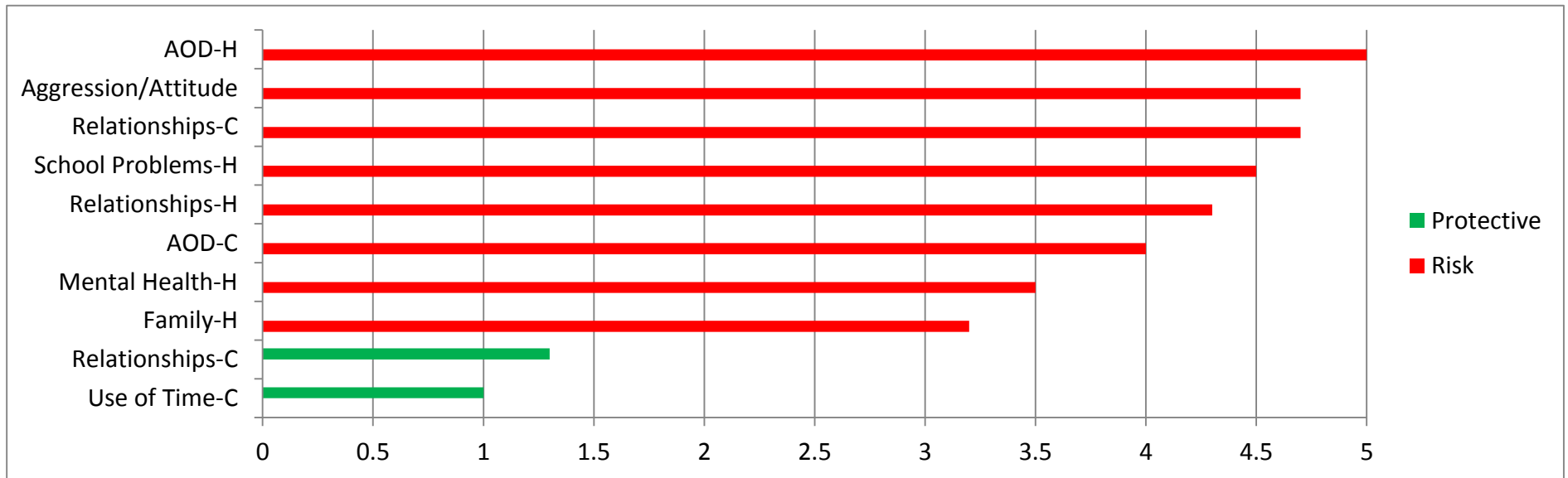


TYPOLGY A - MALE



ASSESSMENT CONSIDERATIONS: For males with typology A, the most intense needs center on current and historical drug and alcohol use. Refer for alcohol and drug assessment to determine intervention and treatment needs. These youth should also be referred for a mental health assessment to clarify mental health need and/or further assessment. Assessment areas may include but are not limited to trauma, possible underlying factors triggering behavior, current diagnoses, intellectual functioning (IQ), and medication. Initial treatment/service should focus on stabilization based on the assessed needs of the identified youth.

CASE PLAN ESSENTIALS: Typology A youth are likely to react negatively to being told what to do. Case planning requires a collaborative approach, however, when developing a case plan, one must be direct and honest with the youth about limits to flexibility in planning and clear about why expectations exist. Once the youth understands these, the youth will be better equipped to assist in developing STGs, LTGs, and interventions that he believes will help him successfully achieve these goals. This increases the likelihood of active participation in case plan activities.

TREATMENT APPROACH: These youth tend to respond to punitive interventions with further escalation, reducing the likelihood of [positive rapport with staff](#) or desired skill development. These youth can be impulsive and reactive, and are typically skeptical about trusting or relying on others to get their needs met because, from their perspective, they have not been able to rely on others in the past. These youth are frequently angry due to their frustration at not knowing how to get their needs met effectively and/or appropriately and not believing that others are sincere in their willingness to assist. Typology A youth tend to perceive that they have been, and will likely be, treated unfairly. Developing relationships built on trust and respect will be a challenge, but necessary in order for the youth to stabilize and to move forward in treatment. Persons with whom a trusting relationship has been established will be in the best position to model cognitive flexibility and pro social thinking patterns to establish a pattern for positive change.

Person-centered approaches such as Motivational Interviewing, Collaborative Problem Solving, and other specific person-centered CBT models tend to be the most effective interventions and are the most likely to result in the youth's learning the problem solving and other adaptive skills he needs to achieve his case plan goals and to generalize and apply those skills consistently and sustainably.

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.