

Wayne County
Comprehensive Approaches to Juvenile Sex Offender Management Initiative
(June, 2008)

Best Practice Guide: Best Practices in the Assessment of Juvenile Sex Offenders

About Best Practices

Best practices refer to ideal and often, evidence-based practices, related to a variety of interventions and services that are based upon current research, accreditation standards, and various consortia of experts. *Best practices* guide practitioners and administrators to provide the most effective treatment and services and by doing so, assist all professionals involved in a system to improve and achieve stronger outcomes.

To specifically address needs related to juvenile sex offenders, *Best Practice Guides* have been developed in the four following areas: 1) Assessment, 2) Residential Treatment, 3) Community-Based Treatment, and 4) Community Supervision.

I. Assessment of Juvenile Sex Offenders

Assessment refers to the systematic evaluation of significant issues related to juvenile sex offenders that are used to guide service and treatment delivery as well as to evaluate the associated outcomes of services and treatment interventions. Assessment of juvenile sex offenders should focus on five key areas: 1) Pre-dispositional assessment, 2) risk assessment, 3) intake assessment, 4) clinical assessment, and 5) ongoing, multi-disciplinary assessment.

II. Guiding Factors of Assessment of Juvenile Sex Offenders

Assessment must be comprehensive, accounting for the complexities of juvenile sex offenders and the heterogeneity among juvenile sex offenders. The assessment process is a crucial initial intervention and as such, assessors must work to establish rapport & create effective assessment environments. All assessment processes and tools should be standardized in order to promote: Efficient & effective data collection, objectivity in data collection, effective decision-making, prioritization of client needs, and outcomes evaluation.

III. Ethical Issues Guiding Assessment Practices

- Utilize only reliable and valid standardized instruments in assessment
- Utilize multiple assessment tools to promote understanding of complex needs
- Only individuals with the required credentials and specific training in assessment should do assessment
- Utilize multiple data sources in assessment
- Full and complete informed consent and orientation to assessment must be provided to individuals being assessed that includes the purpose of the assessment, assessment methods, timeframe, limitations of the instrument, and any specific instructions related to the instrument

- Assessment reports must include limitations related to the assessment process, including sources of information, psychometric properties, and testing conditions
- Assessment must be viewed as a dynamic, not static, process, therefore, assessment must continuously occur over time, with attention given to changes occurring

IV. Best Practice Areas in the Assessment of Juvenile Sex Offenders

1) Pre-Dispositional Assessment Activities

Pre-dispositional assessment activities should consist of comprehensive data collection that is used to guide case disposition and decisions-making.

A. Best Practices of Pre-Dispositional Assessment Activities

- Comprehensive pre-dispositional assessments should be completed for all adjudicated juvenile sex offenders
- Individuals conducting pre-dispositional assessments should have specialized knowledge of juvenile sex offending
- Multiple sources should be used to conduct the pre-dispositional assessment
- The results of the pre-dispositional assessment should be used to guide dispositional decision-making
- The results of the pre-dispositional assessment should be shared with treatment providers

B. Best Practices Related to Issues to be Included in the Pre-Dispositional Assessment

- Offense Summary
- Victim Impact Statement(s)
- Social History
- Juvenile Sex Offender Assessment Protocol II (J-SOAP II) (i.e., risk assessment)
- Offense History
- Substance Use/Abuse
- Interactions with Children’s Protective Services
- School Performance & Conduct
- Caregiver Ability to Supervise
- Peer Relationships
- Family Relationships
- Degree of Social Supports
- Proximity to/Access to Victim(s)
- Mental Health Needs
- Medical Health Needs
- Youth Strengths & Needs
- Family Strengths & Needs

2) Primary Risk Assessment

Risk assessment seeks to identify the degree of need for treatment and supervision specific to juvenile sex offenders. In combination with clinical assessments, risk assessment targets specific treatment needs. Risk assessment tools are not empirically valid as mechanisms by which to predict/determine future risk, and as a result, results must be limited to providing additional support in decision-making related to prioritizing treatment needs and only in conjunction with various other assessment data.

A. Best Practices in Primary Risk Assessment

- The J-SOAP II should be used as the primary risk assessment instrument as it addresses both static (e.g., age at first offense) and dynamic characteristics (e.g., motivation in treatment) and is empirically-based
- Only qualified individuals (i.e., credentials, training) shall use the J-SOAP II in assessment of risk
- The J-SOAP II should only be used in conjunction with other assessment data
- The J-SOAP II should initially be conducted as part of the pre-disposition assessment activities
- Risk assessment results should only be used to support decision-making regarding the prioritization of treatment and service needs
- Risk assessments should continue to be used throughout system involvement and particularly at system transitions (e.g., release from residential placement) to continuously inform decision-making regarding treatment and service needs
- Subsequent risk assessments should be limited to the examination of dynamic factors

B. Use of The Polygraph

The use of the polygraph introduces significant ethical and legal challenges, particularly with regard to juvenile offenders. The polygraph has limited empirical value and as a result, there is a tremendous need for further objective research regarding its use.

a. Best Practices in the Use of the Polygraph

- Use of the polygraph with juvenile sex offenders should be approached with care and administered judiciously, not routinely and only in special circumstances, with comprehensive justification for its use with a particular juvenile
- Comprehensive standards and guidelines for the use of the polygraph in the treatment of juvenile sex offenders should be established by an organization using the tool and should include specific justification for its use only in special circumstances

3) Intake Assessment

Prior to beginning treatment (residential, community-based) or services (probation, supervision), a comprehensive intake assessment should be conducted on all juvenile sex offenders. Results of the Pre-Dispositional Assessment should be included in the Intake Assessment and processes should be in place to ensure the transfer of such information to

treatment providers. Depending on the type of treatment or service provided to the youth, the Intake Assessment may be conducted directly by the treatment provider or by a third party (e.g., centralized assessment center, Court).

A. Best Practices Related to Issues to be Included in the Intake Assessment

- All areas identified in the Pre-Dispositional Assessment with specific attention to updating information gathered in the Pre-Dispositional Assessment (e.g., degree of social supports)
- Identify juvenile sex offenders that may be particularly vulnerable to harassment
- Educational and vocational needs
- Special housing considerations
- Specific court order information/special conditions
- Developmental needs
- Cultural identity (e.g., age, religion, language) & culturally-specific needs

4) Clinical Assessment

Clinical assessments complement the intake assessment process by assessing specific clinically-based issues (e.g., mental health, functional ability, substance use). Clinical assessments include a comprehensive clinical interview and an array of clinical assessment tools. Clinical assessments are conducted by Master's or doctoral-level trained clinicians. Clinical assessments guide treatment planning for specific co-morbid issues.

A. Best Practices in Clinical Assessment

- An array of clinical assessment tools should be used to provide a comprehensive picture of the youth's needs
- Only clinical assessment tools with established effective psychometric properties should be used
- Only clinical assessments that are well-justified should be used
- Youth, caregivers, school personnel, and other individuals relevant to the youth should be interviewed as part of the assessment
- Ideally, clinical assessments are conducted by providers responsible for treating juvenile sex offenders to ensure efficient and effective use of assessment results
- When external clinical assessments are conducted, clear guidelines must be in place to direct sharing of the results with treatment and service providers

B. Best Practices Related to Issues to be Included in Clinical Assessment

- Clinical interview/comprehensive intake assessment
- Juvenile sex offender risk assessment
- Depression inventory
- IQ & achievement assessment
- Assessment of family functioning
- Mental health assessment
- Substance use assessment
- Functional ability assessment

- Independent living skill assessment
- Assessment of needs and strengths

C. Best Practices Related to Psychiatric Evaluation

- Psychiatric evaluations should be conducted only when warranted from previous assessment
- Psychotropic medication shall only be used when justified and only as long as justified
- When prescribed, psychotropic medication should only be used in conjunction with mental health counseling, never as an alternative to mental health counseling
- Psychotropic medication must be monitored by the psychiatrist at least monthly with its continuation justified

5) Multi-Disciplinary, Ongoing Assessment Activities

Multi-disciplinary, ongoing assessment activities refer to the continuous and inclusive nature of assessment in juvenile sex offender management. Since multiple individuals and professionals are involved in JSO management, assessment should reflect input from all involved individuals and professionals. Types of professionals involved in multidisciplinary, ongoing assessment include: Clinicians, case managers, probation officers, jurists, educators, direct care workers, and other relevant professionals. Multi-disciplinary assessment should be conducted throughout the major phases of JSO mgmt. (i.e., initial court interaction, placement/service initiation, community reintegration, supervision).

A. Best Practices Related to Multi-Disciplinary, Ongoing Assessment

- Case managers, direct care staff, and other residential staff provide ongoing input into the assessment process for youth in residential treatment
- Caregivers, teachers, and other relevant community members provide ongoing input into the assessment process for youth participating in community-based treatment
- Caregivers, teachers, and other relevant community members provide ongoing input into the assessment process for youth receiving community supervision services
- Assessment continuously occurs in each phase of juvenile sex offender management targeting the presence of and changes in risks and needs
- Responsive services are provided to immediately address any changes in risk and needs (tutorial assistance, grief counseling)

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