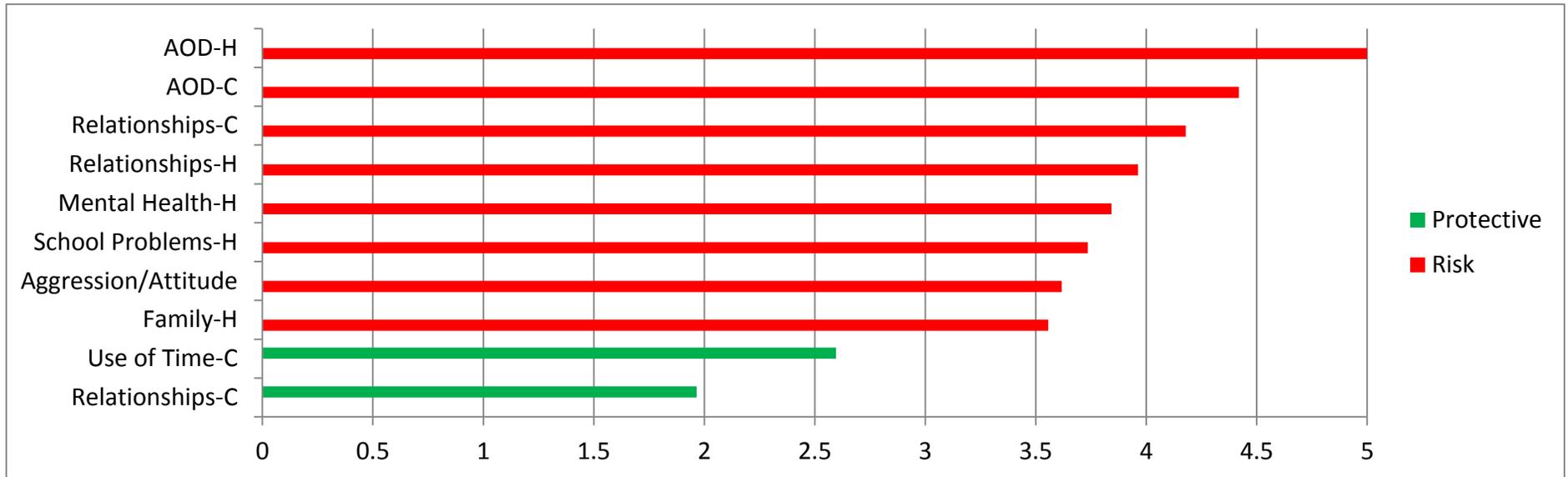


TYPOLGY 1 - FEMALE



ASSESSMENT CONSIDERATIONS: Typology 1 youth benefit from referral for a mental health assessment to clarify mental health needs and/or further assessment. Assessment areas may include but are not limited to trauma, current diagnoses, intellectual functioning (IQ), and medication. For this group, the most intense needs center on current and historical drug and/or alcohol use. Refer for alcohol and drug assessment to determine intervention and treatment needs.

CASE PLAN ESSENTIALS: Typology 1 youth need to feel involved in and be a driver of the development of their case plan. These youth are more likely to meet higher expectations when they have the opportunity to actively participate in the development of the expectations and have an opportunity to clearly understand those expectations. In order to avoid any misinterpretation, it is critical when developing a case plan to be clear about why expectations exist and direct and honest with the youth about limits to flexibility in planning. Having a foundation of successes supports further growth and skill building, including self-regulation behaviors as these youth work toward meeting additional expectations and goals. Youth involvement in case plan development requires a sufficient level of trust between youth and staff. This trust must be supported by good communication and by ensuring that the youth feels heard.

For youth who are assessed with having a substance use disorder, the case plan should follow alcohol and drug treatment recommendations. Further case planning areas should target enhancement of healthy relationship skills, including appropriate boundaries and causes of and solutions for addressing interpersonal conflict. The case plan should support internal sources of self-esteem including confidence, efficacy, awareness of personal values, and making decisions based upon feelings of personal validation which can foster resiliency.

TREATMENT APPROACH:

Strategies such as paraphrasing a youth's statements back to her for confirmation of understanding support the trust- and rapport-building process.

Youth from this typology may require a longer period of time to adjust to an increased level of supervision and expectations. The focus of treatment may become more apparent as the youth adjusts to these changes. This youth requires an approach that is relationship-centered, which includes time and opportunities to familiarize herself with increased expectations and to build rapport with positive adults. When delivering expectations, ensure they are attainable and have some flexibility built in, as these youth can see them as a "promise" and can begin to mistrust staff if not directly adhered to. These youth may demonstrate relational aggression, often in the form of bullying. Providing consistency in emotional, physical, and psychological safety will strengthen the relationship between the youth and the staff and allow for trust.

Due to Typology 1 youth's tendency for concrete thinking, isolation placements may exacerbate negative behaviors. Instead, crisis intervention should include a one-on-one or a small group approach to reduce stimuli. These youth benefit from opportunities to physically separate from the situation to have time to reflect on what is occurring and to allow them a forum to express their emotions. These youth respond well when staff use techniques in verbal de-escalation. Pushing too hard and too quickly to begin to address treatment issues may trigger run behaviors or emotional withdrawal. Initial treatment interventions should focus on the youth's interests and activities, while guiding future conversations toward the youth's personal information as rapport is developed and established.

Transitions are high-risk times for Typology 1 youth to consider running, because change can present triggers. Find opportunities to introduce and familiarize the youth with transition plans well in advance to reduce apprehension. Additionally, reminding the youth of her strengths and achievements can help reduce anxiety that occurs as a youth starts a new phase of her case plan. Transitions, along with other times of stress, are good times to remind youth about what they DO have control over.

The typology need profiles are a result of the Oregon Youth Authority Risk Needs Assessment or the Oregon Typology Assessment. When determining treatment approach or case plan essentials, a comprehensive view of typologies and other completed assessments is necessary.