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Michael Case Study Analysis

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Michael Case Study Analysis

Intake Assessment² Using the Ohio Youth Assessment System

Utilizing the Ohio Youth Assessment System-Residential (OYAS-RES) framework, I would conduct a holistic intake assessment for Michael, who is facing an 18-month mandatory residential sentence. The OYAS-RES is specifically structured for youth entering longer-term correctional placements, which aligns directly with Michael's situation (Koetzle et al., 2021)..

During intake, I would lead a comprehensive interview exploring the seven core OYAS domains.¹ juvenile justice history, family and living environment, association with peers and social supports, education and employment status, pro-social skills, substance use and mental health, and finally, values, beliefs, and attitudes. Given Michael's extensive involvement⁴ with the juvenile justice system—beginning as early as age ten—as well as persistent gang activity, unstable home life, and well-documented educational challenges (including his learning disability), each of these domains would be explored in considerable depth.

It is also important to integrate findings from prior psychological evaluations. Michael is described as “angry, resentful, spontaneous, and an aggressive risk taker.” These personality traits reflect several risk factors central to the OYAS-RES approach, such as poor anger management, pro-criminal beliefs, and impulsivity. The assessment process, therefore, would require a focused inquiry into Michael's triggers for criminal behavior, his typical decision-making processes, and his level of empathy toward any victims (Haviv & Itzik, 2024). Overall, this academic and evidence-based approach allows for the identification of Michael's specific criminogenic needs, with the aim of tailoring potential interventions during his time in residential placement..

Institutional Risk Assessment

Michael demonstrates a range of significant institutional risks that cannot be ignored. His history with juvenile justice is not just long—it is marked by rapidly increasing severity, starting with minor offenses around age ten and escalating all the way up to attempted murder from a drive-by shooting. OYAS-RES? Yes, he absolutely qualifies as high-risk here, given both the early onset of his criminal activity and those multiple previous adjudications. The pattern is concerning, to put it mildly.

Michael's gang involvement is not some minor detail—it is a serious safety factor within the institution. He has even gone on record about feeling threatened by rival gang members, which cranks up the risk on every front. Incarcerated youth in his position constantly face pressure, not only from opposing gangs but from their own, to act out or defend themselves to maintain status (Gravel et al., 2023). Basically, close supervision in Michael's case is not a suggestion. It is absolutely necessary.

Then there is his mental health profile, which brings even more concern. He is battling depression and anxiety, and assessments paint a picture of ongoing anger and deep-seated resentment. This is not something you can dismiss as minor—it is a significant risk factor, whether for self-harm or sudden aggressive episodes. Combine that with his gang ties and the real threats to his safety, and you have an environment that is volatile and demands constant staff attention.

Academically, Michael is up against a lot, too. His specific learning disability and history of struggling with schoolwork set him up for mounting frustration, especially in a restrictive setting. Students in his shoes, when there are not real support systems, tend to have a hard time engaging—they are more likely to act out or just give up altogether. And really, these are not

isolated issues. They are interconnected, and if nobody steps in, things can unravel pretty fast (Childs, 2023).

Suicide Risk and Mental Health Concerns

Michael's current situation demonstrates several pressing suicide risk factors that require prompt and ongoing clinical evaluation. His diagnoses of depression and anxiety are already significant risk indicators, but when you add in his fear for personal safety related to gang affiliations, a history marked by family instability (absent father, mother's incarceration), and the reality of facing serious criminal charges with an anticipated 18-month sentence, the gravity of his case becomes starkly apparent. Standardized risk assessment tools, such as the OYAS framework, highlight the need for thorough mental health screenings in such complex scenarios, as reinforced by Gibbs (2022). Michael's outward anger and resentment, compounded by depressive symptoms, create a profile that is especially vulnerable within an institutional setting. The juvenile facility environment could potentially intensify his existing fears and sense of instability, considering the significant adjustments and potential threats he must navigate.

All right, let us steer this back into academic territory: There are, admittedly, some indicators of potential resilience here. Specifically, Michael's decision to cooperate with legal authorities—accepting a plea deal and agreeing to testify—could point to an ability to engage in future-oriented reasoning and strategic problem-solving. Still, agreeing to testify against another defendant can introduce additional psychological burdens. Testifying may heighten concerns for his personal security and elevate emotional distress. Overall, then, Michael's situation clearly necessitates a comprehensive, multi-pronged support system and ongoing, close monitoring throughout his incarceration. This risk landscape is anything but simple, and it calls for careful, adaptive management...

Suicide Prevention and Mental Health Treatment Plan

An effective suicide prevention plan for Michael really has to combine both robust safety measures and individualized mental health care. Considering his affiliations with gangs, standard housing simply is not a viable option—he would probably be at greater risk there. So, options like protective custody or specialized units are necessary to keep him safe enough to actually engage in any helpful programming or services. On the mental health front, immediate and focused intervention is critical. Basic, generic therapy will not cut it—Michael needs interventions zeroed-in on his depression and anxiety, but delivered in a way that matches his learning style. Relying on abstract ideas or jargon is not going to help; concrete visual aids and practical examples are far more effective for individuals with learning disabilities. As for group therapy, it does have potential to build important social skills, but safety concerns absolutely cannot be ignored. While the group format offers some clear benefits, it would have to be approached very cautiously to avoid exposing Michael to further risk (Meza et al., 2022).

Targeted anger management is essential, reflecting his aggressive behaviors and violent history — this is not some optional support; it is foundational. A psychiatric evaluation for medication should definitely happen, but with vigilant monitoring—misuse, or trading medication, is all too common in this setting. Exploring family therapy is worthwhile despite the hurdles. If that is off the table, trauma-focused therapy should step in, because trauma from early exposure to instability or violence cannot be ignored. Educational support must be crafted for his learning needs — individualized educational programming can help develop self-esteem and realistic future opportunities. Suicide risk assessments must occur regularly, especially during stressful periods (court dates, transitions, etc.). Staff absolutely need solid, ongoing training to guarantee proper observation and timely intervention. As noted by Tunno et al. (2021), all

treatment should be framed within a trauma-informed care approach, addressing the underlying impact of violence and instability in Michael's past. Coordinated, routine case reviews with full team involvement are indispensable to maintain consistent care, thorough documentation, and—when earned—a safe, gradual reduction in supervision. This systemic, multidisciplinary approach maximizes both safety and the potential for genuine recovery...

Conclusion

Michael's situation genuinely sits at the intersection of complex mental health concerns, public safety, and the ongoing question of whether lasting rehabilitation can occur for youth with serious offenses. Assessment tools such as the OYAS certainly provide a valuable starting point, but their true effectiveness hinges on whether professionals actually use this information to guide meaningful treatment—not just as a checkbox exercise. It is clear that no single individual or agency can address all these challenges alone; sustained collaboration is absolutely critical between mental health providers, educational institutions, and the entire juvenile justice system. Additionally, Michael's history with gangs and his mental health issues are not just footnotes—they require targeted, sustained intervention with an eye on both immediate safety and longer-term public health. The length of his 18-month sentence could, in theory, offer sufficient time for significant progress, but only if that period is maximized with purposeful, evidence-based work. The real challenge arises as he transitions back into the community. He will need coordinated support addressing lingering mental health needs, educational goals, and, just as crucially, strategies to disengage from gang affiliations in favor of healthier peer networks. What unfolds during his time in care is critical; it presents an opportunity to reroute Michael away from the adult justice system by addressing, with intention, the underlying factors driving his repeated involvement with the law. The system's genuine response at this juncture will very likely have

lasting impact—potentially breaking a destructive cycle, but only if consistently and thoughtfully applied.

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