

## Juvenile Justice Case Study

Jason is a 14 year old European American boy living in Worthington, Minnesota. He attends Worthington Area Junior High School on an infrequent basis as a ninth grader. He has a criminal history of the following: 1) minor consumption, 2) shoplifting from Wal-Mart (under \$100), and 3) disorderly conduct. While he has had petty and status offenses in the past, he has now been assigned to probation.

Jason lives at home with his 2 parents and a younger brother. Jason doesn't like to be at home because his parents fight all the time about income and when their not fighting they are usually drinking, going out, or watching television. He doesn't have a strong connection with either one of them. Unfortunately, he doesn't have a lot of friends at school either that he can hang out with after school, so he spends most of the weekend in his room with the door shut listening to music and sleeping. His mother has been commenting on how much weight he's gained since he stopped going to hockey practice; he had to quit 3 months ago because his family couldn't pay for the participation fees. He doesn't have a girlfriend and never has. He sits in the back row of classes and doesn't talk to anyone. He doesn't feel like he's good at school and really thought he had a future with hockey. But now he doesn't feel like he has a future at all.

If he's not being teased because he's no longer a hockey player, he's being ignored. The guys he used to hang out with him now call him a loser and don't talk to him. This is why he avoids school; it hurts too much to be ignored and he doesn't know where to sit at lunch. He got into a fight at school because some kids were talking trash about him and he hit a locker so hard it dented it. None of the other boys got into trouble, just him.

He thinks that he was a good friend but now he doesn't know because no one pays attention to him. He can't pay attention in school and he wants to cry most of the time. His parents don't seem to notice and he doesn't think that they care. His younger brother is on the basketball team for the 7<sup>th</sup> graders and he still gets to play cause the fees are so much cheaper. His parents go to all of his games. He's been shoplifting and stealing his parents beer because he didn't think that anyone would notice and he was hoping that maybe that would make him feel better. He just wants to spend the day in bed. He tries to tell the adults around him how awful he feels but no one seems to want to know and no one asks.

He doesn't know how he got into such trouble. He feels overwhelmed and sad. He's also really angry at the world and his parents. He used to be doing so much better before his mom lost her job and the world turned on him.



# Problem-Oriented Screening Instrument for Teenagers

This information is available in other forms to people with disabilities by contacting us at (651) 297-5242 (voice). TTY/TDD users can call the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.

## INSTRUCTIONS

The purpose of these questions is to help us choose the best ways to help you. So, please try to answer the questions honestly.

Please answer all of the questions. If a question does not fit you exactly, pick the answer that is mostly true.

You may see the same or similar questions more than once. Please just answer each question as it comes up. Please put an "X" through your answer.

If you do not understand a word, please ask for help. You may begin.

NAME: JASON

SEX: ☒ MALE

☐ FEMALE

BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

HISPANIC HERITAGE: Y ☒ N

RACE:

☐ ASIAN

☐ BLACK OR AFRICAN AMERICAN

☒ WHITE

☐ AMERICAN INDIAN OR ALASKAN NATIVE

☐ PACIFIC ISLANDER OR NATIVE HAWAIIAN

- |   |                                      |                                     |
|---|--------------------------------------|-------------------------------------|
| 1. Do you have so much energy you don't know what to do with it?                        | Yes                                  | <input checked="" type="radio"/> No |
| 2. Are you good at talking your way out of trouble?                                     | Yes                                  | <input checked="" type="radio"/> No |
| 3. Have you recently either lost or gained more than 10 pounds?                         | <input checked="" type="radio"/> Yes | <input type="radio"/> No            |
| 4. Do you often feel tired?   | <input checked="" type="radio"/> Yes | <input type="radio"/> No            |
| 5. Are you a good speller?  | Yes                                  | <input checked="" type="radio"/> No |
| 6. Have you ever read a book cover to cover for your own enjoyment?                     | Yes                                  | <input checked="" type="radio"/> No |
| 7. Do you get frustrated easily?  | <input checked="" type="radio"/> Yes | <input type="radio"/> No            |
| 8. Do you get into trouble because you use drugs or alcohol at school?                  | Yes                                  | <input checked="" type="radio"/> No |
| 9. Have you had trouble with stomach pain or nausea?                                    | <input checked="" type="radio"/> Yes | <input type="radio"/> No            |
| 10. Do you have a hot temper?   | <input checked="" type="radio"/> Yes | <input type="radio"/> No            |
| 11. Do your parents or guardians pay attention when you talk with them?                 | Yes                                  | <input checked="" type="radio"/> No |
| 12. Have you ever had sex with someone who shot up drugs?                               | <input checked="" type="radio"/> Yes | <input checked="" type="radio"/> No |
| 13. Do you get easily frightened?   | Yes                                  | <input checked="" type="radio"/> No |
| 14. Do your parents or guardians argue a lot?   | <input checked="" type="radio"/> Yes | <input type="radio"/> No            |
| 15. Do you have less energy than you think you should?                                  | <input checked="" type="radio"/> Yes | <input type="radio"/> No            |
| 16. Do you miss out on activities because you spend too much money on drugs or alcohol? | Yes                                  | <input checked="" type="radio"/> No |

17. Do you threaten to hurt people?	Yes	<input checked="" type="radio"/> No
18. Do you feel alone most of the time?	<input checked="" type="radio"/> Yes	No
19. Do you sleep either too much or too little?	<input checked="" type="radio"/> Yes	No
20. Do you swear or use dirty language?	<input checked="" type="radio"/> Yes	No
21. Are you a good listener?	<input checked="" type="radio"/> Yes	No
22. Have you had any accidents or injuries that still bother you?	Yes	<input checked="" type="radio"/> No
23. Have you accidentally hurt yourself or someone else while high on alcohol or drugs?	Yes	<input checked="" type="radio"/> No
24. Do you rush into things without thinking about what could happen?	<input checked="" type="radio"/> Yes	No
25. Have you lied to anyone in the past week?	<input checked="" type="radio"/> Yes	No
26. Do your parents or guardians refuse to talk with you when they are mad at you?	<input checked="" type="radio"/> Yes	No
27. Are you a good reader?	Yes	<input checked="" type="radio"/> No
28. Do you feel nervous most of the time?	Yes	<input checked="" type="radio"/> No
29. Do people pick on you because of the way you look?	<input checked="" type="radio"/> Yes	No
30. Have you stolen things?	<input checked="" type="radio"/> Yes	No
31. Do you ever feel you are addicted to alcohol or drugs?	Yes	<input checked="" type="radio"/> No
32. Do your parents or guardians and you do lots of things together?	Yes	<input checked="" type="radio"/> No
33. Do you get into fights a lot?	<input checked="" type="radio"/> Yes	No
34. Do you get A's and B's in some classes and fail others?	Yes	<input checked="" type="radio"/> No
35. Have the whites of your eyes ever turned yellow?	Yes	<input checked="" type="radio"/> No
36. Do you feel people are against you?	<input checked="" type="radio"/> Yes	No
37. Is it easy to learn new things?	Yes	<input checked="" type="radio"/> No
38. Do your parents or guardians usually know where you are and what you are doing?	Yes	<input checked="" type="radio"/> No
39. Have you ever been told you are hyperactive?	Yes	<input checked="" type="radio"/> No
40. Are you stubborn?	Yes	<input checked="" type="radio"/> No
41. Do you have trouble with your breathing or with coughing?	Yes	<input checked="" type="radio"/> No
42. Do you have a constant desire for alcohol or drugs?	<input checked="" type="radio"/> Yes	No
43. Do your parents or guardians have rules about what you can and cannot do?	Yes	<input checked="" type="radio"/> No

44. Do you often act on the spur of the moment?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
45. Have you ever threatened anyone with a weapon?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
46. Do you hear things no else around you hears?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
47. Have you started using more and more drugs or alcohol to get the effect you want?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
48. Do people tell you that you are careless?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
49. Do you have trouble concentrating?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
50. Do your parents or guardians know what you really think or feel?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
51. Do you ever leave a party because there is no alcohol or drugs?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
52. Are you suspicious of other people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
53. Do you have trouble getting your mind off things?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
54. Have you ever had a car accident while high on alcohol or drugs?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
55. Do your parents or guardians like talking with you and being with you?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
56. Have you ever intentionally damaged someone else's property?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
57. Do you forget things you did while drinking or using drugs?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
58. Does your mind wander a lot?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
59. Do you and your parents or guardians have frequent arguments which involve yelling and screaming?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
60. Do you worry a lot?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
61. Have you ever spent the night away from home when your parents didn't know where you were?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
62. During the past month, have you driven a car while you were drunk or high?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
63. Do you have a good memory?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
64. Do your parents or guardians have a pretty good idea of your interests?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
65. Are you louder than other kids?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
66. Does alcohol or drug use cause your moods to change quickly like from happy to sad or vice versa?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
67. Have you cut school at least five days in the past year?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
68. Do you have trouble with written work?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
69. Do you feel sad most of the time?	<input checked="" type="radio"/> Yes	<input type="radio"/> No



70. Do you miss school or arrive late for school because of your alcohol or drug use?	Yes	<input checked="" type="radio"/> No
71. Do you tease others a lot?	Yes	<input checked="" type="radio"/> No
72. Do you have trouble sleeping?	Yes	<input checked="" type="radio"/> No
73. Do you have a hard time following directions?	<input checked="" type="radio"/> Yes	No
74. Do your family or friends ever tell you that you should cut down on your drinking or drug use?	<input checked="" type="radio"/> Yes	No
75. Do you have trouble with math?	<input checked="" type="radio"/> Yes	No
76. During the past month, have you skipped school?	<input checked="" type="radio"/> Yes	No
77. Do you feel you lose control and get into fights?	<input checked="" type="radio"/> Yes	No
78. Do you have serious arguments with friends or family members because of your drinking or drug use?	Yes	<input checked="" type="radio"/> No
79. Do you ever feel you can't control your alcohol or drug use?	Yes	<input checked="" type="radio"/> No
80. Do you have a hard time planning and organizing?	<input checked="" type="radio"/> Yes	No
81. Are you afraid to be around people?	<input checked="" type="radio"/> Yes	No
82. Does school sometimes make you feel stupid?	<input checked="" type="radio"/> Yes	No
83. Does your alcohol or drug use ever make you do something you would not normally do - like breaking rules, missing curfew, breaking the law or having sex with someone?	Yes	<input checked="" type="radio"/> No
84. Do your parents or guardians usually agree about how to handle you?	Yes	<input checked="" type="radio"/> No
85. Do you often feel like you want to cry?	<input checked="" type="radio"/> Yes	No
86. Do you feel you study longer than your classmates and still get poorer grades?	Yes	<input checked="" type="radio"/> No
87. Have you ever had sexual intercourse without using a condom?	Yes	<input checked="" type="radio"/> No
88. Are you restless and can't sit still?	Yes	<input checked="" type="radio"/> No
89. Do you brag?	Yes	<input checked="" type="radio"/> No
90. Is school hard for you?	<input checked="" type="radio"/> Yes	No
91. Do you have trouble getting along with any of your friends because of your alcohol or drug use?	Yes	<input checked="" type="radio"/> No
92. Do you scream a lot?	Yes	<input checked="" type="radio"/> No
93. Do you have trouble finding the right words to express what you are thinking?	<input checked="" type="radio"/> Yes	No

OSIT SCORED BY

## comment's section.

**Scoring Responses:** Each risk response counts as one point for the corresponding functional area. Score all pages of the POST. The six rows of the scoring sheet correspond to the six functional areas. Starting with one, tally the number of points in each functional area. If an item is blank, score it as one point and make note of it in the

**Risk Level:** Calculate the total points for each functional area. Functional areas scored as Low Risk, indicate no assessment is needed. When only one functional area scores as Middle Risk, further assessment may be indicated. When two or more functional areas score as Middle Risk or any functional area scores in High Risk, it suggests a problem and further assessment is indicated.

## Comments

# **Template Instructions**

**To use this template, it must be printed on transparent film.**

Before scoring, make sure all questions have been answered. If not, give youth an opportunity to respond. If youth refuses, leave the item blank.

Place template over the first page of the POSIT so that the first column of the template covers the response options (Yes - No).

Score down the first column of the template by tallying points on the appropriate line on the score sheet. Use the second column of the template to score the second page, the third column for the third page, and the fourth column for the fourth page.

# **POSIT TEMPLATE**

## **Page 1**

<input type="radio"/>	<b>C, E</b>
<b>E</b>	<input type="radio"/>
<input type="radio"/>	<b>B</b>
<input type="radio"/>	<b>C</b>
<b>E</b>	<input type="radio"/>
<b>E</b>	<input type="radio"/>
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<input type="radio"/>	<b>B, E</b>
<input type="radio"/>	<b>A</b>

## **Page 2**

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## **Page 3**

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## **Page 4**

<input type="radio"/>	<b>A</b>
<input type="radio"/>	<b>F</b>
<input type="radio"/>	<b>C</b>
<input type="radio"/>	<b>C, E</b>
<input type="radio"/>	<b>A</b>
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