


Using the Youth Assessment & Screening Instrument (YASI) Collaborative Case Work Model for Treatment Planning

Presented by:
Stephanie Green, Practice Improvement Supervisor
Capria Pinkney, Practice Improvement Coach, Southern Region
December 2022

 **Virginia Department of Juvenile Justice** Safety. Connection. Purpose. Fairness.

1

 **MEET YOUR PRESENTERS:
STEPHANIE GREEN**

I currently serve as the Practice Improvement Supervisor with 19 years of service with DJJ. I have held several positions such as Probation officer, VJCCCA Program Administrator, Probation Supervisor, Diagnostic Supervisor, and Practice Improvement Coach for the Southern Region. I love it when people remember "the Why" when working with our youth.




2

 **MEET YOUR PRESENTERS:
CAPRIA PINKNEY**

I currently serve as the Regional Practice Improvement Coach for the Southern Region. I have held positions such as CAP Counselor, Probation/Parole Officer, Parole Sr. and Probation Supervisor. I believe it is our responsibility to ensure our youth have a strong foundation. I believe all youth are the future and therefore it is our responsibility to ensure that they have a strong foundation from which to operate.



3




WAYS TO INTERACT

OPTIONS FOR QUESTIONS

- Raise Hand Feature
- Chat
- Q & A Session


4







TRAINING OBJECTIVES

- Understand the Principles of Effective Intervention
- Learn elements of the YASI instrument
- Learn about YASI process
- How to interpret wheel and domains
- Ensure coordination with CSU delivered intervention
- Practice how to complete treatment plan using YASI Targets for Change

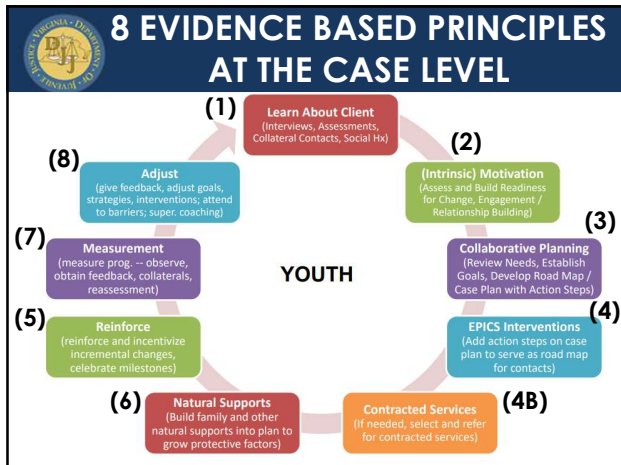
5



8 EVIDENCE-BASED PRINCIPLES

<p>1) Assess Risk, Needs, Strengths</p>		<ul style="list-style-type: none"> • Learn About Youth • Interview / Behavioral Analysis • YASI Risk Assessment Scoring • Other Screens and Assessments • Social History Report
<p>2) Enhance Intrinsic Motivation</p>		<ul style="list-style-type: none"> • Engagement / Relationship Building • Stages of Change-Matched Strategies
<p>3) Target Interventions Risk – Need – Responsivity Dosage – Treatment</p>		<ul style="list-style-type: none"> • Assessment-Driven Case Plan Targets • Treatment Package • Plan Contact Context / Selection of Intervention • Selection of Contracted Services (if needed)
<p>4) Skill Train / Use CBI</p>		<ul style="list-style-type: none"> • EPICS
<p>5) Positive Reinforcement</p>		<ul style="list-style-type: none"> • Effective Reinforcement / Incentives
<p>6) Support in Natural Communities</p>		<ul style="list-style-type: none"> • Family Engagement / Community Linkages • Build Protective Factors
<p>7) Measure Relevant Process Practices</p>		<ul style="list-style-type: none"> • Measurement of Progress: Reassessment • Document Progress
<p>8) Provide Measurement Feedback</p>		<ul style="list-style-type: none"> • Provide Clint Feedback • Make Adjustments

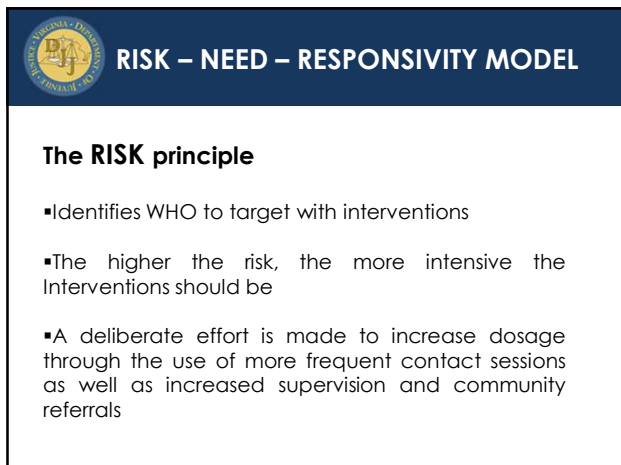
6




7



8



9


 **RISK – NEED – RESPONSIVITY MODEL**

Criminogenic Need Areas

- Attitudes, values, beliefs
- Peers associations
- Personality and emotional orientation
- ?

- Leisure/recreation
- Education/employment
- Substance Abuse
- Family

10


 **DOSAGE GUIDELINES**

Dosage guidelines based on emerging research:

- 100-150 hours for moderate risk
- 200 - 300 hours for high risk
- 100 hours for high-risk will have little effect

Community treatment providers and community supervision can work together to build treatment packages with individualized dosage.

11

 **DOSAGE REMINDERS**


By following the EPICS model and using cognitive-behavioral interventions during contact sessions, Probation Officers are steadily adding to "dosage" that young people need to change their behavior.

... however

Youth often need more dosage than we can provide alone and that is targeted on the right need areas, we can increase their dosage by coaching up individuals who are part of their natural support networks and referring them for contracted services.

We are much more likely to achieve this goal collaboratively!


12

 **RISK – NEED – RESPONSIVITY MODEL**

The NEED principle

- Identifies **WHAT** to target with interventions
- The higher the need, the more intensive the interventions should be
- Relates to the types of referrals made
- Relates to interventions facilitated during a contact session


13

 **RNR FRAMEWORK**

Discussion Question:

What happens if the risk and need principles are not followed?

14

 **RISK – NEED – RESPONSIVITY MODEL**

General Responsivity

- Identifies **HOW** to target with interventions
- Use cognitive-behavioral interventions- Why?
- Relates to the interventions facilitated during a contact session or group session


15

 **RISK – NEED – RESPONSIVITY MODEL**

Specific Responsivity


- Identifies **HOW** to target with interventions
- Remove barriers to treatment
- Match style and mode of service delivery to key offender characteristics (e.g., temperament, learning style, motivation, gender and culture)
- Relates to the type of referrals made

16

 **SPECIFIC RESPONSIVITY FACTORS**

Cognitive Limitations	Language
Physical Limitations	Ethnicity
Mental Health Concerns	Cultural Barriers
No Desire to Change (Motivation)	History of Abuse /Neglect
Trauma Background	Interpersonal Anxiety
Reading/Writing Limitations	Transportation
	Childcare

17

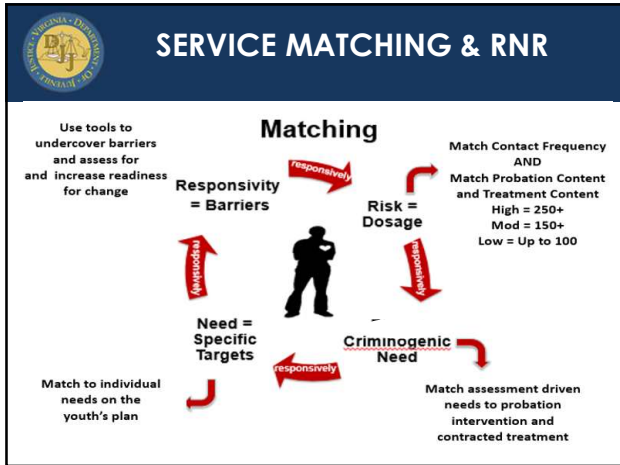
 **RNR FRAMEWORK**

Discussion Questions

How do you as service providers identify and address barriers as presented?

How could this knowledge of RNR help you with your service delivery?

18



19



20

-
- WHAT IS THE YASI?**
- The Youth Assessment and Screening Instrument or YASI is the risk and needs assessment used by the VA Department of Juvenile Justice (DJJ)
 - Used in all CSUs and direct care settings across the state
 - YASI is an evidence-based tool adapted from a model in Washington State
 - The YASI assesses for Risk, Needs, Protective Factors and areas of Responsivity
 - The YASI is based upon an integrated and collaborative casework model with assessment results informing all key decision making.

21

YASI VERSIONS

Pre-Screen and Full Assessment

Pre-Screen

- 32 items completed before admission
- Predicts future recidivism
- Classifies youth according to their likelihood of recidivism

Full Assessment

- 87 items (including the 32 Pre-Screen items), completed by case managers
- Used to develop case plans for increasing strength and reducing risk of recidivism

22

STATIC V DYNAMIC

- Static Components**—Unchangeable characteristics that predict future behavior (i.e. criminal history or having been abused as a child)
- Dynamic Components**—Changeable characteristics or situations that predict future behavior (i.e. SA concerns or Attitudes.)
 - By targeting Dynamic risk factors service providers are able to develop intervention strategies to address risk areas and skill deficits that were part of the youth's behavior that brought them to the court to decrease the likelihood that the behavior is repeated.

23

PROTECTIVE FACTORS

- Protective Factors**—or strengths, focus on elements of resilience and prevention. These factors can help high risk youth adjust positively but a lack of protective factors can cause some low risk cases to go wrong.

24

STATIC OR DYNAMIC?

1. Number of Violations of Probation
2. Compliance with Parental Rules
3. Youth is proud of behavior
4. Youth has made attempts or thoughts to harm self

25

YASI GRAPHICAL RESULTS

THE YASI WHEEL

Overall Risk: High
Needs - 6 Levels: Moderate-High
Static Risk: High
Strength - 6 Levels: Moderate-High


26

REASSESSMENTS

- DJJ completes reassessments every 90 days
- Provider progress reports serve as critical collateral information at time of reassessment

Strength: 14


27



HOW DOES DJJ USE THE YASI?

- Overall risk to reoffend, highest domains, specific targets for change
- Pre-adjudication recommendations
- Social history foundation
- Determine areas of Risk/Need for service referrals
- Probation officer case loads
- Reassessment


28



YASI DOMAINS

Legal History Family School Community/Peers Alcohol/Drugs	Mental Health Aggression/Violence Attitudes Skills Employment/Free Time
---	---

29



YASI ITEMS BY DOMAIN

1. Legal History	
1. Previous intake contacts for offenses	8. Placements
2. Age at first intake contact	9. Juvenile detention
3. Intake contacts for offenses	10. ICE custody
4. Felony level offenses	11. Escape
5. Weapons offenses	12. Failure to appear in court
6. Offenses against another person	13. Violations of probation/parole/diversion
7. Felony level offenses against another person	
2. Family	
1. Runaway check-outs	11. Family support network
2. History of child neglect	12. Family members/other youth help close to youth
3. Compliance with parental rules	13. Family provides opportunities for participation
4. Circumstances of family members living at home	14. Family provides opportunities for learning success
5. History problems of family members at home	15. Parental love, caring and support
6. Youth's current living arrangements	16. Family conflict
7. Parental supervision	
8. Appropriate consequences	
9. Appropriate rewards	
10. Parental attitude	
3. School	
1. Current enrollment status	8. Youth believes in the value of education
2. Attendance	9. Encouraging school environment
3. Conduct in past year	10. Expulsions and suspensions
4. Academic performance in past year	11. Age of first expulsion
5. Current conduct	12. Involvement in school activities
6. Current academic performance	13. Teachers/ staff/ coaches youth likes
7. Special education student	
4. Community and Peers	
1. Association the youth spends time with	5. Time time spent with delinquent peers
2. Attachment to positively influencing peers	6. Strength of delinquent peer influence
3. Administration of teacher/delinquent peers	7. Number of positive adult relationships in community
4. Months associating with delinquent friends/peers	8. Prosocial community ties

30

Using the Youth Assessment & Screening Instrument (YASI) Collaborative Casework Model for Treatment Planning

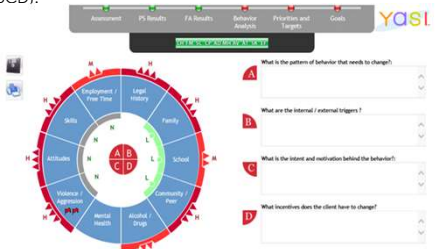
YASI ITEMS BY DOMAIN

5 Alcohol and Drug	
1. Alcohol and drug use	
2. Responsive to substance use treatment	
3. Previous substance use treatment	
6 Mental Health	
1. Mental health problems	5. Psychosexual abuse
2. Identical identities	6. Victimization
3. Suicidal ideation	
4. Sexual aggression	
7 Aggression	
1. Violence	4. Belief in use of physical aggression to resolve a disagreement or conflict
2. Hostile interpretation - actions/intentions of others	5. Disagreement or conflict
3. Tolerance for frustration	6. Belief in use of verbal aggression to resolve a disagreement or conflict
8 Attitudes	
1. Responsibility for delinquent/criminal behavior	5. Attitude during delinquent/criminal acts
2. Child-rearing impact of behavior on others	6. Law-abiding attitude
3. Willingness to make amends	7. Respect for authority figures
4. Optimism	8. Readiness to change
9 Skills	
1. Consequential thinking skills	5. Locus of control over delinquent/criminal behavior
2. Social perspective taking skills	6. Interpersonal skills
3. Problem-solving skills	7. Goal-setting skills
4. Impulse-control skills to avoid getting in trouble	
10 Employment and Free Time	
1. History of employment	5. Structured recreational activities
2. Number of times employed	6. Unstructured recreational activities
3. Longest period of employment	7. Challenging/rewarding hobbies/activities
4. Positive relationships with employers	8. Decline in interest in positive leisure pursuits

31

BEHAVIOR ANALYSIS (ABCD)

After completing a Behavior Analysis Interview and scoring the assessment to produce a YASI Wheel, there is a place in the YASI Caseworks software for entering the written summary of the Behavioral Analysis (ABCD).




32

THINK "TREATMENT PACKAGE"

- Probation / Parole Officer are the primary interventionist in the delivery of cognitive-behavioral interventions.
- To ensure enough "dosage" officers need to think about coordinated "treatment packages". Officers often need to use *multiple strategies* and sometimes need to refer youth for contracted services over and above what we provide internally.
- When making referrals, the Probation / Parole Officer is the consumer and in charge of putting together an integrated and coordinated plan of treatment / intervention.
- It is important that selected services are high quality, complementary and matched to needs identified during assessment and collaborative case planning sessions.

33




SERVICE MATCHING: WHEN WE REFER FOR SERVICES

WHEN REFERRING TO ANOTHER AGENCY OR FOR EXTERNAL SERVICES:
Some but not all youth require additional services. These are the circumstances when probation/parole officers refer out to another agency or to an external provider.

- Access another local or state government agency that runs programs designed to build protective factors (e.g. pro-social activities, community linkages)
- Service needs are not related to delinquency matter and/or needs are part of the responsibilities of another agency (e.g. abuse/neglect, foster care prevention, housing, financial assistance)
- Service needs are outside of DJJ area of expertise and/or require a specific specialized credential (e.g. mental health concerns, substance abuse services, sex offender services)
- Given the risk and need profile a higher dosage of treatment is required than what can be provided by probation/parole alone.

34



REVIEW COMPONENT OF CSUs 4-PART APPOINTMENT STRUCTURE


During the review component of the CSU's appointment structure probation officers review what youth are learning in external contracted services.

Questions they may ask:

- What are you learning in your groups or service?
- How have the things you've learned at (insert service name) helped you so far?
- Tell me about a recent skill or tool you learned in one of your groups to help you be more successful

This is an opportunity for officers to assess service quality, identify any barriers to service delivery and reinforce learning and provide additional practice opportunities.

35



MONTHLY UPDATE

Frequent contact (at least monthly) between the PO and service provider provides an opportunity to assess service effectiveness, identify any barriers to service delivery and reinforce learning and provide additional practice opportunities.

During the bi-weekly or monthly update between PO and Service Provider, you as the provider may ask:

- What strategies have you put in place?
- Are you working on a specific skill/intervention so that I may reiterate it with the youth?
- Has my client addressed how the things we have worked on have helped them so far?

36

CSU CASE PLANNING

- Developed within first 45 days.
- Identifies specific targets based on YASI and BA
- Maintains contacts on criminogenic needs
- Creates a roadmap of the supervision process for staff and the youth
- Document case activity including referrals, interventions and progress

37

CASE PLAN TARGETS

Comprehensive Case Plan: Juvenile Name here

Priority 1: Aggression/Violence

Targeted items:
Believes violence is often appropriate or necessary

Priority 2: Skills

Targeted items:
Sometimes confused about the consequences of behavior

Priority 3: Community/Peers

Targeted items:
Youth admires or emulates negative or delinquent peers

Action Steps

XV - Enroll in and complete Anger Management.

Domains	: Aggression/Violence;
Participants	: Client ; Contracted Service Provider;
Setting:	: Probation Supervision
Service Status	: Achieved

38

SKILLS/ SUPPORTS/ STRATEGIES

Domain: Aggression/Violence

Target: Believes violence is often appropriate or necessary

Strategy (CSU Internal Interventions): Skill Card #26--Using Self Control

Support: Baseball Coach, Mr. Morton

Service: Referring youth to Aggression Replacement Training


What service do you provide that would address this target?

39

 **PRACTICE**



40


 **SCENARIO 1: NAOMI**

NAOMI is on probation for assault. She has assaulted her mother on more than one occasion. There is a high level of conflict between family members with verbal intimidation, yelling and heated arguments and sometimes physical violence.

Service Provider's Initial Family Meeting:

Mother described daily fights with Naomi. She stated Naomi is easily agitated and she believes she is depressed. Naomi cried and yelled at her mother during meeting. Naomi was annoyed and she offered little input during the meeting.

41

 **SCENARIO 1: NAOMI**

Priority Domain: Aggression/Violence (High)
Target items: Belief in use of physical aggression to resolve a disagreement or conflict

Priority Domain: Family (High)
Target items: Level of conflict between youth and parents, and among siblings

Priority Domain: Skills (High)
Target items: Loss of control over delinquent/criminal behavior

42

STRATEGY/SERVICE	
Recommended Internal CSU-Delivered Intervention(s), if any	Recommended External Contracted Service(s), if any
Structured Skill Building Skill 26: "Using Self Control" (A/V) or Skill 17: "Understanding Feelings of Others" (Family)	Aggression Replacement Training (ART) Functional Family Therapy (FFT) Multi-Systemic Therapy (MST)

43

SCENARIO 2: MALIK

MALIK is 15 years old and has been assessed as a high risk. He participated in a group-based assault. He said he feels bad about what happened and realizes that he let his friends influence his decision.

Service Provider's Initial Family Meeting:

Malik's parents reported that they believe his friends are gang members and he gets high with them. Malik denied using drugs with friends, got angry and left the room when his parents made those statements. Malik did not return and refused to participate in the meeting.

44

SCENARIO 2: MALIK

Priority Domain: Community/Peers (High)
Target item: Usually goes along with delinquent peers

Priority Domain: Aggression/Violence (High)
Target item: Believes that violence is sometimes appropriate or necessary

Priority Domain: Skills (Moderate)
Target item: Cannot identify when problem behaviors or situations occur

45

STRATEGY/SERVICE	
Recommended Internal CSU-Delivered Intervention(s), if any	Recommended External Contracted Service(s), if any
Structured Skill Building (Peer Refusal Skills) Cognitive Restructuring Cost Benefit Analysis	Anger Management Aggression Replacement Training (ART)

46

SCENARIO 3: ALLISON

ALLISON is 13 years old and has been assessed as moderate-high risk to reoffend. She has been a consistent runaway for the past 18 months and all of her urine screens have been positive for non-prescribed pills.

Service Provider's Initial Family Meeting:

Allison and her parents were present, but it was a very tense meeting. It was clear that there is a great deal of family conflict. Allison refused to discuss her drug use in front of her parents.

47

SCENARIO 3: Allison

Priority Domain: Substance Abuse (High)
Target items: Substance use disrupts function in several areas of life


Priority Domain: Attitudes (High)
Target items: Exhibits only passive or no support for change

Priority Domain: Skills (Moderate)
Target items: Believes that most problem behavior cannot be controlled.


48

 STRATEGY/SERVICE	
Recommended Internal CSU-Delivered Intervention(s), if any	Recommended External Contracted Service(s), if any
Behavior Chain/Cog Restructuring Cost Benefit Analysis Skill Building	Family Therapy (FFT/MST) and/or Substance Abuse Treatment

49

 DELIVERING CONTRACTED SERVICES: POTENTIAL PITFALLS
<ul style="list-style-type: none"> Lack of communication between referral source and service provider <ul style="list-style-type: none"> Not speaking same language Re-inventing the wheel—not utilizing the information received from the referral source and relying only on your own assessment. Written reports summarizing the work of the provider shows misalignment between the work that was provided and the referral request Failure to make adjustments to plans based upon changes and circumstances, including lack of progress, new presenting problems and violations Missed opportunity to do an internal review of what can be done differently when things are not going well with a youth/referral Failure to recognize and communicate service limitations (agency is not a good fit for requested service)

50

 DELIVERING CONTRACTED SERVICES: TIPS FOR SUCCESS
<ul style="list-style-type: none"> Maintain ongoing active written and verbal communication with referral source (coordination of services, joint meetings, etc.) Ensure initial communication with referral source at time of service initiation (allows clarity of right need areas) Be specific about service delivery based on the need area the probation officer wants you to target Obtain as much upfront information as you can about responsibility issues (both strategies that could enhance service provision as well as potential barriers) Proactively communicate back with referral source about any service limitations, potential barriers of service delivery before it becomes an issue Coordinate services with the interventions the probation/parole officer is providing

51


LET'S REVIEW:

**Right Youth +
Right Interventions & Services +
Right Timing + Right Dosage +
Right Targets for Change =**

**Behavior Change
Successful Youth and Families
Good Outcomes**

52

QUESTIONS



53

CONTACT INFORMATION
Practice Improvement & Services Unit

Beth Stinnett, Statewide Program Manager / Unit Manager
Beth.Stinnett@djj.virginia.gov

Stephanie Green, Practice Improvement Supervisor
Stephanie.Green@djj.virginia.gov

Nicole McCombs, Practice Improvement Coach, Eastern Region
Nicole.McCombs@djj.virginia.gov

Marc Crippen, Practice Improvement Coach, Northern Region
Marc.Crippen@djj.virginia.gov

Angie Hiatt, Practice Improvement Coach, Western Region
Angela.Hiatt@djj.virginia.gov

Lesley Hull, Practice Improvement Coach, Central Region
Lesley.Hull@djj.virginia.gov

Capria Pinkney, Practice Improvement Coach, Southern Region
Capria.Pinkney@djj.virginia.gov

54
