

Screening and Assessment

Screening and assessment are used to obtain mental health and substance use information about youth. *Screening* is a brief procedure that can be performed by non-mental-health personnel with in-service training. In juvenile justice processing, screening is typically employed at an early stage. Screening serves to triage, or classify, youth for further processing, but it is not intended to be diagnostic or to determine long-range treatment plans. Based on the results of screening, some youth may be referred for assessment. *Assessment* is a more individualized and comprehensive evaluation, employed selectively, and administered by qualified professionals. Assessment assists juvenile justice decision-makers in addressing forensic questions (e.g., competence to stand trial) and deciding on treatment and placement plans.

Screening and Assessment Settings

Juvenile Assessment Center (JAC)

Some communities have centers where law enforcement and probation officers (and sometimes parents) can obtain evaluations

of mental health needs when youth are apprehended and before they are referred to the juvenile court.

Detention Intake

Pretrial detention centers typically administer mental health and substance use screening tools within the first few hours after intake. This helps to identify youth who may be at risk of suicide or who need immediate (emergency) mental health consultation because of an acute condition.

Intake Probation Departments

Intake probation officers often are responsible for collecting initial information about a youth so they can respond to both the court's request for background information on a youth and, if relevant, placement questions at later adjudication of the case. They often use screening tools when seeing youth for intake.

Court Clinical Services

Most juvenile courts have a method for obtaining forensic and mental health

assessments for use in preliminary or adjudication hearings. Examiners may work in a court clinic as part of the court itself, but more often, juvenile courts engage private practitioners or child community mental health professionals for these evaluations. Court clinics can also provide assessments in specialty juvenile courts, such as mental health courts or drug courts.

Corrections Reception/Assessment Centers

Many states maintain reception/assessment centers where youth are seen for assessment after they are adjudicated and committed to the state's juvenile corrections agency. Mental health and substance use assessments in these settings focus on identifying appropriate treatment options and level of security required during treatment. The emphasis is on mental health and criminal justice outcomes.

Screening Tools (mental health, substance use)

A number of brief screening tools (5-10 minutes long) have been developed for use at first interview or

admission to a facility. They aim to identify youth at intake who require immediate attention for substance use and mental health conditions (including suicide risk). They do not provide diagnoses and should not be used for long-range treatment planning. They can be administered by non-mental-health staff with in-service training. They rely on the youths own answers to questions about behaviors, thoughts, and feelings.

Global Appraisal of Individual Needs – Short Screener (GAIN-SS)

The GAIN-SS, a paper-and-pencil tool, consists of 23 items asking youth about their behaviors, thoughts, or feelings over the past month, 2–12 months ago, and prior to a year ago. These scores contribute to four scales: Internalizing Disorder, Externalizing Disorder, Substance Disorder, and Crime/Violence. <http://www.gaincc.org/products-services/instruments-reports/gainss/>

Massachusetts Youth Screening Instrument – Second Version (MAYSI-2)

The MAYSI-2 asks youth to report yes or no to 52 items regarding their recent behaviors, thoughts, and feelings. The items contribute

to scores on seven scales: Alcohol/Drug Use, Angry-Irritable, Depressed-Anxious, Somatic Complaints, Suicide Ideation, Thought Disturbance, and Traumatic Experiences. Scores above a cut-off on any given scale indicate probable clinical significance in that area. The tool can be administered by paper and pencil or with MAYSIWARE, a computer software program that allows the youth to hear the items by headphone and respond on screen. The MAYSI-2 is used statewide in juvenile detention or corrections intake offices in over two-thirds of states.
<http://nysap.us/MAYSI2.html>

Substance Abuse Subtle Screening Inventory – Adolescent 2 (SASSI-A2)

The SASSI-A2 is a paper-and-pencil tool with 100 questions that ask youth about symptoms, attitudes, and behaviors related to drug and alcohol use. Some of the questions are not obvious in their relation to substance use; responses to these questions indicate to the examiner when a youth may be avoiding responding honestly to the more

obvious drug use items. Scores contribute to several scales that lead to classification of the probability the youth have substance use problems. <https://www.sassi.com/products/SASSIA2/shopSA2-pp.shtml>

Trauma Symptom Checklist for Children (TSCC)

The TSCC is a 54-item paper-and-pencil tool that asks youth about emotions, behaviors, and thoughts that may be the result of trauma exposure. Several scales (e.g., Anger, Anxiety, Post-traumatic Stress) assess symptoms, while two scales assess whether the youth is under-reporting or over-reporting symptoms. http://www.johnbriere.com/psych_tests.htm

Assessment Tools (mental health, substance use)

A large number of assessment tools have been tested and found to be reliable for youth and are available for comprehensive evaluation of their mental health and substance use problems and diagnoses. These tools require special training and are employed primarily by child psychologists and psychiatrists who

are qualified to interpret them. The following are a few common tools.

Child and Adolescent Functional Assessment Scale (CAFAS)

The CAFAS guides examiners in organizing information collected within eight youth problem areas (three of which pertain to mental health or substance use problems) and two parent problem areas. It also provides ratings for level of impairment in these areas, which may assist examiners in constructing meaningful treatment or rehabilitation plans.
<http://www.fasoutcomes.com>

Child Behavior Checklist (CBCL)

The CBCL is a paper-and-pencil tool that has three basic forms for completion by parents, teachers, or youth self-report. It assesses problems of an internalizing type (involving thoughts and feelings) and problems of an externalizing type (behavior problems, especially aggressive behavior). This tool is also known as the Achenbach System of Empirically Based Assessment (ASEBA).
<http://www.aseba.com>

Millon Adolescent Clinical Inventory (MACI)

The MACI is a paper-and-pencil tool completed by the youth. It has a number of scales describing two broad classes of characteristics: personality traits (e.g., Introversive; Conforming) and clinical symptoms (e.g., Substance Abuse Proneness; Suicidal Tendencies; Anxiety Feelings). The results must be interpreted by a mental health professional trained to diagnose and assess children's mental disorders. <http://www.millon.net/instruments/MACI.htm>

Minnesota Multiphasic Personality Inventory – Adolescent (MMPI-A)

The MMPI-A consists of 10 scales describing clinical disorders as well as a large number of scales useful for identifying specific problem areas. It has 478 items and can be administered to the youth as a paper-and-pencil task or by computer. The results must be interpreted by a mental health professional trained to diagnose and

assess child mental disorders. http://www.pearsonassessments.com/mmpi_a.aspx

Voice Diagnostic Interview Schedule for Children (V-DISC)

The V-DISC provides probable diagnoses of adolescents' mental disorders. Its questions are computer administered on screen and via headphones and are answered by youth on screen. The program leads the youth through a series of branching questions that result in a provisional diagnosis. The tool can be administered by non-clinicians with in-service training, but diagnoses should be confirmed by mental health professionals qualified to make diagnostic interpretations. <http://www.promotementalhealth.org/voicedisc.htm>

Needs, Risk, and Case Management Tools

A number of assessment tools have been developed to identify the criminogenic needs of youth – the needs related to youth delinquency and risk of aggression or recidivism that can be targeted for change. These tools provide guidance for case management and rehabilitation/treatment planning. They can be

administered by trained mental health professionals or by juvenile justice personnel (e.g., probation officers) who receive in-service training. These are not mental health assessment tools and they do not provide diagnostic information about mental disorders; however, most of them include one or two brief scales that alert the individual administering the tool that a youth may need further assessment for mental health and substance use problems.

**Child and Adolescent Needs and Strengths
– Mental Health (CANS-MH)**

The CANS-MH (and the CANS-JJ for juvenile justice) provides an interview process that structures information about adolescents' needs and strengths (47 entries) into six broad psychological or social areas. One of these areas is Problem Presentation and refers specifically to symptoms of various mental health problems and substance use. The CANS provides information for treatment planning and improves communication among agencies. <http://www.praedfoundation.org/About%20the%20CANS.html>

Global Appraisal of Individual Needs (GAIN)

The GAIN offers an interview process that helps mental health personnel to structure information about adolescents' needs into eight broad areas. One of these areas is Mental and Emotional Health. Information is coded for recent needs and for lifetime needs. It is used to obtain information related to treatment planning and to facilitate communication among child-serving agencies. <http://www.gaincc.org/>

Psychopathy Checklist: Youth Version (PCL:YV)

The PCL:YV assesses certain characteristics associated with psychopathy. Psychopathy, which is not listed as such in the *Diagnostic and Statistical Manual of Mental Disorders*, refers to a personality type that finds satisfaction in antisocial behaviors and lacks feelings of shame, guilt, or remorse. The clinician using the PCL:YV employs past records and sometimes interviews to obtain information to complete a scored checklist

of factors that relate to this personality type. The Youth Version has been shown to help assess a youth's current risk of re-offending, but research has not determined that the scores predict whether he or she will develop long-term criminal behavior. <http://www.hare.org/scales/pclyv.html>

Structured Assessment of Violence Risk in Youth (SAVRY)

The SAVRY assesses the level of risk of violence a youth poses at the time of the evaluation. Examiners use information from interviews and records to rate youth on 24 items, or factors, associated with risk of future aggression. The items are divided into three categories (one of which includes clinical factors). The SAVRY does not produce a risk score but assists professionals in making a clinical judgment about a youth's low, medium, or high risk of future aggression. It also helps to identify areas to target for reduction of risk of future aggression. <http://www.savryrisk.wordpress.com>

Youth Assessment and Screening Instrument (YASI)

The YASI is an assessment tool (despite “screening” in its title) that provides: (a) level of risk of re-offending, and (b) the youth’s needs, which can become a focus of treatment/rehabilitation programming. Caseworkers use interviews and records to score the youth on items in 10 needs domains. Two of these domains are Mental Health and Alcohol/Drugs. This assists caseworkers in arriving at a level of risk of recidivism and a description of the youth’s needs that can guide case planning and management. <http://www.orbispartners.com/assessment/yasi>

Youth Level of Services/Case Management Inventory (YLS/CMI)

The YLS/CMI allows trained caseworkers to use information from interviews and records to score youth on items in eight needs domains. Two of those domains are Substance Abuse and Personality/Behavior (which includes a few mental health

symptoms). The tool provides a level of risk of future recidivism, as well as an assessment of needs that can guide case planning and management. <http://www.mhs.com/product.aspx?gr=saf&prod=yls-cmi&id=overview>

Clinicians' Diagnostic Aids

Mental health clinicians often use specific clinical methods to assist them in diagnostic evaluations. These methods are structured procedures to improve the quality of information clinicians gather.

Mental Status Examination (MSE)

The MSE is a technique (not a measure or psychological test) used by psychiatrists and clinical psychologists to improve the reliability of information gathered from patients during interview and observation. Information is collected in 10 domains (some versions vary slightly in the number and type of domains): Appearance, Movement and Behavior, Affect, Mood, Speech, Thought Process, Thought Content, Cognition (e.g., memory), Insight, and Judgment. Obtaining information in a standard set of areas across all cases improves

a clinician's thoroughness in exploring a youth's symptoms, improves the diagnostic process, and improves comparisons of a youth's symptoms at different times in the treatment process.

**Parent/Guardian-Rated DSM-5 Level 1
Cross-Cutting Symptom Measure – Child
Age 6-17**

This measure, introduced in the DSM-5, consists of 25 questions that can be asked of parents/guardians about their child's recent behaviors or feelings. The parent/guardian rates the child on these items (on a scale of 0 to 5) for severity and frequency of the behaviors or feelings. The ratings are combined to arrive at scores on 12 "symptom domains" (e.g., Inattention, Anger, Sleep Disturbance). The symptom measure is called "cross-cutting" because many of these symptoms appear in more than one DSM-5 diagnostic category. This clinical assessment tool may be useful when a clinician intends to reassess a youth at various stages of treatment to identify the degree of improvement.