Youth Needs and Progress Scale

&

User Guide

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Youth Needs and Progress Scale (YNPS) & User Guide

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Youth Needs and Progress Scale (YNPS)

Introduction

The Youth Needs and Progress Scale (YNPS) is a 22-item rating scale designed to help identify risk-relevant intervention needs, and track progress toward resolving those needs, among individuals aged 12 to 25 who have engaged in abusive sexual behavior. *Abusive sexual behavior* includes contact or noncontact nonconsenting, coercive, and/or assaultive sexual activities and sexual behavior involving significantly younger persons (generally defined as someone who is at least 4 years younger). Any underage sexual activity that has been or could be charged as a sexual offense is included in this definition as well.

Because nonsexual reoffending typically exceeds rates of sexual reoffending among individuals with abusive sexual behavior, factors associated with sexual and nonsexual offending are included in the YNPS. More specifically, empirically-informed individual, social, and environmental risk and protective factors associated with offending and circumstances and influences that may facilitate or interfere with treatment engagement and response are included in this scale.

In view of the developmental flux in youth and emerging adults, and fluctuations in life circumstances, the YNPS focuses specifically on dynamic items to capture these changes. For this reason, it is recommended that reassessments be conducted at least every three months to identify possible changes and adjust interventions accordingly.

Although the YNPS may be useful as a measure of intervention needs as part of a risk and needs evaluation, it is not a "risk assessment" scale, per se. Its purpose is <u>not</u> to predict re-offense risk.

As with other assessment scales, this scale cannot include every potential risk-relevant factor and consideration. It is intended to be used as a component of a comprehensive assessment that considers an array of risk-relevant individual, social, and environmental factors. Given its focus on dynamic factors, assessments and resulting clinical, case, and legal decisions must not be based on the YNPS alone.

Development of the Youth Needs and Progress Scale

The Youth Needs and Progress Scale (YNPS) was developed as the primary work product of the *Assessing, Treating and Managing Juveniles with Illegal Sexual Behavior: The Juvenile Treatment Progress Scale Development and Implementation* grant (DOJ Grant # 2016-AW-BX-K004) awarded to Fairleigh Dickinson University. The goals and objectives of this three-year project included creating an empirically informed risk-relevant needs and progress scale and integrating it at diverse juvenile sexual offense-specific treatment programs around the United States to examine its utility. Feedback and findings from this implementation phase of the project were instrumental for improving and refining the pilot version of the scale and developing this Youth Needs and Progress Scale (YNPS). Details of the project are presented and discussed in Kang, et al., (2019) and in the Final Report (DOJ Grant # 2016-AW-BX-K004) to the U. S. Department of Justice, Office of Justice Programs, Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering and Tracking (Prentky, Righthand, Worling, & Kang, 2020).

Training and Qualifications

User qualifications have more to do with relevant training and experience than a particular degree. Those who use this scale should:

- Be aware that adolescents and young adults who engage in abusive sexual behavior are a heterogeneous group.
- Be conversant with adolescent and young adult development.
- Be knowledgeable about factors that contribute to and/or may mitigate abusive sexual behavior and other types of offending.
- Understand that sexual re-offense rates are typically low, while rates of nonsexual reoffending are generally higher.
- Be familiar with relevant evidenced-based interventions.

User guidelines include the following:

- Read and use this User Guide.
- Complete several practice cases and compare ratings with others who have rated the same case to identify and then discuss and resolve any differences.
- Confer with others periodically to assist with rating items reliably.

As with any scale, those who use this scale should be well versed in the strengths and limitations of the measure and ensure constraints are clearly articulated.

Intended Population

This scale was developed following a literature review of factors associated with the onset, continuation, and cessation of abusive sexual behavior and nonsexual offending among male and female adolescent and adult populations. Research indicates that changes in youth development typically stabilize in the mid-twenties; therefore, the YNPS is considered suitable for individuals aged 12 to 25. Further, this scale was developed to be flexible enough to be used with males and females. The question of using this scale with non-cisgender clients is fundamentally an empirical one; however, there is no research to suggest this scale would not be appropriate for a full spectrum of gender identities.

Applications

This scale is designed to assist clinicians, probation officers, forensic evaluators, the courts, and other service providers and decision makers in:

- Identifying risk-relevant intervention needs,
- Prioritizing appropriate intervention strategies,
- Monitoring progress toward resolving identified needs,
- Facilitating case and/or treatment plan revisions according to current needs, and
- Evaluating the completion of interventions and readiness for discharge.

In addition to the scale's utility with individual clients, it may be useful for program evaluations. For example, client data can be aggregated and compared at different points in time (e.g., intake and discharge), and ratings may be examined in terms of their association with various outcomes, such as positive life achievements and accomplishments and, of course, remaining crime free.

Rating Procedures

Relevant Information:

Because the YNPS is intended to be used as part of a comprehensive assessment, information that is typically collected to inform assessments of youth and emerging adults with histories of abusive sexual behavior may be useful for rating scale items. In addition to interviews and documents that provide information across multiple settings, psychological measures can also add important information. It should not be necessary to collect information for the sole purposes of completing the scale.

Developmental Consideration:

When rating the frequency and/or severity of an item, it is critical to consider what is socially, emotionally, and cognitively typical of individuals of a similar age and developmental stage. For example, compared to a 17-year-old client, a 12-year-old client would usually have less detailed knowledge of laws regarding sexual behavior and consent. Similarly, social skills generally look very different for an 18-year-old compared to a 13-year-old. Although developmentally different skill sets are expected, if problems are present, they should be rated as intervention needs.

Rating Timeframes:

Initial YNPS ratings and reassessments are based upon client functioning during the past three (3) months. Clients can be re-assessed at shorter intervals per agency policy and/or client need. To be most time-efficient, YNPS assessments and reassessments can be timed to coincide with other routine reassessments and client reviews, such as treatment planning updates and/or multidisciplinary team meetings.

Completing the scale may facilitate discharge summaries by helping to document progress and any areas requiring further intervention. If a client is transferred to a new provider within an agency, a new assessment upon arrival may not be necessary; the client may simply be reassessed consistent with the agency's policies.

Definitions:

Language and scaling:

YNPS ratings are based on the relative presence or absence of risk and protective factors. Instead of relying on conventional binary (present, absent) or 3-level (0, 1, 2) ratings, in which the "1" is an ambiguous rating for "unclear" or not fully present or absent, that are used in most risk assessment scales, the YNPS uses a 4-level ordinal scale (0, 1, 2, 3). All four ratings are designed to be unique and independent in terms of the information conveyed about the client and the degree of intervention need. The word "need" in this scale shifts the primary focus of risk and needs assessment from risk "prediction" to risk mitigation by identifying intervention needs that, when effectively addressed, may eliminate, reduce, or modify risks and promote protective factors.

Frequency Ratings:

Ratings generally rely on frequency to indicate the magnitude of a problem. Ratings and frequency terms are defined as follows.

RATING	FREQUENCY TERM	DEFINITION
0	*Regularly* positive.	No problems noted during this period.
1	*Usually* positive, with no more than a few minor exceptions.	Problems rarely noted during this period, except for a small number of minor instances.
2	*Occasionally* concerning.	Problems noted periodically during this period.
3	*Often* concerning.	Problems noted frequently during this period. Problems appear typical for the client.

Severity overrides:

For some items, the severity of a problem (e.g., harm to self or others and/or costly destruction of property) may be more important than how often it occurs and may override a frequency rating. For example, aggression resulting in physical injury, or even a credible threat to harm, may result in an item being rated a two (2) or three (3), even if it has occurred only once during the rating period. Behaviors that cause physical injury to self or others are usually rated a 3, unless the behavior occurred early in the rating period and the client's behavior is improved, in which case a rating of 2 may be indicated.

Rating Guidelines

Rate items reliably:

Rating "reliably" means that you are reasonably confident in your rating. To rate reliably, it is critical to understand the differences between 0 & 1, 1 & 2, and 2 & 3.

- A rating of zero (0) indicates that the client regularly demonstrates the positive characteristics described in the item and/or no problems were evident during the rating period.

- A rating of one (1) indicates that the client usually demonstrates the positive characteristics of the item, allowing for up to "a few relatively minor exceptions" and excluding severe behavior problems or moderate or strong concerns.

- A rating of a two (2) indicates that the client sometimes demonstrates the positive characteristics of the item, but problems occur occasionally, or one or more severe problems have occurred, but not so severe to warrant a rating of three (3).

- A rating of three (3) indicates that problems are often noted. This rating may also be warranted when there have been one or more severe problems that were particularly egregious (e.g., significant injury to others, a serious suicide attempt, or substantial property damage).

➢ *Key differences between a 0 and a 1 compared with a 2 and a 3:*

- **0** and **1** ratings are generally positive. They reflect an absence of significant concerns and may indicate protective factors that help mitigate risk.

- **2** and **3** ratings are concerning in that they reflect challenges, difficulties, and problems that may contribute to further negative outcomes.

➢ *Key differences between a 0 and a 1:*

- **0:** A rating of 0 applies when all aspects of the rated item *regularly* reflect the presence of positive characteristics described in the item. A rating of 0 suggests that a treatment need does not currently apply.

- **1:** A rating of 1 applies when aspects of the rated item *usually* reflect the presence of positive characteristics described in the item.

  In sum:
- Some concerning behaviors occur in ratings of 1, but they are not frequent or severe, and they are not developmentally unexpected.

- Positive characteristics of the item are not consistently present in ratings of 1 compared to ratings of 0.

- With ratings of 1, brief or limited interventions may be beneficial to reduce the likelihood of reoccurrences that could lead to further trouble, but they may not be necessary.

➢ *Key differences between a 1 and a 2:*

- **1**: A rating of 1 only applies when there are **no** moderate or strong problems or concerns.

- **2:** A rating of 2 implies some moderate problems or concerns that exceed developmental expectations due to the nature, the frequency, or the severity of those problems. Problems occur *occasionally,* although just one or two serious indicators may warrant a 2.

    In sum:
- Compared with a rating of 1, a rating of 2 reflects more significant challenges and difficulties that clearly require intervention.

➢ *Key differences between a 2 and a 3:*

- **2:** Concerns are noted *occasionally* but do not reflect a pattern that appears characteristic of the client.

- **3:** Concerns are noted *often* and reflect a pattern that appears typical of the client. Concerns may also be due to how severe or chronic the problem or behavior is.

    In sum:
- Compared with a rating of 2, a rating of 3 reflects more significant challenges and difficulties, and these issues generally occur more frequently and/or result in physical injury and/or costly property destruction. Such ratings reflect the need for well-targeted case plans, with ratings of 3 typically requiring more intensive interventions.

Rating reminders:

➢ *Rate each item based on all relevant and credible information for the appropriate time period (e.g., past 3 months).*

➢ *Rate conservatively.* When the information appears to be incomplete or insufficient, but a rating is possible, rate conservatively. As a rule, a conservative rating would be the "lower" rating for that item (e.g., if unsure between a two (2) and three (3), go with a two (2)).

➢ *Opt not to rate.* Ratings should be completed only when there is sufficient information. If information is insufficient for a reliable rating, check "unable to rate" on the Rating Form. Additional information may be obtained over time enabling a more complete assessment.

Charting Progress

A strength of the YNPS is that it can be used to monitor progress during interventions over time. Several rating forms are provided in this User Guide following the scale items. These forms can be used for rating scale items during each assessment and for comparing findings.

In addition, automated software programs, such as Excel, can be programmed so assessment and reassessment ratings can be entered and also displayed in tables and graphs that can illustrate changes in ratings over time. Visual illustrations of treatment needs and progress may assist treatment and other service providers in identifying and addressing needed areas of intervention. Tables and graphics may also help clients and families recognize accomplishments and areas for improvement, and assist multi-disciplinary team members, the courts, and other legal decision makers develop case plans that promote desistance from offending.

Linking Ratings to Interventions

Scale ratings can be helpful for developing case and treatment plans that address identified needs. Following the initial assessment, reassessments may point to areas of progress or, conversely, continued or increased difficulties. Such information may suggest whether interventions should be continued, changed or, when appropriate, concluded.

As noted in the table below, item ratings suggest the extent to which intervention may currently be needed.

RATING	INTERVENTION NEED
0	No intervention needed.
1	No further intervention needed, or a brief intervention to help correct a minor problem and/or facilitate and/or reinforce strengths and protective factors.
2	Requires appropriate intervention.
3	Requires intensive intervention.

Individualizing Case & Treatment Plans

Risk-Need-Responsivity (RNR) Model:

Consistent with the Risk-Need-Responsivity (RNR) model (e.g., Andrews & Bonta, 2010), clients who have many intervention needs, (i.e., many 2's and 3's), may require more intensive

interventions that provide good support and supervision (e.g., frequent appointments and treatment sessions throughout the week and a longer duration of services). Clients who have few intervention needs, (i.e., a large proportion of 0's and 1's) may need limited interventions (e.g., possibly short-term treatment and weekly sessions) or, perhaps, no interventions beyond what they have already experienced. Reviews of the rating scale summary forms may help make such determinations.

Individual Scale Item Ratings:

When designing treatment and case plans, specific item ratings may help identify current intervention needs. Identified needs may indicate appropriate intervention strategies that can help address the client's needs. For example, interventions that have been shown to be effective for helping clients address emotion management problems may be recommended or provided when Emotion Management has been identified as a moderate or strong need.

There may be instances when a 0 (No Need) or a 1 (Possible or Limited Intervention Need) is rated and interventions appear warranted. For example, although a rating of "0" indicates that no need for intervention was noted during the rating period, the domain may have previously been rated as a concern. In such cases, a longer period of support and monitoring may be justified to ensure continued positive functioning. In such an instance, the rating of 0 should not be changed if it accurately reflects what was observed during the most recent rating period, but the possible need for further support and monitoring can be added to the client's case or treatment plan.

By definition, up to a few minor problems may be indicated by a rating of a 1. These difficulties may be developmentally normative (e.g., inappropriate sexual comments, underage drinking), but if such behaviors continue, they may result in the client getting into further trouble. Thus, interventions may be recommended or provided when a 1 is rated to address minor behavior problems, to maintain or increase strengths, and promote possible protective factors (e.g., enhance available supports and supervision).

Patterns indicated by item ratings:

In addition to using specific items to identify intervention needs, patterns and groupings of items may indicate a need for a specific type of intervention. For example, some clients may have moderate and strong intervention needs on general behavior management items, but not on items specific to abusive sexual behavior. These individuals may benefit most from interventions that specifically address antisocial thinking and behavior management. Conversely, some clients may have limited general behavior problems, but evidence moderate to strong intervention needs with respect to their current sexual thoughts, attitudes, and behaviors. These individuals may benefit from interventions more focused on healthy sexual attitudes and behaviors. Further, when caregiver support and family functioning are moderate or strong treatment needs, those areas will warrant intervention.

Considering other factors:

When developing case and treatment plans, an array of risk-relevant historical factors and dynamic influences not included in the scale require consideration. For example, it is possible that various

sources of information may suggest that a client with a history of violent offending that precedes the 3-month YNPS rating timeframe may benefit from more intensive services, in spite of appropriate self-management in recent months.

There may also be individual or family characteristics that suggest particular treatment approaches or styles may be best. For example, clients with cognitive challenges and/or developmental disabilities may benefit most from interventions that are tailored to their individual learning styles. In general, interventions that consider age and development, religious and cultural preferences, gender, and other individual and/or family characteristics may be more effective than those that do not take these factors into consideration.

Importantly, case and treatment plans must be realistic, and the availability of appropriate services must be considered. Interventions should be prioritized to adequately address client needs and maximize safety, yet not overwhelm the client and family members with too many appointments, commitments, and expenses. To the extent possible, case and treatment plans should be individualized to appropriately meet client needs and maximize the likelihood of success.

Youth Needs and Progress Scale

1. Understanding Appropriate Sexual Behavior

Definition: Good understanding of appropriate sexual behavior involves awareness of society's sexual behavior expectations and laws. Poor understanding of appropriate sexual behavior may be reflected in a lack of knowledge of what is considered consensual and legal sexual behavior.

NOTE:
  ➢ Understanding what is appropriate sexual behavior does not always translate into engaging in proper and legal behavior. For example, understanding but disregarding rules for appropriate sexual behavior should be rated in Item 6 (Sexual Behavior Management). This item is only concerned with how well the client understands what is appropriate sexual behavior.

Current Rating (past 3 months):

0 = No Intervention Need	Client's understanding of appropriate sexual behavior is *regularly* good.
1 = Possible/Limited Intervention Need	Client's understanding of appropriate sexual behavior is *usually* good *with no more than a few minor exceptions.*
2 = Moderate Intervention Need	Client's understanding of appropriate sexual behavior is *occasionally* poor.
3 = Strong Intervention Need	Client's understanding of appropriate sexual behavior is *often* poor.

2. Understanding the Consequences of Sexual Abuse

Definition: Good understanding of the consequences of abusive sexual behavior consists of knowing how all people involved may be affected (e.g., emotionally, physically, legally). Those affected may include the persons who were the focus of the abusive sexual behavior, their family and friends, the client, the client's family and friends, and the larger community. Poor understanding of the consequences of abusive sexual behavior may be reflected by a lack of knowledge of the effects of such behavior.

NOTE:
- ➢ Understanding the consequences of abusive sexual behavior does not always translate into engaging in proper and legal behavior. Nonetheless, this item is only concerned with how well the client understands the consequences.

Current Rating (past 3 months):

0 = No Intervention Need	Client's understanding of the consequences of abusive sexual behavior is *regularly* good.
1 = Possible/Limited Intervention Need	Client's understanding of the consequences of abusive sexual behavior is *usually* good *with no more than a few minor exceptions.*
2 = Moderate Intervention Need	Client's understanding of the consequences of abusive sexual behavior is *occasionally* poor.
3 = Strong Intervention Need	Client's understanding of the consequences of abusive sexual behavior is *often* poor.

3. Sexual Thoughts - Frequency

Definition: This item concerns the extent to which the frequency of sexual thoughts is suitable for the person and situation. The frequency of sexual thoughts may be suitable when clients do not experience them as excessively distracting and when they are fitting for a given situation (e.g., when seeing a person whom the client finds sexually attractive). In contrast, the frequency of sexual thoughts is unsuitable when the sexual thoughts preoccupy clients and interfere with important areas of functioning, such as being able to concentrate on a task or assignment.

NOTE:
  ➢ When rating this item, it is important to remember that adolescence is a period of heightened sexual interest and arousal.

Current Rating (past 3 months):

0 = No Intervention Need	The frequency of the client's sexual thoughts is *regularly* suitable.
1 = Possible/Limited Intervention Need	The frequency of the client's sexual thoughts is *usually* suitable *with no more than a few minor exceptions*.
2 = Moderate Intervention Need	The frequency of the client's sexual thoughts is *occasionally* unsuitable and the thoughts preoccupy the client.
3 = Strong Intervention Need	The frequency of the client's sexual thoughts is *often* unsuitable and the thoughts preoccupy the client.

4. Sexual Interests – Age and Consent

Definition: This item concerns the extent to which clients are sexually interested in consenting sexual activity with age-appropriate partner(s) rather than abusive sexual behavior.

NOTE:
  ➤ Prior sexual offenses do not necessarily reflect current or persisting sexual interests in abusive sexual activity.

Current Rating (past 3 months):

0 = No Intervention Need	Client's sexual interests *regularly* involve consenting sexual activity with age-appropriate partner(s).
1 = Possible/Limited Intervention Need	Client's sexual interests *usually* involve consenting sexual activity with age-appropriate partner(s) *with no more than a few minor exceptions*.
2 = Moderate Intervention Need	Client's sexual interests *occasionally* involve abusive sexual activities.
3 = Strong Intervention Need	Client's sexual interests *often* involve abusive sexual activities.

5. Sexual Attitudes and Beliefs

Definition: Prosocial attitudes and beliefs regarding sexual behavior support consenting sexual activity with age-appropriate partner(s). Problematic attitudes and beliefs regarding sexual behavior support abusive sexual behavior.

NOTE:
  ➢ This item concerns attitudes and beliefs and cannot be inferred simply from prior offenses or behavior.

Current Rating (past 3 months):

0 = No Intervention Need	Client's attitudes and beliefs *regularly* support consenting sexual behavior with age-appropriate partner(s).
1 = Possible/Limited Intervention Need	Client's attitudes and beliefs *usually* support consenting sexual behavior with age-appropriate partner(s) *with no more than a few minor exceptions*.
2 = Moderate Intervention Need	Client's attitudes and beliefs *occasionally* support abusive sexual behavior.
3 = Strong Intervention Need	Client's attitudes and beliefs *often* support abusive sexual behavior.

6. Sexual Behavior Management

Definition: Appropriate management of sexual behavior involves the extent to which clients behave in safe, legal, and socially appropriate ways. Inappropriately managed sexual behavior may include contact or noncontact offensive, coercive, assaultive and/or otherwise illegal sexual behavior, or sexual behavior that interferes with important areas of functioning (e.g., family or peer relationships, school, or work).

NOTE:
  ➢ Incidents involving actual or attempted abusive sexual behavior reflect a moderate (2) or strong (3) intervention need regardless of frequency. The specific rating will depend on factors such as when the incident(s) occurred during the rating period (e.g., early on or recently) and what has happened since (e.g., continued problems or improved behavior management).
  ➢ Sexual behavior in a treatment facility that violates agency rules, but would be legal in the community, may be rated as an intervention need if it could lead to further problems for the client (e.g., disciplinary sanctions).

Current Rating (past 3 months):

0 = No Intervention Need	Client *regularly* manages sexual behavior appropriately.
1 = Possible/Limited Intervention Need	Client *usually* manages sexual behavior appropriately *with no more than a few minor exceptions*.
2 = Moderate Intervention Need	Client *occasionally* manages sexual behavior inappropriately.
3 = Strong Intervention Need	Client *often* manages sexual behavior inappropriately.

7. Compassion for Others

Definition: Compassion concerns the extent to which clients care about and are kind to others, and is demonstrated by supporting and helping others in need. A lack of compassion is evidenced by not caring about others, not supporting or helping others when needed and, at an extreme, by insensitive or callous indifference and/or cruelty to others.

NOTE:
  ➤ Minimizing, denying, or rationalizing past offenses does not automatically imply a lack of compassion.

Current Rating (past 3 months):

0 = No Intervention Need	Client *regularly* evidences compassion for others.
1 = Possible/Limited Intervention Need	Client *usually* evidences compassion for others *with no more than a few minor exceptions*.
2 = Moderate Intervention Need	Client *occasionally* evidences a lack of compassion for others.
3 = Strong Intervention Need	Client *often* evidences a lack of compassion for others.

8. Relationships with Peers

Definition: For individuals 17 years or younger, peers are defined as nonfamilial age-mates generally within three years of the client's age. For individuals 18 years and older, peers may include a wider age range. This item concerns the presence, nature, and quality of the client's peer relationships.

Good peer relationships involve mutually supportive, casual, or close friendships with one or more age-mates whose attitudes and beliefs generally support socially responsible and law-abiding behavior. Poor peer relationships may involve casual or close friendships with one or more age-mates whose attitudes and beliefs generally support irresponsible, rule-violating, or illegal behavior and who may engage in such behavior, and who negatively influence the client. Poor peer relationships also may be indicated by an absence of peer relationships, friendships with individuals who are not peer-aged, and/or by social isolation.

NOTE:
> - If the client is currently in a treatment or a correctional facility, positive peer relationships may be observed when clients typically associate with others peers who are engaged in constructive activities (e.g., school, treatment, and prosocial endeavors).
> - If peer relationships are primarily limited to online activities, consider the quality and frequency of these contacts.

Current Rating (past 3 months):

0 = No Intervention Need	Client's peer relationships are *regularly* good.
1 = Possible/Limited Intervention Need	Client's peer relationships are *usually* good *with no more than a few minor exceptions.*
2 = Moderate Intervention Need	Client's peer relationships are *occasionally* poor and/or involve social isolation.
3 = Strong Intervention Need	Client's peer relationships are *often* poor and/or client is socially isolated.

9. Emotion Management

Definition: Appropriate emotion management is evidenced by clients recognizing their emotions, expressing them properly, and regulating them in ways that are not harmful to self or others (e.g., using stress-management strategies when upset, such as taking time out or seeking support). Inappropriate emotion management may include ignoring feelings, keeping feelings pent up, lashing out at others, or unhealthy attempts to cope with strong emotions (e.g., using alcohol or drugs, having temper outbursts, engaging in destruction of property, or injury to self or others).

Current Rating (past 3 months):

0 = No Intervention Need	Client *regularly* manages emotions appropriately.
1 = Possible/Limited Intervention Need	Client *usually* manages emotions appropriately *with no more than a few minor exceptions*.
2 = Moderate Intervention Need	Client *occasionally* manages emotions inappropriately.
3 = Strong Intervention Need	Client *often* manages emotions inappropriately.

10. Social Skills

Definition: Good social skills include such things as listening to others, understanding nonverbal social cues, taking turns when talking, maintaining proper personal space, and responding appropriately. Poor social skills include such things as not listening, difficulties understanding nonverbal social cues, interrupting or talking over others, violating personal space, and not responding appropriately.

Current Rating (past 3 months):

0 = No Intervention Need	Client's social skills are *regularly* good.
1 = Possible/Limited Intervention Need	Client's social skills are *usually* good *with no more than a few minor exceptions*.
2 = Moderate Intervention Need	Client's social skills are *occasionally* poor.
3 = Strong Intervention Need	Client's social skills are *often* poor.

11. Self-Confidence

Definition: Good self-confidence is indicated by the extent to which clients believe in their ability to effect and maintain positive life changes for themselves. Poor self-confidence may be indicated by the extent to which clients doubt their ability to be successful or to effect and maintain positive changes. Importantly, poor self-confidence can also be indicated by clients having excessive confidence in their abilities to make and maintain positive life changes in spite of the absence of skills or other supporting evidence congruent with their unwarranted belief.

Current Rating (past 3 months):

0 = No Intervention Need	Client *regularly* evidences good self-confidence.
1 = Possible/Limited Intervention Need	Client *usually* evidences good self-confidence *with no more than a few minor exceptions*.
2 = Moderate Intervention Need	Client *occasionally* evidences poor self-confidence.
3 = Strong Intervention Need	Client *often* evidences poor self-confidence.

12.   School and Work Commitment

Definition: Commitment to school and/or work is indicated by clients generally doing the best that they can in school and/or in the workplace. Commitment may be exampled by appropriate effort, sincere attempts to complete assignments, and regular attendance. Lack of commitment may be indicated by clients generally demonstrating poor effort and motivation, truancy, absenteeism, and/or behavior problems.

NOTE:
 - ➢ If the client is presently on a school break and is not of employment age, use the last 3-month period when attending school.

Current Rating (past 3 months):

0 = No Intervention Need	Client's commitment to school and/or work is *regularly* apparent.
1 = Possible/Limited Intervention Need	Client's commitment to school and/or work is *usually* apparent *with no more than a few minor exceptions.*
2 = Moderate Intervention Need	Client's lack of commitment to school and/or work is *occasionally* apparent.
3 = Strong Intervention Need	Client's lack of commitment to school and/or work is *often* apparent.

13.   Use of Unstructured Time

Definition: *Unstructured time occurs when clients are not required to engage in prescribed activities, such as school, work, household chores, family gatherings, or during unscheduled time in residential facilities.*

Unstructured time that is used well involves engaging in activities that promote positive relationships and/or provide opportunities for healthy outlets. Unstructured time that is used poorly includes spending an inordinate amount of time engaged in solitary activities and/or engaging in rule-breaking or otherwise illegal behavior.

Current Rating (past 3 months):

0 = **No Intervention Need**	Client *regularly* uses unstructured time well.
1 = **Possible/Limited Intervention Need**	Client *usually* uses unstructured time well *with no more than a few minor exceptions*.
2 = **Moderate Intervention Need**	Client *occasionally* uses unstructured time poorly.
3 = **Strong Intervention Need**	Client *often* uses unstructured time poorly.

14. Nonsexual Behavior Attitudes and Beliefs

*Definition: **Prosocial attitudes and beliefs regarding nonsexual behavior support socially appropriate, rule-abiding, and/or legal, nonsexual behavior. Problematic attitudes and beliefs regarding nonsexual behavior support socially inappropriate, rule-violating, and/or illegal nonsexual behavior.***

NOTE:
- ➤ This item concerns attitudes and beliefs and cannot be inferred simply from prior offenses or behavior.
- ➤ Attitudes and beliefs regarding sexual behavior are rated on Item 5 (Sexual Attitudes and Beliefs).

Current Rating (past 3 months):

0 = No Intervention Need	Client's attitudes and beliefs *regularly* support socially appropriate and law-abiding nonsexual behavior.
1 = Possible/Limited Intervention Need	Client's attitudes and beliefs *usually* support socially appropriate and law-abiding nonsexual behavior *with no more than a few minor exceptions*.
2 = Moderate Intervention Need	Client's attitudes and beliefs *occasionally* support socially inappropriate, rule-violating, and/or illegal nonsexual behavior.
3 = Strong Intervention Need	Client's attitudes and beliefs *often* support socially inappropriate, rule-violating, and/or illegal nonsexual behavior.

15.   Nonsexual Behavior Management

Definition: Appropriate management of nonsexual behavior involves the extent to which clients behave in safe, legal, and socially appropriate ways. Inappropriately managed nonsexual behavior may include contact or noncontact offensive, coercive, aggressive, and otherwise illegal behaviors that interfere with important areas of functioning (e.g., family or peer relationships, school or work).

NOTE:
  - ➢ Violent or assaultive incidents that risked or caused injury to self, others, or property reflect a moderate (2) or strong (3) intervention need regardless of frequency. The specific rating will depend on factors such as when the incident(s) occurred during the rating period (e.g., early on or recently) and what has happened since (e.g., continued problems or improved behavior management).

Current Rating (past 3 months):

0 = No Intervention Need	Client *regularly* manages nonsexual behavior appropriately.
1 = Possible/Limited Intervention Need	Client *usually* manages nonsexual behavior appropriately *with no more than a few minor exceptions not involving violent or assaultive behavior*.
2 = Moderate Intervention Need	Client *occasionally* manages nonsexual behavior inappropriately.
3 = Strong Intervention Need	Client *often* manages nonsexual behavior inappropriately.

16.   Client View of Primary Caregiver Relationship

Definition: A Primary Caregiver is a person in a parenting role who is viewed by clients as most influential in their life during the current rating period. Clients experiencing a positive relationship with a Primary Caregiver typically describe the relationship as caring, helpful, and supportive. Clients experiencing a negative relationship with a Primary Caregiver usually describe the relationship as uncaring, unhelpful, and unsupportive; possibly rejecting, neglectful, and/or abusive.

NOTE:
 ➢ This item assesses the client's view of the relationship.
 ➢ When there are multiple caregivers involved in the client's life, rate this item based on the caregiver the client identifies as <u>currently</u> most influential.
 ➢ If the client is living independently as an adult and no longer has a Primary Caregiver, rate as No Intervention Need (0).

Current Rating (past 3 months):

0 = No Intervention Need	Client indicates *regularly* having a positive relationship with a Primary Caregiver.
1 = Possible/Limited Intervention Need	Client indicates *usually* having a positive relationship with a Primary Caregiver *with no more than a few minor exceptions.*
2 = Moderate Intervention Need	Client indicates *occasionally* having a negative relationship with a Primary Caregiver.
3 = Strong Intervention Need	Client indicates *often* having a negative relationship with a Primary Caregiver.

17. Client View of Supportive Adult Relationships

Definition: This item concerns how clients view their relationships with one or more supportive adults during the current rating period. It does not include the Primary Caregiver relationship rated in Item 16. Supportive adults with whom clients have positive relationships are experienced as providing genuine interest, guidance, and positive encouragement. In contrast, clients may lack even one such supportive, positive relationship, or they may only experience relationships with adults who provide little interest, guidance, or positive encouragement.

NOTE:
  ➢ For clients 18 years and older, this item does not include peer relationships rated on Item 8, but adults who may serve more as a guide, support, or mentor rather than as a peer.

Current Rating (past 3 months):

0 = No Intervention Need	Client indicates *regularly* having a positive relationship with one or more supportive adults.
1 = Possible/Limited Intervention Need	Client indicates *usually* having a positive relationship with one or more supportive adults *with no more than a few minor exceptions*.
2 = Moderate Intervention Need	Client indicates *occasionally* lacking a positive relationship with any supportive adult.
3 = Strong Intervention Need	Client indicates *often* lacking a positive relationship with any supportive adults.

18. Family Functioning

Definition: Families include persons considered to be members of a client's primary social unit either by birth, adoption, fostering, or marriage. As such, family members may include parents or substitute caregivers, siblings or other children cared for by the client's caregivers, and/or extended family members living in the home. In cases involving young adult clients, family units may include adult partners or spouses.

Good family functioning may involve family members providing clients with emotional support, encouragement, guidance, and participation in suggested interventions. By contrast, poor family functioning may involve a lack of such support and, at an extreme, rejecting, hostile, or otherwise abusive behavior toward clients. In addition, troublesome family relationships that contribute to poor family functioning may involve situations when a family member has been abused by a client and relationships remain strained.

NOTE:
  ➢ Although relationships with individual family members may vary, ratings of this item are based on overall family functioning.

Current Rating (past 3 months):

0 = No Intervention Need	Family functioning is *regularly* good.
1 = Possible/Limited Intervention Need	Family functioning is *usually* good *with no more than a few minor exceptions*.
2 = Moderate Intervention Need	Family functioning is *occasionally* poor.
3 = Strong Intervention Need	Family functioning is *often* poor.

19.   Living Situation - Safety and Stability

Definition: Safety and stability in the living situation concerns the extent to which the family home or alternative residence provides a safe, consistent, and stable environment that is generally free from severe and chronic stressors. Unsafe and unstable living situations include the presence of significant stressors such as exposure to or experiencing violence, neglect of basic needs, frequent changes in household members, living with people engaging in substance abuse or with uncontrolled mental health problems, and/or not providing the client with adequate supervision when expected to do so.

*NOTE***:**
- ➢ When the client has changed residences during the past 3 months, consider the safety and stability of the current living situation.
- ➢ If a change in the client's living situation is imminent, consider the safety and stability of the planned residence.

Current Rating (past 3 months):

0 = No Intervention Need	Safe and stable living conditions are *regularly* experienced.
1 = Possible/Limited Intervention Need	Safe and stable living conditions are *usually* experienced with *no more than a few minor exceptions.*
2 = Moderate Intervention Need	Unsafe and/or unstable living conditions are *occasionally* experienced.
3 = Strong Intervention Need	Unsafe and/or unstable living conditions are *often* experienced.

20. Involvement in Community Resources

Definition: Involvement in community resources concerns clients' (and sometimes their families') engagement in available community services and supports that may promote the health and safety of clients returning to and/or living in the community (e.g., housing assistance, job training programs, tutoring, after school activities). A lack of involvement may be indicated by minimal or no engagement in available supports that may promote healthy and safe living.

NOTE:
- ➢ Rate as a No Intervention Need (0) if community resources are not needed at this time.
- ➢ If the client is currently in a residential facility, rate based on the client's access to community and/or community resources that are available while in residence (e.g., community-based mentors who visit in the facility).
- ➢ If the client, or client and family, would benefit from community resources that are unavailable, rate this item to reflect client need and seek or refer for services that may help meet this need.

Current Rating (past 3 months):

0 = No Intervention Need	Client is *regularly* involved with community resources or community resources are not needed at this time.
1 = Possible/Limited Intervention Need	Client is *usually* involved with community resources *with no more than a few minor exceptions.*
2 = Moderate Intervention Need	Client *occasionally* lacks involvement with community resources.
3 = Strong Intervention Need	Client *often* lacks involvement with community resources.

21. Mental Health Management

Definition: Mental health concerns may interfere with engagement and participation in interventions. Good management may be indicated by no symptoms, or relatively few symptoms, of mental health concerns and/or active participation in recommended mental health services. Poor management may be indicated by symptoms of mental health concerns interfering with active participation in interventions.

NOTE:
  ➢ When clients do not have mental health concerns that interfere with interventions, rate as No Intervention Need (0).

Current Rating (past 3 months):

0 = No Intervention Need	Client's mental health concerns are *regularly* well-managed or client does not have mental health concerns.
1 = Possible/Limited Intervention Need	Client's mental health concerns are *usually* well-managed *with no more than a few minor exceptions.*
2 = Moderate Intervention Need	Client's mental health concerns are *occasionally* managed poorly.
3 = Strong Intervention Need	Client's mental health concerns are *often* managed poorly.

22. Participation in Interventions

Definition: Good participation in relevant, offense-related interventions (e.g., sex offense and/or delinquency treatments, juvenile or adult probation, community service) is demonstrated by such things as regular attendance, active involvement in sessions, completing assignments, and generalizing new learning (e.g., using what is learned in various situations). Poor participation may be demonstrated by such things as lateness, irregular attendance, a lack of involvement in sessions, not completing assignments, and/or a lack of generalization of new learning.

NOTE:
  ➢ When offense-related interventions are not needed, rate as No Intervention Need (0).

Current Rating (past 3 months):

0 = No Intervention Need	Client participation in interventions is *regularly* good or offense-related interventions are not needed.
1 = Possible/Limited Intervention Need	Client participation in interventions is *usually* good *with no more than a few minor exceptions.*
2 = Moderate Intervention Need	Client participation in interventions is *occasionally* poor.
3 = Strong Intervention Need	Client participation in interventions is *often* poor.

Youth Needs and Progress Scale – Rating Form

Name: _____ ID # _____ DOB: _____

1st Assess. ____ Re- Assess. ____ Discharge Assess. ____ No. of sessions this period: ____

Completed by: _____ Date: _____

Item	*No Intervention Need*	*Possible / Limited Intervention Need*	*Moderate Intervention Need*	*Strong Intervention Need*	*Unable to rate*
1. **Understanding Appropriate Sexual Behavior**	*0*	*1*	*2*	*3*	
2. **Understanding the Consequences of Sexual Abuse**	*0*	*1*	*2*	*3*	
3. **Sexual Thoughts – Frequency**	*0*	*1*	*2*	*3*	
4. **Sexual Interests - Age & Consent**	*0*	*1*	*2*	*3*	
5. **Sexual Attitudes & Beliefs**	*0*	*1*	*2*	*3*	
6. **Sexual Behavior Management**	*0*	*1*	*2*	*3*	
7. **Compassion for Others**	*0*	*1*	*2*	*3*	
8. **Relationships with Peers**	*0*	*1*	*2*	*3*	
9. **Emotion Management**	*0*	*1*	*2*	*3*	
10. **Social Skills**	*0*	*1*	*2*	*3*	
11. **Self-confidence**	*0*	*1*	*2*	*3*	
12. **School & Work Commitment**	*0*	*1*	*2*	*3*	
13. **Use of Unstructured Time**	*0*	*1*	*2*	*3*	
14. **Nonsexual Behavior Attitudes and Beliefs**	*0*	*1*	*2*	*3*	
15. **Nonsexual Behavior Management**	*0*	*1*	*2*	*3*	
16. **Client View of Primary Caregiver Relationship**	*0*	*1*	*2*	*3*	
17. **Client View of Supportive Adult Relationships**	*0*	*1*	*2*	*3*	
18. **Family Functioning**	*0*	*1*	*2*	*3*	
19. **Living Situation - Safety & Stability**	*0*	*1*	*2*	*3*	
20. **Involvement in Community Resources**	*0*	*1*	*2*	*3*	
21. **Mental Health Management**	*0*	*1*	*2*	*3*	
22. **Participation in Interventions**	*0*	*1*	*2*	*3*	
Tally ratings endorsed per column: *(Number of 0's, 1's, 2's, 3's & unable to rate)*					

Total Need Score: (Sum of all 1's, 2's, and 3's): _____

Youth Needs and Progress Scale: Progress Over Time – Rating Form

Name: _____   ID # _____   Age: _____

Type of assessment:	Initial assessment	Re-assessment T1	Re-assessment T2	Re-assessment T3	Re-assessment T4
Assessment Date:					
1. **Understanding Appropriate Sexual Behavior**					
2. **Understanding the Consequences of Sexual Abuse**					
3. **Sexual Thoughts - Frequency**					
4. **Sexual Interests - Age & Consent**					
5. **Sexual Attitudes & Beliefs**					
6. **Sexual Behavior Management**					
7. **Compassion for Others**					
8. **Relationships with Peers**					
9. **Emotion Management**					
10. **Social Skills**					
11. **Self-confidence**					
12. **School & Work Commitment**					
13. **Use of Unstructured Time**					
14. **Nonsexual Behavior Attitudes and Beliefs**					
15. **Nonsexual Behavior Management**					
16. **Client View of Primary Caregiver Relationship**					
17. **Client View of Supportive Adult Relationships**					
18. **Family Functioning**					
19. **Living Situation - Safety & Stability**					
20. **Involvement in Community Resources**					
21. **Mental Health Management**					
22. **Participation in Interventions**					

Youth Needs and Progress Scale: Proportion of Needs – Summary Form

Name: _____   ID # _____   Age: _____ Date: _____

➤ **Proportion of no or possible/limited needs versus clear intervention needs:**

To calculate the extent to which the client has no or limited intervention needs, add the number of ratings endorsed in the categories No <u>and</u> Possible/Limited Intervention Need [0, 1] and divide the total by the number of scale items rated as a 0, 1, 2, or 3, i.e., all 22 items if every scale item is rated and no item had insufficient information for a rating (endorsed as "unable to rate" on the Rating Form). Similarly, to calculate the extent to which Moderate <u>and</u> Strong Intervention Needs [2, 3] are present, divide the total number of items tallied in these two categories by the total number.

- **Proportion of No or Possible/Limited Intervention Needs** _____%

  [Number of items rated 0 or 1 / Total number of items rated]

- **Proportion of Moderate or Strong Intervention Needs** _____%

  [Number of items rated 2 or 3 / Total number of items rated]

➤ **Proportion of items unable to rate (insufficient information)**

To determine the extent to which further information is needed to adequately rate this scale, tally the number of items endorsed as "unable to rate" and divide by the total number of items in the scale (22).

- **Proportion of items checked "unable to rate"** _____%

  [Number of items rated "unable to rate" / 22 Scale Items]

➤ **Proportion of intervention need by strength:**

To calculate the extent to which possible or actual intervention needs are present add the number of ratings endorsed [possible range: 0-22] per category [0, 1, 2, 3]. Divide the total number of items tallied in each category by the total number of scale items rated in each category, i.e., all 22 items if every scale item is rated and no item had insufficient information for a rating (endorsed as "unable to rate" on the Rating Form).

- **Proportion of ratings of 0; No Intervention Needs** _____%

  [Number of items rated 0 / Total number of items rated]

- **Proportion of ratings of 1; Possible/Limited Intervention Needs** _____%

  [Number of items rated 1 / Total number of items rated]

- **Proportion of ratings of 2; Moderate Intervention Needs** _____%

  [Number of items rated 2 / Total number of items rated]

- **Proportion of ratings of 3; Strong Intervention Needs** _____%

  [Number of items rated 3 / Total number of items rated]

Youth Needs and Progress Scale: Proportion of Needs Over Time – Summary Form

Name: _____   ID # _____   Age: _____

Assessment type:	Initial Assessment	Re-Assessment T1	Re-Assessment T2	Re-Assessment T3	Re-Assessment T4
Assessment Date:					
Proportion No or Possible/Limited Intervention Needs					
Proportion Moderate or Strong Intervention Needs					
Proportion of items checked "unable to rate"					
Proportion of ratings of 0; No Intervention Needs					
Proportion of ratings of 1; Possible/Limited Intervention Needs					
Proportion of ratings of 2; Moderate Intervention Needs					
Proportion of ratings of 3; Strong Intervention Needs					

Proportion of Intervention Need by Category – Summary Form

Name: _____   ID # _____   Age: _____ Date: _____

Proportion of intervention need by category:

- **Items related to Sexual Self-Management**

   [Sum Item ratings 1-6 / Total score]   _____**%**

- **Items related to General Self-Management**

   [Sum Item ratings 7-15/ Total score]   _____**%**

- **Items related to Environmental Factors & Supports**

   [Sum Item ratings 16-20/ Total score]   _____**%**

Consider ratings on additional items:

Mental Health Management (Item 21)   _____

Participation in Treatment (Item 22)   _____

Youth Needs and Progress Scale: Proportion of Intervention Needs by Category Over Time – Summary Form

Name: _____   ID # _____   Age: _____

Assessment type:	Initial Assessment	Re-Assessment T1	Re-Assessment T2	Re-Assessment T3	Re-Assessment T4
Assessment Date:					
Proportion of Sexual Self-Management Intervention Needs					
Proportion of General Self-Management Intervention Needs					
Proportion of Environmental Factors & Supports Intervention Needs					
Mental Health Management					
Participation in Treatment					

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