Social History Evaluation Topics

- **Developmental history** and description of the youth's developmental pathway to current presentation and functioning (prenatal and early development and temperament , especially regarding callous-unemotional traits or high levels of stimulation seeking or risk taking; develop- mental delays or disabilities; early learning skills; peer relations and affiliations; interests and competencies; onset and pattern of behavioral disturbances, including overt and covert misconduct; and other pathways of developmental psychopathology or resiliencies).

- **Medical and behavioral mental health** (including behavioral health difficulties and interventions; temperamental or clinical conditions relevant to disinhibition and impaired executive functioning; history of clinical care; and history of any potential developmental insults such as head injuries, exposures to lead or other toxins, intra- uterine substance exposures, or maternal distress or injury during pregnancy).

- **Family history and functioning** (including parent-child interactions, separations and losses, discipline, mental health history, criminal justice history, intimate partner violence history, child maltreatment history, substance use history, and current family relationships and functioning). [Family factors associated with recidivism risk include: low parental emotional warmth, parental criminal history or antisocial behavior, erratic parental responses to misconduct, and parental absence]

- **Educational history** (including disciplinary history, school engagement, special educational needs, learning disabilities, and areas of relative achievement and challenge).

- **Cultural affiliation and adaptation factors** (including history of immigration, dislocations and relocations, nature and degree of assimilation into specific groups, languages, and any generational tensions over assimilation). [These factors may overlap but include these kinds of groupings: origin groups (e.g. ethnic or linguistic groups of origin), organizational (e.g. religious, military, corporate, professional, or occupational), and affiliative (e.g. political, ideological, and organized around common interests or activities]

- **History of exposure to adverse childhood experiences** (significant or toxic stresses) and experiences resulting in posttraumatic symptoms (e.g., PTSD) or posttraumatic adaptations (including either subsequent resiliencies or manifestations of a developmental or complex trauma condition that is not readily summed up in DSM-5 diagnostic categories). [Evaluators should be familiar with literature on long-term and neurodevelopmental outcomes associated with exposure to adverse childhood experiences]

- **Cognitive capacities** (intellectual capacities, learning disabilities or areas of relative strength or learning vulnerability, optimal learning style, and preferred areas of interest).

- **History of behavioral health needs, services received, and outcomes** from past and any current standard behavioral health treatments, including those for substance abuse, psychiatric disorder, medical condition, or other condition.

- **History of rule breaking and illegal misconduct** (onset; pattern; persistence; and manifestation across time, relationships, and environments); responses intended to address misconduct and the outcomes of these interventions; responses to any specialized interventions including recidivism risks among its targets; and responses to efforts by parents, school, police, and courts to set limits on misconduct.

- **History of interventions and their outcomes** (including degree of engagement , individual strengths or complications to intervention, assessment of why past interventions succeeded or failed, assessment of response to usual deterrents to misconduct, attitudes toward any successful or failed past interventions, current attitudes toward most likely interventions).

- **Social and peer functioning** (including history of engagement in community activities, history of peer relationships, any affiliations with problematic peers or peer groups and preferred activities when with peers). [Factors associated with peer groups that have been linked to recidivism include: peer deviance, peer rejection, and peer group novelty-seeking and risk-taking behaviors]

- **Summary of the youth's developmental trajectory** and key historical and current factors, including any factors specified by case law or statute (e.g., youth sophistication or maturity, history of misconduct, history of previous interventions).

- **Assessment of relevant risks** (e.g., violence, sexual offense, nonviolent offenses) based on interview, collateral information, and specialized assessment tools.

- **Assessment of recidivism risk for the charged behavior** and, if clinically relevant and legally permissible, for other significant misconduct with a description of with whom the youth is being compared in terms of risk (e.g., all youths, all delinquent youths , or some subgroup of delinquent youths , such as those who have been charged with specific offenses or have failed on community-based supervision for prior offenses).

- **Level of containment required for public or youth safety** and to ensure implementation of interventions and specific indicators recommended for increasing or decreasing the level of containment or monitoring.

- **Consideration of potential criminogenic or iatrogenic consequences** of the various options before the legal decision maker that may complicate or compromise efforts at rehabilitation.

- **Availability of recommended standard treatments and specialized interventions**, including (a) whether the recommended interventions are available through the juvenile justice system or, if not, through identifiable mechanisms; (b) the quality of the recommended services if they are available, or consideration of the nature and quality of alternative services if the recommended services are not available, and assessment of whether the recommended or alternative services can realistically meet the needs of the youth across one or multiple domains; and (c) whether conditions or circumstances that complicate rehabilitation efforts (e.g. psychiatric or cognitive impairment, family hostility) can be addressed sufficiently so that interventions can still succeed.