

SCREENING AND ASSESSMENT

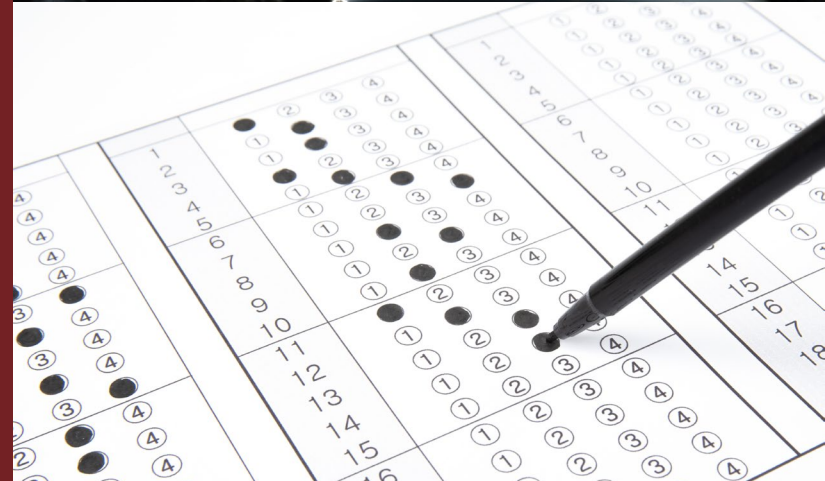


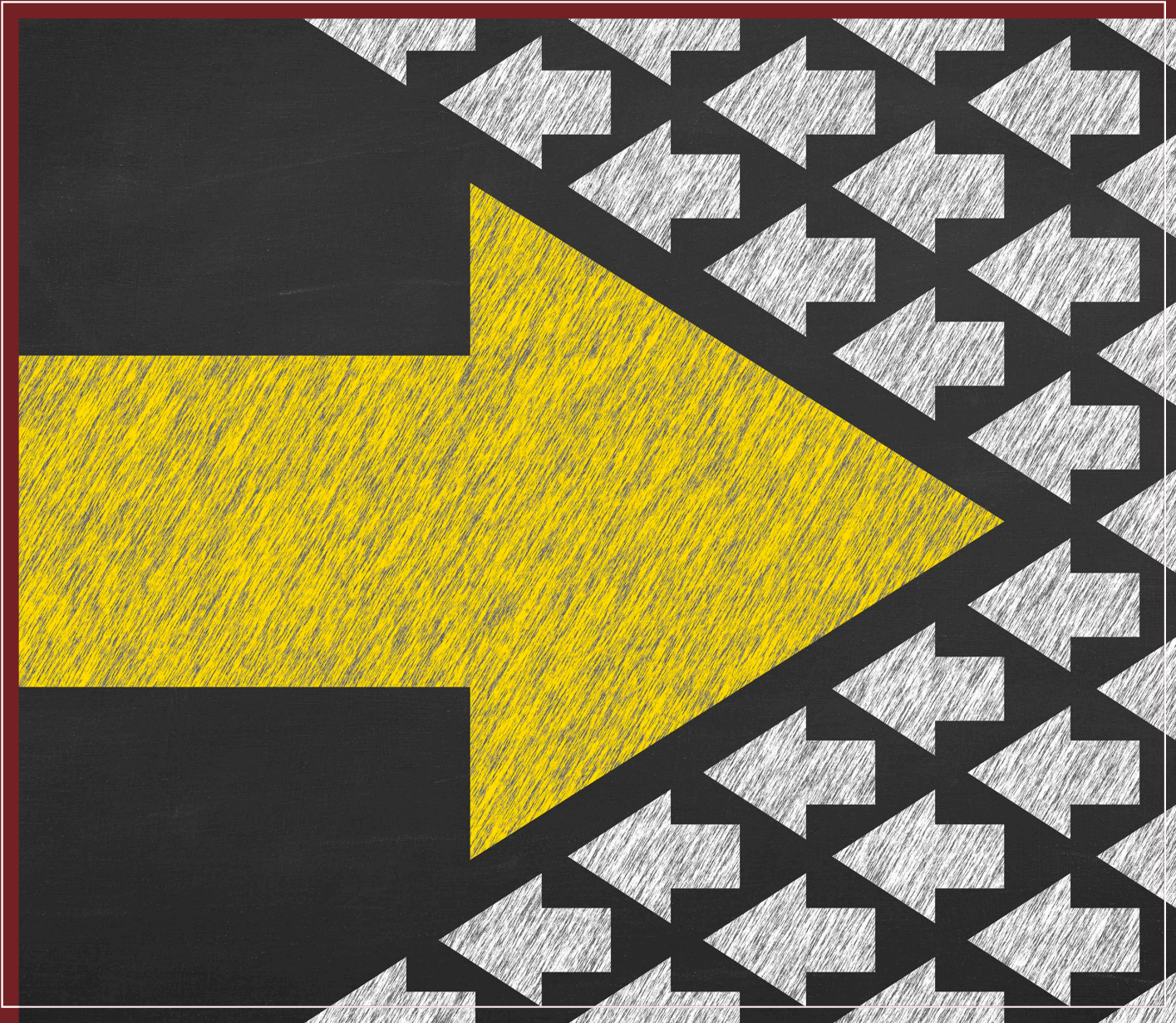
TOPICS

- Differences Between Screening and Assessment
- When to Screen and Assess
- Screening Options
- Assessment Options



SCREENING VS ASSESSMENT





MAIN DIFFERENCES

When they are done
Goals
Systemic Use of the Results

BASIC DIFFERENCES

- **Screening:**

- Identifies immediate and current health needs
- Determines the need for further evaluation and treatment/support
- Is typically short in length and quick to administer and score

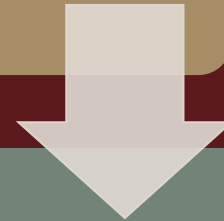
- **Assessment:**

- Comprehensive and usually considers multiple domains
- Gathers key information and enables clinicians to identify health concerns or diagnoses.
- Identify strengths and barriers that may impact engagement in treatment services

WHEN SCREEN/ASSESS

Screening – Right after the offense

- To determine track



Assess – When sentencing

- Individual risk and needs
- Structure treatment plan

SCREENING TOOLS



SCREENING TOOLS EXAMPLES

TCU has developed many short screening tools found at <https://ibr.tcu.edu>

TCU Drug Screen V

Adult and Juvenile Mental Health Screens

CARS

AUDIT – 10 question alcohol screener

World Health Organization (WHO)

Shorter version on next slides

AUDIT - C



*How often did you have a drink
containing alcohol in the past
year?*

Never	0
Monthly or less	1
2-4 times per month	2
2-3 times per week	3
4 or more times per week	4

AUDIT - C

2. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?

1 or 2 drinks	0
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3 or 4	1
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5 or 6	2
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7 to 9	3
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10 or more	4
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AUDIT - C



3. How often did you have six or more drinks on one occasion in the past year?

Never	0
Less than monthly	1
Monthly	2
Weekly	3
Daily or almost daily	4

A TOTAL SCORE OF 3 OR LESS IS
CONSIDERED “NORMAL” DRINKING

*Higher scores would be given
assessments later in the process*

SBIRT

SCREENING, BRIEF INTERVENTION, REFERRAL TO TREATMENT

Duluth, MN model

First appearance for first DWI

Different questions for alcohol/drugs

96% worked toward goals

Over half changed drinking behavior

Expanding to other jurisdictions

At least two MN counties 2025

Help identify the 15 - 33%

Who to assess

Motivate the likely recidivists to take action

Not over program the 85%

When used for repeat DWI – identify who to assess for DWI Court



ASSESSMENTS

WHO AND WHAT TO TREAT

Risk and Needs Principles

RISK PRINCIPLE

- Who to target – Match intensity of intervention with individual's risk of reoffending
 - Supervision And Treatment Levels Should Match The Offender's Level Of Risk:
 - Low-risk Offenders Should Receive Less Supervision And Services, and
 - Higher-risk Offenders Should Receive More Intensive Supervision And Services

THE “BIG FOUR” FACTORS

1. History of Criminal Behavior
2. Anti-social Personality
3. Criminal Thinking
4. Frequent interaction with anti-social peers

The “MODERATE FOUR”

5. Family instability
6. Unemployed
7. Lack of pro-social leisure activities
8. Substance abuse

“Evidence-Based Strategies for Working with Offenders,” Center for Court Innovation, April 2014.

NEED PRINCIPLE

- What to Target – Criminogenic (crime generating) needs
 - Individual's Needs Are Identified
 - Treatment services should target an offender's criminogenic needs – those dynamic risk factors most associated with criminal behavior
 - Higher need - more intensive the treatment

RESPONSIVITY PRINCIPLE

- How to Target
 - Treatment interventions should be tailored to an individual offender
 - Keep Them Engaged with the Intervention by **accommodating** their
 - Learning styles Motivation
 - Demographic Characteristics Culture
 - Strengths and Abilities Mental Illness
 - Homelessness
 - Address the issues that affect individual's ability/openness to participate in and benefit from offered treatment and services

ASSESSMENT TOOL EXAMPLES

LSI/CMJ

COMPAS

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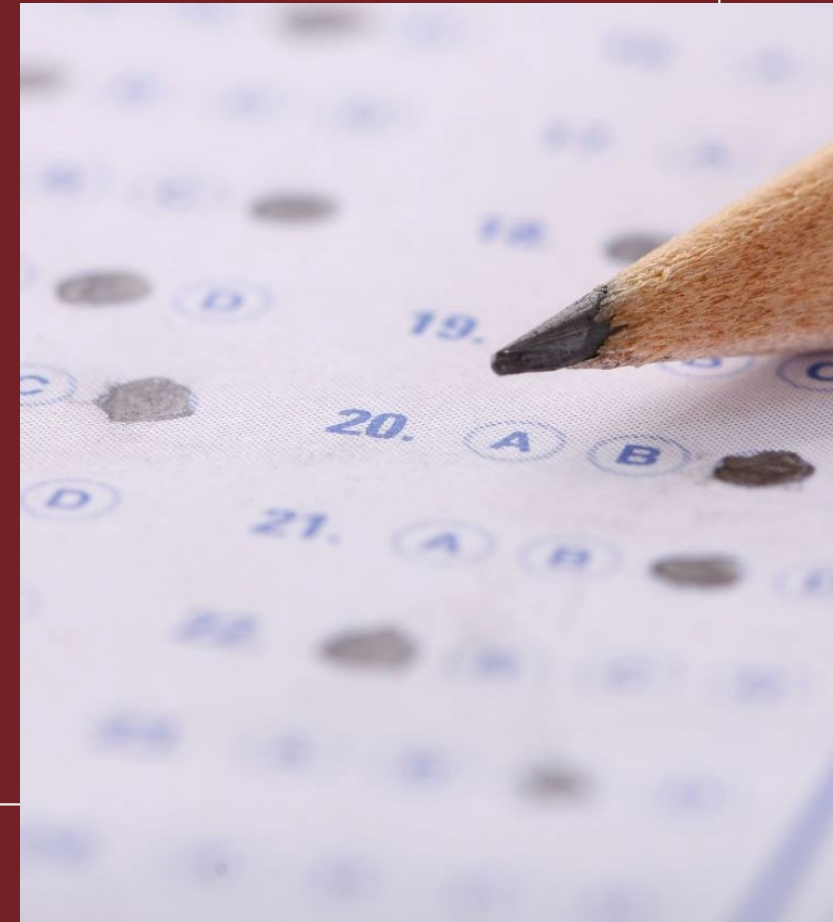
PSA

RMS

Static-99

WRN-R

WRNA



An aerial photograph of a parking lot filled with cars parked in neat rows. The cars are mostly dark-colored, with a few white and one red car standing out. The perspective is from directly above, showing the tops of the vehicles and the grid-like pattern of the parking spaces.

DWI ASSESSMENTS – THE BIG THREE

IDA

DUI RANT

CARS

IDA

IMPAIRED DRIVING ASSESSMENT



Developed by the American Probation and Parole Association (APPA)

Free to use

Assesses:

- *likelihood to commit a new DWI offense,*
- *level of involvement with alcohol and other drugs,*
- *level of defensiveness, acceptance and motivation,*
- *criminal thinking, and*
- *mental health distress*

• *appa-net.org*

DUI RANT

		RISK	
		HIGH	LOW
NEEDS	HIGH	X	
	LOW		

Pay license fees to use

Risk factors:

- *Early age of criminal activity onset*
- *Early age of substance use onset*
- *Deviant peer affiliations*
- *Prior failure in drug or alcohol rehabilitation*
- *Prior moving violations*
- *Unstable living arrangements*

Needs factors:

- Physical addiction to drugs or alcohol
- *Research.phmc.org*

CARS

COMPUTERIZED ASSESSMENT AND REFERRAL SYSTEM



Free to use

Screeners and assessment tools

Assesses:

- *Diagnostic information for 16 major psychiatric disorders*
- *Provides targeted treatment referrals*
- *Carstrainingcenter.org*

Developed by Cambridge Health Alliance Harvard
Medical School



TAKEAWAYS

1. Screen early
2. Assess for individual risks and needs
3. Design treatment based on results