Case Study A: Jessie

In your group, read the information about Jessie and answer the questions that follow.

Jessie, age 14
Offense History:
- Resisting or Obstructing Officers
- Voluntary Manslaughter (killed parents)
Length of Stay: 24 months
Diagnosis: PTSD (Post Traumatic Stress Disorder) and Depression

Jessie was committed to State custody for Voluntary Manslaughter. When he was 12 years old he shot and killed his parents. This was the only criminal behavior that Jessie had shown. He was on the honor roll at school and involved in groups like debate and student council. Jessie showed little to no remorse during the investigation and trial. The judge committed Jessie to the juvenile system rather than the adult system due to the age at time of his offense. Jessie does not have any brothers or sisters. He has both maternal and paternal grandparents. His father’s parents have refused to engage in treatment. Jessie gets along well with peers but has difficulty speaking up in groups. He listens well one-on-one. He has no substance abuse history. During the trial, the presentence investigation report (psychosocial) indicated that Jessie has PTSD and depression. There is no medication history. There is no history of services (probation, counseling) in the community.

1. What issues does Jessie have?

2. How can you and your program deal with each of those issues to prepare Jessie for his eventual reentry to the community?

3. What kind of reentry plan might work for Jessie?
Case Study B: Jessie

In your group, read the information about Jessie and answer the questions that follow.

- Jessie, age 14
- Offense History:
  - Resisting or Obstructing Officers
  - Voluntary Manslaughter (killed parents)
- Length of Stay: 24 months
- Diagnosis: PTSD (Post Traumatic Stress Disorder) and Depression

Jessie was committed to State custody for Voluntary Manslaughter. When he was 12 years old he shot and killed his parents. This was the only criminal behavior that Jessie had shown. He was on the honor roll at school and involved in groups like debate and student council. Jessie showed little to no remorse during the investigation and trial. The judge committed Jessie to the juvenile system rather than the adult system due to the age at time of his offense. Jessie does not have any brothers or sisters. He has both maternal and paternal grandparents. His father’s parents have refused to engage in treatment. Jessie gets along well with peers but has difficulty speaking up in groups. He listens well one-on-one. He has no substance abuse history. During the trial, the presentence investigation report (psychosocial) indicated that Jessie has PTSD and depression. There is no medication history. There is no history of services (probation, counseling) in the community.

1. What needs does Jessie have?

2. What can you and your program do to prepare Jessie for his eventual reentry to the community?

3. What kind of reentry plan might work for Jessie?
Case Study A: Jessie

In your group, read the information about Jessie and answer the questions that follow.

- Jessie, age 14
- Offense History:
  - Resisting or Obstructing Officers
  - Voluntary Manslaughter (killed parents)
- Length of Stay: 24 months
- Diagnosis: PTSD (Post Traumatic Stress Disorder) and Depression

Jessie was committed to State custody for Voluntary Manslaughter. When he was 12 years old he shot and killed his parents. This was the only criminal behavior that Jessie had shown. He was on the honor roll at school and involved in groups like debate and student council. Jessie showed little to no remorse during the investigation and trial. The judge committed Jessie to the juvenile system rather than the adult system due to the age at time of his offense. Jessie does not have any brothers or sisters. He has both maternal and paternal grandparents. His father’s parents have refused to engage in treatment. Jessie gets along well with peers but has difficulty speaking up in groups. He listens well one-on-one. He has no substance abuse history. During the trial, the presentence investigation report (psychosocial) indicated that Jessie has PTSD and depression. There is no medication history. There is no history of services (probation, counseling) in the community.

1. What strengths does Jessie have?

2. How can you and your program build on those strengths to prepare Jessie for his eventual reentry to the community?

3. What kind of reentry plan might work for Jessie?