Supervision/Intervention Failures

- History of Self-Harm or Suicide Attempts
- Exposure to Violence in the Home
- Childhood History of Maltreatment
- Parental/guardian Criminality
- Early Caregiver Disruption
- Poor School Achievement

Social and Contextual Risk Factors

- Peer Delinquency
- Peer Rejection
- Stress and Poor Coping
- Poor Parental Management
- Lack of Personal/Social Support
- Community Disorganization

Individual/clinical Risk Factors

- Negative Attitudes
- Risk Taking/Impulsivity
- Substance-Use Difficulties
- Anger Management Problems
- Low Empathy/Remorse
- Attention Deficit/Hyperactivity Difficulties
- Poor Compliance
- Low Interest/Commitment to School

Protective factors

In addition to these risk factors, SAVRY also assesses the presence of six protective factors, as follows:

- Prosocial Involvement
- Strong Social Support
- Strong Attachments and Bonds
- Positive Attitude Toward Intervention and Authority
- Strong Commitment to School
- Resilient Personality Traits

Each risk factor has a three-level coding structure with specific rating guidelines (“low”, “moderate”, or “high”). Protective factors are rated as either “present” or “absent”.

The SAVRY manual contains specific guidelines for rating each item. Once items are rated, the administrator must rigorously assess the risk and protective factors and make a judgement on the future risk of adopting violent behaviours.

Relevance and validity

- With regard to criterion validity, numerous studies have found significant correlations between SAVRY scores and various measures of violence in juvenile justice and high-risk community-dwelling populations (see Olver et al. 2009).
- Two studies have examined the link between SAVRY results and actual recidivism. Catchpole and Gretton (2003) found that those classified as low-risk had a 6% violent recidivism rate, while those at moderate-risk had a rate of 14%, and those at high-risk a rate of 40%. Similarly, Gretton and Abramowitz (2002) found that low-risk young offenders had a 5.7% violent recidivism rate, those at moderate-risk had a rate of 13.1% and those at high-risk a rate of 40.4%. Of those who did reoffend, 69.7% were rated as high-risk, 24.2% as moderate-risk and only 6.1% as low-risk (see Borum et al. 2005).
- In 2008, Welsh et al. reported the results of a study comparing the predictive and incremental validity of three adolescent risk-assessment instruments among a sample of 133 youth court referrals. The study compared the SAVRY, the Youth Level of Service/Case Management Inventory (YLS/CMI) and the Hare Psychopathy Checklist: Youth Version (PCL:YV), for assessing risk of general and violent recidivism. They concluded that “of the three instruments investigated, the SAVRY offered the most incremental predictive validity for general risk and for violent recidivism, whereas the PCL:YV followed closely behind” (Welsh et al. 2008).
- A study examined the predictive validity of the SAVRY in a sample of 121 juvenile offenders. The SAVRY was found to have strong predictive validity, a finding that was robust across gender and ethnicity of young offenders. The predictive validity of the SAVRY risk levels, results for both the one-year and three-year follow-up periods demonstrated that the SAVRY risk levels significantly predicted violent recidivism (Meyers and Schmidt 2008).
- Significant correlations have been found in other studies between the SAVRY Risk Total scores and measures of violence among young male offenders in Canada and among high-risk Native American youth (Fitch 2002).

Additional information

- This tool was developed in the United States/Canada by Randy Borum (Associate Professor, Department of Mental Health Law & Policy, University of South Florida), Patrick Bartel (Forensic Clinical Psychologist, Youth Forensic Psychiatric Services, Vancouver, British Columbia, Canada), and Adelle Forth (Associate Professor of Psychology, Carleton University, Ottawa, Ontario, Canada).
- The SAVRY is not designed to be a formal test or scale; there are no assigned numerical values nor are there any specified cut-off scores. Based on the structured professional judgment (SPJ) model, the SAVRY helps assist in structuring an assessment so that the important factors will not be missed and, thus, will be emphasized when formulating a final professional judgment about a youth’s level of risk (SAVRY Web site).
- Concerning generalizability, while the results of many studies support the use of the SAVRY as a tool for assessing violence risk in adolescents, more research clearly is needed to clarify its applicability across genders and different ethnic groups (SAVRY Web site).
- SAVRY can be compared to the Historical Clinical Risk-20 (HCR-20), an assessment tool for use with adults (Webster et al. 1997) (see Olver et al. 2009).

Getting more information and materials

To obtain more information regarding the required qualifications, the training availability and the required materials (forms, software, manual, training materials, etc.), please contact:

Psychological Assessment Resources (PAR), Inc.

16204 N. Florida Ave
Lutz, FL 33549
Telephone: 1-800-331-8378
Web site: <http://www4.parinc.com>

University of South Florida

Department of Mental Health Law and Policy, The Louis de la Parte Florida Mental Health Institute
Website: <http://mhlp.fmhi.usf.edu/savry/statement.htm>

Materials are available in English.

The starter kit (including manual and questionnaires) is available for US\$92.

Visit the Web site in order to obtain more information regarding the materials availability and related costs.

References

- Borum, R. et al.** 2005. Structured Assessment of Violence Risk in Youth. In Grisso, T., G. Vincent and D. Seagrave (Eds.), *Mental Health Screening and Assessment in Juvenile Justice*. New York: The Guilford Press, chapter 8, 324-338.
- Fitch, D.** 2002. Unpublished data from doctoral dissertation. University of Texas-Clear Lake.
- Meyers, J. R. and F. Schmidt.** 2008. "Predictive Validity of the Structured Assessment for Violence Risk in Youth (SAVRY) with Juvenile Offender." *Criminal Justice and Behaviour*, 35(3), 344-355.
- O'Shaughnessy, J. and H. Andrade.** 2008. "Forensic Psychiatry and Violent Adolescents." *Brief Treatment and Crisis Intervention*, 8(1), 27-42.
- Olver, M. et al.** 2009. "Risk Assessment with Young Offenders: A Meta-Analysis of Three Assessment Measures." *Criminal Justice and Behaviour*, 36(4), 329-352.
- Welsh, J. et al.** 2008. "A Comparative Study of Adolescent Risk Assessment Instruments: Predictive and Incremental Validity." *Assessment*, 15(1), 104-115.



Youth Level of Service/Case Management Inventory (YLS/CMI) - Risks/Needs Assessment

Presentation

The Youth Level of Service/Case Management Inventory – (YLS/CMI) was designed to assist practitioners in assessing the risks and needs of young offenders so they can subsequently develop appropriate intervention plans.

This tool assesses the risk of recidivism as well as the needs that must be taken into consideration in the development of treatment and case management plans for the young offender.

The YLS/CMI is designed as a standardized checklist to be used with young offenders.

This assessment tool is based on the following three principles:

1. The risk principle, which stipulates that the intensity of the intervention should reflect the level of risk presented by the offender.
2. The need principle, which stipulates that the services provided to the young offender should match with his/her criminogenic needs.
3. The responsitivity principle, which stipulates that decisions about interventions should consider the young offender's characteristics and circumstances that may affect his/her responses to the interventions.

Age group

This tool is intended for young offenders aged 12 to 17.

Context and procedure for use

The information required to complete the YLS/CMI is obtained through interviews with the young offender and family, and reviews of case records (for example, police reports and health care and social service records).

Once this information has been collected, the YLS/CMI takes 20 to 30 minutes to complete.

Components and items assessed

The YLS/CMI is composed of the following seven sections:

Part I: Assessment of Risks and Needs

The youth is assessed on 42 risk factors identified in the literature as those most predictive of criminal activity in young people. These risk factors fall into the following eight categories:

- ❑ Prior and Current Offences/Dispositions
- ❑ Family/Parenting
- ❑ Education/Employment
- ❑ Peer Relations
- ❑ Substance Abuse

- ❑ Leisure/Recreation
- ❑ Personality/Behaviour
- ❑ Attitudes/Orientation

For each of these areas, the assessor has to identify which items are applicable to the young offender's situation. Scores are then summed to indicate the level of risk (low, moderate or high).

In Part I, the assessor also marks the protective factors in the youth's life.

The assessor has to provide all the sources for the information recorded in this section. Space is also provided for adding comments.

Part II: Summary of Risk/Need Factors

Provides a summary of the individual risk/need levels recorded in Part I and an overall risk level (low, moderate, high or very high), which is established on the basis of a comparison with a normative sample of young offenders (see Hoge and Andrews, 2002, to obtain more information about the normative sample).

Part III: Assessment of Other Needs/Special Considerations

In this section, the assessor records a broad range of variables relating to the youth, his/her family circumstances and parents.

Part IV: Your Assessment of the Client's General Risk/Need Level

In this section, the assessor uses his/her professional experience to consider all the information available on the youth and then provide an estimate of the risk level.

Part V: Contact Level

Here the assessor can record the level of service that is appropriate for the youth's case. Intensive service levels should be reserved for high-risk cases, and low service levels for low-risk cases.

Part VI: Case Management Plan

This section is concerned with setting specific goals for the youth and the means for achieving these goals. Goals must be set according to the youth's criminogenic factors and must also take the protective factors into consideration.

Part VII: Case Management Review

This final section is designed to review case progress, and has four sub-sections, as follows:

- ❑ Section A: Record the changes in the risk levels or contact level according to the results on risk/need factors.
- ❑ Sections B and C: Record incidences of non-compliance with court orders and any changes in the youth or his/her situation.
- ❑ Section D: Review the case management plan, and report progress and any changes/revisions to the plan.

Relevance and validity

- The YLS/CMI was based on the major risk factors known to be associated with juvenile offending.
- In 2000, two raters assessed 33 cases independently to determine the tool's reliability coefficient. This coefficient was reported as 0.75, indicating a high interrater agreement (Hoge 2005).
- The validity of the YLS/CMI was assessed on several occasions. For example, in 2002, a strong correlation was found between the overall risk/need from the YLS/CMI score and the total Callous/Deceitful and Conduct Problems factor scores from the Hare Psychopathy Checklist: Youth Version (Hoge 2005).
- The tool's construct validity was demonstrated in 1996, when Hoge and Andrews showed that YLS/CMI overall risk/need scores differed significantly depending on the subjects' custody level (Hoge and Andrews 2002).
- In addition, some studies reported a significant correlation between overall risk/need of the YLS/CMI scores and a variety of reoffending indexes (Hoge and Andrews 2002).
- Validity analyses indicate that the YLS/CMI is a reliable and valid tool for assessing the risk of future offending behaviour (Hoge and Andrews 2002).
- Meta-analyses and various studies have shown that, in general, interventions based on the three YLS/CMI principles are the most effective (Hoge 2005).

Additional information

- This tool was developed in Canada.
- It is important that any organization using this tool regulate its use.
- The YLS/CMI is, in a way, the youth version of the Level of Service Inventory-Revised (LSI-R) assessment tool used for adult offenders.
- Use of the YLS/CMI provides various benefits. For example, the tool can be used to:
 - collect and record information on young offenders;
 - structure case planning;
 - track changes in young offenders.
- In the User's Manual, the authors are careful to point out that the YLS/CMI is a tool that can assist users in assessing youth risks and needs, managing cases effectively and planning targeted interventions, but it does not replace professional judgment (Hoge and Andrews 2002).

Getting more information and materials

- To obtain more information regarding the required qualifications, the training availability and the required materials (forms, software, manual, training materials, etc.), please contact:

Multi-Health Systems Inc.

3770 Victoria Park Ave.
 Toronto, Ontario
 M2H 3M6
 Telephone: 1-800-268-6001
 Web site: www.mhs.com

Dr. Robert D. Hoge

Department of Psychology
 Carleton University
 Ottawa, Ontario
 K1S 5B6
 Telephone: 613-520-5773
 E-mail: Robert_hoge@carleton.ca

Materials are available in English and in French.

Visit the Web site in order to obtain more information regarding the materials availability and related costs.

YLS/CMI training is also available (in English and French). For further information please e-mail: yls_cmi.training@mhs.com.

References

Hoge, R. D. 2005. *Youth Level of Service/Case Management Inventory*. In Grisso, T., G. Vincent and D. Seagrave (Eds.), *Mental Health Screening and Assessment in Juvenile Justice*. New York: The Guilford Press, chapter 17, 283-294.

Hoge, R. D. and D. A. Andrews. 2002. *Youth Level of Service/Case Management Inventory (YLS/CMI) User's Manual*. Toronto, Ontario: Multi-Health Systems.



Social Skills Improvement System (SSIS)

Presentation

The Social Skills Improvement System (SSIS) is a family of tools designed to evaluate young people's social skills, problem behaviours and academic competences. The SSIS can provide comprehensive assessments by integrating the perspectives of teachers, parents and the children themselves.

SSIS was designed to address the need for an evidence-based, screening, assessment and intervention system to help students develop, improve and maintain important social skills.

Age group

This tool is intended for youth aged 3 to 18.

The adolescent form has a version for ages 8 to 12 and another for ages 13 to 18.

Context and procedure for use

The SSIS is generally used in school settings.

This instrument can be used as a screening tool for at-risk youth to identify young people who are likely to have academic and behavioural difficulties and also as an assessment tool to evaluate key social and behavioural skills in young people's academic achievement.

The SSIS comprises the following three assessment instruments:

1. teacher rating form;
2. parent rating form;
3. student self-rating form.

The SSIS is easy to use and can be completed in about 10-25 minutes.

The SSIS can be completed by hand, or electronically with purchase of software.

Components and items assessed

SSIS instruments measure items in the following three categories:

- **Social Skills:** measure communication, cooperation, responsibility, empathy, engagement, assertion and self-control.
- **Problem Behaviours:** measure externalized behaviours, bullying, hyperactivity/inattention, internalized behaviours and the autism spectrum.
- **Academic Competencies:** measure reading and math achievement, and motivation to learn.

Since the SSIS is a norm-referenced assessment tool, the results obtained are subsequently compared to normed-results provided in the user's guide. This gives the administrator some idea of the student's level of competence and behavioural problems relative to the norm.

Once the young student is “classified and compared” with the norm, SSIS findings are then used in the development of an intervention plan.

Relevance and validity

- Since SSIS is the new and improved version of the Social Skills Rating System (SSRS), we could not find many review studies of the tool at this time. We therefore present a few results that apply to the SSRS, as follows:
 - Findings from the teacher rating form are convergent with those obtained with other instruments (Merrell and Gimpel 1998).
 - The teacher rating instrument has excellent internal consistency (Dumaray and Ruffalo 1995).
 - The parent rating form and student self-rating form have adequate internal consistency (Dumaray and Ruffalo 1995).

Additional information

- This tool was developed in the United States by Frank Gresham and Stephen Elliott.
- As previously indicated, the SSIS is the new version of the SSRS.
- SSIS instruments are known for being easy to use and understand.

Getting more information and materials

To obtain more information regarding the required qualifications, the training availability and the required materials (forms, software, manual, training materials, etc.), please contact:

Pearson, Assessments for Educational, Clinical and Psychological Use

Telephone: 1-866-335-8427
 Fax: 1-800-632-9011 or 952-681-3299
 E-mail: ClinicalCustomerSupport@Pearson.com
 Web site: <http://www.pearsonassessments.com/pai/>

Materials are available in English and Spanish.

The cost of the SSIS starter set, which includes the teacher, parent and student (8 to 12 and 13 to 18 years) forms, is about \$300.

Visit the Web site in order to obtain more information regarding the materials availability and related costs.

References

Dumaray, M. and S. Ruffalo. 1995. “Social Skills Assessment: A Comparative Evaluation of Six Published Rating Scales.” *School Psychology Review*, 24(4), 648-652.

Merrell, K. W. and G. A. Gimpel. 1998. *Social Skills of Children and Adolescents: Conceptualization, Assessment, Treatment*. Mahwah, New Jersey, Lawrence Erlbaum Associates.

Pearson, Assessments for Educational, Clinical and Psychological Use. *Social Skills Improvement System Rating Scales*.

Pearson, Assessments for Educational, Clinical and Psychological Use. *Social Skills Improvement System Overview: Linking Assessment Results to Practical Interventions*.



Youth Assessment and Screening Instrument (YASI™)

Presentation

The Youth Assessment and Screening Instrument (YASI™) is a tool designed to analyze and assess risk, needs and protective factors in youth populations. It assists in the development of tailored case plans and helps ensure the availability of services and resources.

Age group

This tool is intended for at-risk youth aged 12 to 18. A version designed for use with girls is currently being evaluated.

Context and procedure for use

YASI can be used in a variety of settings, including juvenile custody and probation services, schools, youth service centres and any other youth-oriented organizations whose work includes youth needs assessment.

YASI has two components, namely the YASI Pre-Screen and Full Assessment versions.

Pre-Screen Version

- ❑ This section is based on the most significant static and dynamic risk factors related to future deviant and offending behaviours and recidivism.
- ❑ The initial screening yields a profile of the young offender based on his/her level of risk, classified as “low”, “moderate” or “high”.
- ❑ This preliminary profile rapidly identifies the moderate- or high-risk cases that will need immediate intervention.
- ❑ The preliminary analysis is conducted during an interview with the youth and parents.
- ❑ Additional information can also be obtained through other information sources (for example child protection services, police, youth justice services, etc.).

The pre-screen takes 15 to 30 minutes to complete. Additional time is needed to gather data from other information sources and to conduct the interviews.

Full Assessment Version

- ❑ The full assessment is done only with youth identified as moderate- or high-risk during the pre-screening.
- ❑ The full assessment builds on pre-screen results to provide a more in-depth and comprehensive risk assessment in the domains where risk was deemed to be high.
- ❑ The outcomes of this assessment will be used as a basis to develop a targeted intervention plan tailored to the particular needs of each youth, especially with regard to dynamic risk factors.

The time required to complete the full assessment ranges from 30 to 60 minutes.

Software

YASI works with a software program that displays YASI results in a circular graph known as the “YASI Wheel”, where each of the ten domains assessed by the tool is represented by a section of the wheel.

The software compiles the results obtained to show the level of risk and protective factors for each domain. A graphic profile of the youth (his/her YASI wheel) is then printed and distributed to all the professionals responsible for the case.

The YASI software can also aggregate risk and protective factors and classify them in order of priority to help identify the measures to be taken for the youth.

The YASI software is used in case planning, progress tracking and case management.

Components and items assessed

YASI focuses on the major dynamic and static risk factors known to be associated with youth offending and reoffending behaviour, as well as on protective factors.

The YASI Pre-Screen version assesses 30 to 33 items organized into the following 7 domains:

1. Legal History
2. Family
3. School
4. Community/Peers
5. Alcohol/Drugs
6. Mental Health
7. Attitudes

The YASI Full Assessment version assesses 85 to 88 items organized into the following 10 domains:

1. Legal History
2. Family
3. School
4. Community/Peers
5. Alcohol/Drugs
6. Mental Health
7. Violence/Aggressiveness
8. Attitudes
9. Skills
10. Use of Free Time/Employment

YASI uses a 4-point scale with ratings of “no risk”, “low-risk”, “moderate-risk” and “high-risk”. This is a continuous rating scale that screens for youth presenting high- and very high-risk levels.

Relevance and validity

- ❑ YASI's predictive strength has been tested many times.
- ❑ In Washington State, YASI was used to assess 10,046 young offenders on probation. Results showed that there was a positive relation between youth risk level and the percentage of youth that reoffended within an 18-month period (Orbis Partners 2007).
- ❑ A similar study was conducted by New York State Juvenile Probation Services. The risk level of certain youths, established with the YASI tool, was compared with their referral or non-referral to the courts. Results showed that 27.4% of youth at low-risk, 53.3% of those at moderate-risk and 70.2% of those at high-risk were referred to the courts. (Orbis Partners 2007).

Additional information

- ❑ This tool was developed in Canada.
- ❑ YASI was also used in Washington State with young offenders on probation. The tool was subsequently modified and adapted for use in other settings.
- ❑ YASI is currently used in various U.S. states (New York, Illinois, North Dakota, Mississippi, Virginia) and Canada in applied research fields.
- ❑ YASI can be used as a monitoring and re-assessment tool. At this time, YASI is being used by specialists in the assessment of behaviour changes.
- ❑ The YASI software is often used as a case planning tool to compile information on referrals, actions and goals, and the progress of youths participating in programs.
- ❑ The authors also developed the Service Planning Instrument (SPIn™), an adult version similar to YASI.
- ❑ YASI can be customized for use in local settings and its wording may be modified.
- ❑ The YASI team provides technical support to all project teams planning to use this tool.

Getting more information and materials

To obtain more information regarding the required qualifications, the training availability and the required materials (forms, software, manual, training materials, etc.), please contact:

Orbis Partner

Box 520
1143 Clapp Lane
Ottawa, Ontario
K4M 1A5
Telephone: 613-236-0773
Fax: 613-692-9895
E-mail: info@orbispartners.com
Web site: <http://www.orbispartners.com/>

Materials are available in English.

Visit the Web site in order to obtain more information regarding the materials availability and related costs.

Orbis Partners provides a range of services to organizations planning to use the YASI, including training, technical support, implementation guidelines, tool customization to local contexts and organizational needs, validation, research and results analysis, and assessment.

References

Orbis Partners. *Youth Assessment and Screening Instrument* [PowerPoint Presentation].

Orbis Partners. *Youth Assessment and Screening Instrument: Intro, Software, Services, Clients, More info.*

Orbis Partners. 2007. *Long-Term Validation of the Youth Assessment and Screening Instrument (YASI) in New York State Juvenile Probation*, submitted to the New York State Division of Probation and Correctional Alternatives.

Appendix 2

Summary Table – Tools for Identifying Youth at Risk of Offending and Tools for Assessing the Risk of Youth Offending/Re-Offending



Appendix 2

Summary Table – Tools for Identifying Youth at Risk of Offending and Tools for Assessing the Risk of Youth Offending/Re-Offending

	Age Group	Purpose of Tool and Major Dimensions Assessed	Context of use	Information Sources
I) Tools for Identifying Youth at Risk of Offending (Screening Tools)				
Behavioral and Emotional Screening System (BASC-2 BESS)	Youth aged from: 3 to 5 6 to 17	<ul style="list-style-type: none"> <input type="checkbox"/> BASC-2 BESS is a family of tools used to screen children and adolescents with behavioural and emotional problems. <input type="checkbox"/> Dimensions assessed: <ul style="list-style-type: none"> <input type="radio"/> Externalized Behaviour Problems <input type="radio"/> Internalized Behaviour Problems <input type="radio"/> School Problems <input type="radio"/> Adaptive Skills 	<ul style="list-style-type: none"> <input type="checkbox"/> Schools <input type="checkbox"/> Mental health and pediatric clinics <input type="checkbox"/> Local communities <input type="checkbox"/> Researchers 	<ul style="list-style-type: none"> <input type="checkbox"/> Parents <input type="checkbox"/> Teachers <input type="checkbox"/> Youth self-report
School Social Behavior Scales (SSBS)	Youth aged from: 5 to 18	<ul style="list-style-type: none"> <input type="checkbox"/> The SSBS tool was designed to achieve several objectives; for example it is used in schools to identify students with at-risk behaviours. <input type="checkbox"/> Social skills assessed: <ul style="list-style-type: none"> <input type="radio"/> Interpersonal Skills <input type="radio"/> Life Skills <input type="radio"/> Academic Skills <input type="checkbox"/> Negative and problematic behaviours assessed: <ul style="list-style-type: none"> <input type="radio"/> Hostile/Irritable <input type="radio"/> Antisocial/Aggressive <input type="radio"/> Disrupting/Demanding 	<ul style="list-style-type: none"> <input type="checkbox"/> Schools 	<ul style="list-style-type: none"> <input type="checkbox"/> Teachers <input type="checkbox"/> A new version now involves the parents and other parties working with the youth
Substance Abuse Subtle Screening Inventory - Adolescent (SASSI-A2)	Youth aged from: 12 to 18	<ul style="list-style-type: none"> <input type="checkbox"/> SASSI-A2 is a screening tool for identifying young people at risk of substance abuse and substance dependence. <input type="checkbox"/> This instrument comprises five scales: <ul style="list-style-type: none"> <input type="radio"/> Family and friends <input type="radio"/> Attitudes towards substance abuse <input type="radio"/> Symptoms of substance misuse <input type="radio"/> Validity check <input type="radio"/> Classification scale (SASSI-A2 helps distinguish between young people at risk of substance abuse and those at risk of substance dependence) 	<ul style="list-style-type: none"> <input type="checkbox"/> Clinical settings <input type="checkbox"/> Correctional settings <input type="checkbox"/> As part of dependence treatment programs 	<ul style="list-style-type: none"> <input type="checkbox"/> Youth self-report
Problem-Oriented Screening Instrument for Teenagers (POSIT)	Youth aged from: 12 to 19	<ul style="list-style-type: none"> <input type="checkbox"/> POSIT is a screening instrument designed to identify at-risk youth with potential problems in one or more of ten areas of psychosocial functioning and who require more thorough assessment. <input type="checkbox"/> The 10 areas of psychosocial functioning within which items are assessed: <ul style="list-style-type: none"> <input type="radio"/> Substance Use/Abuse <input type="radio"/> Physical Health <input type="radio"/> Mental Health <input type="radio"/> Family Relations <input type="radio"/> Peer Relations <input type="radio"/> Educational Status <input type="radio"/> Vocational Status <input type="radio"/> Social Skills <input type="radio"/> Leisure/Recreation <input type="radio"/> Aggressive Behaviour/Delinquency 	<ul style="list-style-type: none"> <input type="checkbox"/> Schools <input type="checkbox"/> Youth justice <input type="checkbox"/> Health care settings 	<ul style="list-style-type: none"> <input type="checkbox"/> Youth self-report

	Age Group	Purpose of Tool and Major Dimensions Assessed	Context of use	Information Sources
Detection of Alcohol and Drug Problems in Adolescents (DEP-ADO)	Youth aged from: 14 to 17 Can be used with ages 12 to 13, but has less validity	<ul style="list-style-type: none"> <input type="checkbox"/> DEP-ADO is a screening checklist used to detect alcohol and drug use problem among adolescents. <input type="checkbox"/> The following three major areas are measured: <ul style="list-style-type: none"> <input type="radio"/> Alcohol and cannabis <input type="radio"/> Other drugs <input type="radio"/> Consequences 	<ul style="list-style-type: none"> <input type="checkbox"/> Settings offering intervention services (health centres, youth centres, schools, community organizations) 	<ul style="list-style-type: none"> <input type="checkbox"/> One-to one interview with clinician <input type="checkbox"/> Youth completes self-report questionnaire under clinician's supervision
Youth Level of Service/ Case Management Inventory – Screening Version (YLS/CMI – SV)	Youth aged from: 12 to 17	<ul style="list-style-type: none"> <input type="checkbox"/> This screening version is designed to identify youth at risk and conduct a preliminary assessment to identify the level and nature of interventions required. <input type="checkbox"/> This is a short version of the Youth Level of Service/ Case Management Inventory - YLS/CMI (Risks/Needs Assessment). <input type="checkbox"/> Items addressed: <ol style="list-style-type: none"> 1. History of Conduct Disorder 2. Current School or Employment Problems 3. Some Criminal Friends 4. Alcohol/Drug Problems 5. Leisure/Recreation 6. Personality/Behaviour 7. Family Circumstances/Parenting 8. Attitudes/Orientation 	<ul style="list-style-type: none"> <input type="checkbox"/> Schools <input type="checkbox"/> Any other settings offering interventions services 	<ul style="list-style-type: none"> <input type="checkbox"/> Interview with the youth
II) Tools for Assessing the Risk of Youth Offending/Re-Offending (Risk Assessment Tools)				
Beck Youth Inventories - Second Edition (BYI-II)	Youth aged from: 7 to 18	<ul style="list-style-type: none"> <input type="checkbox"/> BYI-II is a clinical assessment instrument designed to evaluate social and emotional impairment in children and adolescents. <input type="checkbox"/> This instrument comprises five Beck inventories: <ol style="list-style-type: none"> 1. Depression Inventory 2. Anxiety Inventory 3. Anger Inventory 4. Disruptive Behaviour Inventory 5. Self-Concept Inventory 	<ul style="list-style-type: none"> <input type="checkbox"/> Schools <input type="checkbox"/> Clinical settings 	<ul style="list-style-type: none"> <input type="checkbox"/> Youth self-report
Behavior Assessment System for Children (BASC-2)	Youth aged from: 2 to 5 6 to 11 12 to 21	<ul style="list-style-type: none"> <input type="checkbox"/> BASC-2 is a family of tools used to assess a range of emotional and behaviour problems in young people and to help practitioners and professionals develop appropriate intervention plans. <input type="checkbox"/> Dimensions assessed: <ul style="list-style-type: none"> <input type="radio"/> Externalized Behaviour Problems <input type="radio"/> Internalized Behaviour Problems <input type="radio"/> Problems at School <input type="radio"/> Adaptive Skills 	<ul style="list-style-type: none"> <input type="checkbox"/> Clinical settings <input type="checkbox"/> Schools 	<ul style="list-style-type: none"> <input type="checkbox"/> Parents <input type="checkbox"/> Teachers <input type="checkbox"/> Youth self-report
Achenbach System of Empirically Based Assessment (ASEBA)	Youth aged from: 6 to 18	<ul style="list-style-type: none"> <input type="checkbox"/> ASEBA is a family of tools used to assess a broad spectrum of emotional, social and behavioural problems in children and adolescents. It is based on scales that measure both the youth's problems and strengths. <input type="checkbox"/> Dimensions used for assessing problems: <ul style="list-style-type: none"> <input type="radio"/> Internalized Problems <input type="radio"/> Externalized Problems <input type="checkbox"/> Dimensions used for assessing strengths: <ul style="list-style-type: none"> <input type="radio"/> Activities Competence <input type="radio"/> Social Competencies <input type="radio"/> School Competencies 	<ul style="list-style-type: none"> <input type="checkbox"/> Youth justice <input type="checkbox"/> Mental health <input type="checkbox"/> Clinical settings <input type="checkbox"/> Schools 	<ul style="list-style-type: none"> <input type="checkbox"/> Parents <input type="checkbox"/> Teachers <input type="checkbox"/> Youth self-report

APPENDIX 2 - Summary Table

	Age Group	Purpose of Tool and Major Dimensions Assessed	Context of use	Information Sources
Addiction Severity Index for Adolescents (IGT-ADO)	Youth aged from: 14 to 17 Can also be used with ages 12 to 13 and 18 to 21	<ul style="list-style-type: none"> <input type="checkbox"/> IGT-ADO is an assessment tool used to measure the severity of alcohol and drug use and associated problems in adolescents so as to refer them to appropriate treatment. <input type="checkbox"/> IGT-ADO is used to calculate composite scores and build severity profiles based on the following eight scales: <ol style="list-style-type: none"> 1. Alcohol 2. Drugs 3. Physical Health 4. Occupation 5. Psychological Status 6. Interpersonal Relationships 7. Family Relationships 8. Social and Legal Systems 	<ul style="list-style-type: none"> <input type="checkbox"/> Used as part of a specialized youth addiction treatment program 	<ul style="list-style-type: none"> <input type="checkbox"/> Semi-structured questionnaire administered as part of an interview with the youth
Early Assessment Risk List for Boys (EARL-20B) Early Assessment Risk List for Girls (EARL-21G)	Youth aged from: 6 to 12	<ul style="list-style-type: none"> <input type="checkbox"/> These assessment tools are designed for use with young children at risk for future antisocial behaviour. <input type="checkbox"/> These tools are used to individually target each of the primary risk factors that could lead a child to engage in future aggressive, violent or antisocial behaviour. <input type="checkbox"/> Dimensions assessed: <ul style="list-style-type: none"> <input type="radio"/> Family items <input type="radio"/> Child items <input type="radio"/> Responsivity 	<ul style="list-style-type: none"> <input type="checkbox"/> Tools can be used in several domains (health and social services, justice, education) <input type="checkbox"/> EARL-20B is used as part of SNAP® Under 12 Outreach Project and EARL-21G is used as part of SNAP® Girls Connection. 	<ul style="list-style-type: none"> <input type="checkbox"/> Interview with the youth <input type="checkbox"/> Interview with parents <input type="checkbox"/> Review of youth records from several institutions (police, courts, health, child protection services, school, etc.)
Risk Factor Profile Instrument (RFPI)	Youth aged from: 6 to 15	<ul style="list-style-type: none"> <input type="checkbox"/> RFPI is an assessment tool based on a literature review of the risk factors associated with early onset of chronic and violent youth delinquency. <input type="checkbox"/> The main objective is to identify child offenders who are at high risk of escalating into more serious offending and continuing on a path to chronic violent delinquency. <input type="checkbox"/> Variables are measured in the following areas: <ul style="list-style-type: none"> <input type="radio"/> Child characteristics: i.e., behaviour history, abuse history and child's temperament. <input type="radio"/> Context: i.e., risk factors associated with the family, siblings and peers. <input type="radio"/> Interaction between child's temperament and context 	<ul style="list-style-type: none"> <input type="checkbox"/> This tool is used as part of the All Children Excel (ACE) program. <input type="checkbox"/> ACE is designed for use with children 12 and under who have committed a criminal offence. 	<ul style="list-style-type: none"> <input type="checkbox"/> Review of youth records from several institutions (police, courts, health, child protection services, school, etc.) <input type="checkbox"/> Interview with the youth <input type="checkbox"/> Interview with parents

	Age Group	Purpose of Tool and Major Dimensions Assessed	Context of use	Information Sources
ONSET	Youth aged from: 8 to 16	<ul style="list-style-type: none"> <input type="checkbox"/> ONSET is used as part of an early intervention process to screen at-risk youth and plan interventions that are appropriate for these young people. <input type="checkbox"/> Measure the relationship between young people's behaviour and the presence of risk factors in the following 12 areas: <ol style="list-style-type: none"> 1. Living Arrangements 2. Family and Personal Relationships 3. School and Education 4. Neighbourhood 5. Lifestyle 6. Substance Use 7. Physical Health 8. Emotional and Mental Health 9. Perception of Self and Others 10. Thinking and Behaviour 11. Attitudes Towards Offending 12. Motivation to Change <input type="checkbox"/> ONSET also takes protective factors into account. 	<ul style="list-style-type: none"> <input type="checkbox"/> Schools <input type="checkbox"/> Local communities <input type="checkbox"/> Other youth-oriented settings <input type="checkbox"/> ONSET is currently used as part of the Youth Inclusion Program (YIP). 	<ul style="list-style-type: none"> <input type="checkbox"/> Interview with the youth <input type="checkbox"/> Interview with parents <input type="checkbox"/> Review of youth records from several institutions (police, courts, health, child protection services, school, etc.)
ASSET	Youth aged from: 12 to 17	<ul style="list-style-type: none"> <input type="checkbox"/> ASSET is a structured assessment tool used to assess the profile of young offenders who come into contact with the criminal justice system. <input type="checkbox"/> ASSET is primarily used to build links with the courts. <input type="checkbox"/> By examining the offence or offences committed by the youth, ASSET aims to identify the various risk factors or circumstances that may have contributed to the young offender's behaviour. <input type="checkbox"/> Main issues covered: <ul style="list-style-type: none"> ○ Offending Behaviour ○ Living Arrangements ○ Family and Personal Relationships ○ Education, Training and Employment ○ Neighbourhood ○ Lifestyle ○ Substance Use ○ Physical Health ○ Emotional and Mental Health ○ Perception of Self and Others ○ Thinking and Behaviour ○ Attitudes Towards Offending ○ Motivation to Change ○ Positive Factors (protective factors) ○ Indicators of Vulnerability ○ Indicators of Serious Harm to Others 	<ul style="list-style-type: none"> <input type="checkbox"/> Youth justice 	<ul style="list-style-type: none"> <input type="checkbox"/> Interview with the youth <input type="checkbox"/> Interview with parents <input type="checkbox"/> Review of youth records from several institutions (police, courts, health, child protection services, school, etc.)
Structured Assessment of Violence Risk in Youth™ (SAVRY)	Youth aged from: 12 to 18	<ul style="list-style-type: none"> <input type="checkbox"/> SAVRY is a structured assessment tool used to measure a young person's risk for future violence, aggression or any other form of behaviour considered to be serious. <input type="checkbox"/> The risk factors assessed fall into three categories: <ol style="list-style-type: none"> 1. Historical Factors 2. Social and Contextual factors 3. Individual/Clinical factors <input type="checkbox"/> SAVRY also takes certain protective factors into account. 	<ul style="list-style-type: none"> <input type="checkbox"/> Clinical settings <input type="checkbox"/> Youth justice <input type="checkbox"/> Youth probation centre 	<ul style="list-style-type: none"> <input type="checkbox"/> Interview with the youth <input type="checkbox"/> Interview with parents <input type="checkbox"/> Review of youth records from several institutions (police, courts, health, child protection services, school, etc.)

	Age Group	Purpose of Tool and Major Dimensions Assessed	Context of use	Information Sources
<p>Youth Level of Service /Case Management Inventory -Risks/ Needs Assessment (YLS/CMI)</p>	<p>Youth aged from: 12 to 17</p>	<ul style="list-style-type: none"> <input type="checkbox"/> This tool was designed to assist practitioners in assessing the risks and needs of young offenders so they can subsequently develop tailored intervention plans. <input type="checkbox"/> The YLS/CMI is organized into seven parts;The Assessment of Risks and Needs is Part I. <input type="checkbox"/> Part I items on risk assessment are grouped into eight categories: <ol style="list-style-type: none"> 1. Prior and Current Offences/Dispositions 2. Family Circumstances/Parenting 3. Education/Employment 4. Peer Relations 5. Substance Abuse 6. Leisure/Recreation 7. Personality/Behaviour 8. Attitudes/Orientation 	<ul style="list-style-type: none"> <input type="checkbox"/> Youth justice 	<ul style="list-style-type: none"> <input type="checkbox"/> Interview with the youth <input type="checkbox"/> Interview with parents <input type="checkbox"/> Review of youth records from several institutions (police, courts, health, child protection services, school, etc.)
III) Tools Used for Identifying and Assessing Youth at Risk of Offending/Re-Offending				
<p>Social Skills Improvement System (SSIS)</p>	<p>Youth aged from: 3 to 18</p>	<ul style="list-style-type: none"> <input type="checkbox"/> SSIS is a family of tools designed to identify youth who are at-risk of developing social and behavioural problems. <input type="checkbox"/> SSIS is an evaluation tool designed to address the need for an evidence-based, screening, assessment and intervention system to help youths develop, improve and maintain important social skills. <input type="checkbox"/> Dimensions assessed: <ul style="list-style-type: none"> <input type="radio"/> Social Skills: i.e. communication, cooperation, responsibility. <input type="radio"/> Problem Behaviours: i.e. bullying, hyperactivity/inattention, and the autism spectrum. <input type="radio"/> Academic Competencies: i.e. reading and math achievement. 	<ul style="list-style-type: none"> <input type="checkbox"/> Schools 	<ul style="list-style-type: none"> <input type="checkbox"/> Parents <input type="checkbox"/> Teachers <input type="checkbox"/> Youth self-report
<p>Youth Assessment and Screening Instrument (YASI™)</p>	<p>Youth aged from: 12 to 18</p>	<ul style="list-style-type: none"> <input type="checkbox"/> YASI™ is a tool designed to analyze and assesses risk, needs and protective factors in youth populations. It assists in the development of tailored case plans and helps to ensure the availability of services and resources. <input type="checkbox"/> YASI has two components, namely the YASI Pre-Screen and the Full Assessment versions. <p>Pre-Screen version:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The initial screening yields a profile of the young offender based on his/her level of risk, classified as “low”, “moderate” or “high”. <input type="checkbox"/> This preliminary profile rapidly identifies the moderate or high-risk cases that will need immediate intervention. 	<ul style="list-style-type: none"> <input type="checkbox"/> Youth probation centre <input type="checkbox"/> Youth justice <input type="checkbox"/> Schools <input type="checkbox"/> Most centres providing services to youth 	<ul style="list-style-type: none"> <input type="checkbox"/> Interview with the youth <input type="checkbox"/> Interview with parents <input type="checkbox"/> Review of youth records from several institutions (police, courts, health, child protection services, school, etc.)

	Age Group	Purpose of Tool and Major Dimensions Assessed	Context of use	Information Sources
		<ul style="list-style-type: none"> ❑ Items assessed in the YASI Pre-Screen version are organized into the following nine domains: <ol style="list-style-type: none"> 1. Legal History 2. Family 3. School 4. Community and Peers 5. Alcohol and Drugs 6. Mental Health 7. Aggression 8. Attitudes 9. Skills Full Assessment version: ❑ The full assessment is conducted only with youth identified as moderate- or high-risk during the pre-screening. ❑ The outcomes of this assessment will be used as a basis to develop a targeted intervention plan tailored to the particular needs of each youth, especially with regard to dynamic risk factors. ❑ Items assessed in the YASI Full Assessment version are organized into the following ten domains: <ol style="list-style-type: none"> 1. Legal History 2. Family 3. School 4. Community and Peers 5. Alcohol and Drugs 6. Mental Health 7. Aggression 8. Attitudes 9. Skills 10. Employment and Leisure Time 		

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