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## Mental Health Provider Experiences Among Juvenile Offenders With Attention Deficit Hyperactivity Disorder

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# Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

Vanessa Leah West

has been found to be complete and satisfactory in all respects,  
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Walden University  
2021

Abstract

Mental Health Provider Experiences Among Juvenile Offenders  
With Attention Deficit Hyperactivity Disorder

by

Vanessa Leah West

MS, Walden University, 2014

BA, Iowa State University, 2006

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Forensic Psychology

Walden University

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## Abstract

Research has indicated various treatment options available such as medication management or family therapy for juvenile offenders struggling with a diagnosis of, or symptoms of, attention deficit hyperactivity disorder (ADHD). Exploring mental health clinicians' perceptions may provide insight into treatment needed for this population to contribute positively to society. Past researchers refrained from obtaining mental health clinicians' perspectives on treatment when working with this population. Rational choice theory indicates that individuals examine the costs and benefits of their actions prior to making decisions. Gestalt/feature-intensive processing theory promotes the inclusion of necessary information to help with processing when making decisions. Youth with ADHD struggle due to their inability to think efficiently with all of the information needed to make sound decisions. The purpose of this qualitative study was to interview seven clinicians in the field to explore their perceptions of treatment options that are most beneficial for juvenile offenders struggling with symptoms of, or a diagnosis of, ADHD. Mental health clinicians included in this study were licensed mental health professionals who had provided services to juvenile offenders. A nonprobability sampling format was used. A thematic synthesis was used to report data. Mental health professionals agreed cognitive behavioral therapy when used with person centered therapy was most efficacious with juvenile offenders struggling with ADHD. This study contributes to existing literature and may enhance positive social change initiatives by supporting opportunities for juvenile offenders to have therapy that assists them in becoming more productive and contributing members of society.

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## Chapter 1: Introduction to the Study

### **Introduction**

This study focused on the perceptions of mental health professionals about what kind of treatment is beneficial for juveniles with delinquency problems who struggle with symptoms of attention deficit hyperactivity disorder (ADHD). There is a lack of research focusing on the perceptions of mental health professionals' experiences and perceptions about effective treatment strategies that can be used when working with this population. This study may contribute to positive social change by increasing knowledge about what treatments work for juvenile offenders with symptoms of ADHD. The study may influence social change by allowing juvenile offenders the opportunity to implement changes to become contributing members of society. Effects of such changes may include reducing reoffending, minimizing substance abuse, increasing prosocial behaviors, and developing more efficacious treatment strategies. Chapter 1 provides information on the background obtained to support the need for further research. It also addresses the purpose and the nature of the study. Additionally, the first chapter outlines common definitions, limitations, and assumptions. The research questions and methodology are identified.

### **Background**

Research has been conducted on various aspects of juvenile offenders and the diagnosis of ADHD. Belcher (2014) identified the importance of ADHD being diagnosed early and treated appropriately. Belcher discussed potential treatment options while analyzing the connection between ADHD and delinquency among youth. Beckford

(2016) supported the need to address ADHD concerns early in a child's life to minimize criminal involvement later in life. Beckford's research examined various aspects, such as trauma and the cognitive ability to self-regulate emotions. Buitelaar and Ferdinand (2016) provided insight into problems among adult criminals due to struggles endured because of the absence of an ADHD diagnosis. Their research indicated that older incarcerated men had a higher chance of having a missed diagnosis. Offenders with an ADHD diagnosis with the subtypes of hyperactive/impulsive or a combination were likely to be misdiagnosed earlier in life (Buitelaar & Ferdinand, 2016). Lack of identification of ADHD symptoms in childhood and adolescence plays a role in not having acquired an ADHD diagnosis (Buitelaar & Ferdinand, 2016). Matheson et al. (2013) outlined the need for further detection of ADHD early in life and the need to treat ADHD earlier in life. Their study focused on adults already incarcerated who never received treatment for ADHD. Román et al. (2017) conducted a research study on adult prisoners who had been diagnosed with ADHD. Their study identified that there is a link between offending and ADHD earlier in life. Román et al. indicated that inmates having their first arrest prior to 15 years of age had much higher symptoms of ADHD.

Scully et al. (2014) provided detailed information on peer relationships among youth diagnosed with ADHD. This study provided insight into the behaviors of youth who are involved in the juvenile justice system as well as youth who have not offended. Taşkıran et al. (2017) incorporated family dynamics along with additional social aspects that contribute to juvenile delinquency. The researchers outlined the need for further

research on cognitive behavioral therapy (CBT) for youth with ADHD because these youth are more likely to commit more severe crimes.

Matheson et al. (2013) outlined the need for further detection of ADHD early in life and the need to treat ADHD earlier in life. Their study focused on adults who were already incarcerated and had never received treatment for ADHD.

Brown et al. (2014) identified the importance of building a therapeutic alliance with youth who have been involved in the juvenile justice system. Their study expressed the importance of forming positive rapport with juvenile offender clients. Burke and Loeber (2015) shared information specific to the Stop Now and Plan (SNAP) program used with juvenile offenders. They indicated that community-based programs are likely to help reduce high-risk behaviors. Additionally, they addressed the age at which youth should become involved with interventions. Van der Put et al. (2016) explored aspects relating to juvenile offenders and identified the importance of managing ADHD with specialized treatment. Their article identified specific risks and protective factors among youth with ADHD. Burke and Loeber (2015) shared information specific to the Stop Now and Plan (SNAP) program used with juvenile offenders. The researchers indicated community based programs are likely to help reduce high risk behaviors. The age at which youth should become involved with interventions is also addressed (2015).

Hansson Halleröd et al. (2015) identified the importance of early recognition in acquiring an ADHD diagnosis based on their qualitative work with adults being diagnosed with the disorder. These researchers also indicated the need for understanding

the individual's experiences in treatment in an effort to better tailor treatment to the individual.

Edmunds et al. (2017) explored the use of CBT with youth who had been diagnosed with an anxiety disorder. The researchers were interested in the implementation of CBT based on training obtained from providers. Cohen et al. (2016) identified the use of CBT specific to youth in residential treatment programs who had a history of trauma. Their study explored various opinions that therapists have about effective treatment strategies when treating adjudicated youth. Furthermore, Rosenberg et al. (2014) described the use of various therapeutic techniques that yield effective results with juvenile offenders who are involved in the juvenile justice system.

Research in this area has addressed the perceptions of parents, caregivers, and juvenile offenders (Fridman et al., 2017; Hansson Halleröd et al., 2015). However, little research has provided insight into the thoughts of mental health professionals who work directly with juvenile offenders diagnosed with ADHD (Fridman et al., 2017). CBT is a treatment option for mental health professionals treating this population (Rosenberg et al., 2014).

### **Problem Statement**

The understanding of ADHD and its connection to criminal behavior among juvenile offenders lies within the symptoms of ADHD. Impulsiveness, hyperactivity, and inattention are specific symptoms within a diagnosis of ADHD (National Collaborating Centre for Mental Health, 2018). Haggerty (2019) identified the use of medication as one treatment option to manage ADHD. Psychotherapy is another treatment used to manage

symptoms of ADHD (National Collaborating Centre for Mental Health, 2018). Belcher (2014) shared the need to identify and manage ADHD among youth to deter them from entering the juvenile justice system. Attention span issues, forgetfulness, prolonged mental attentiveness, carelessness, and the inability to manage impulses are a few symptoms present in a diagnosis of ADHD (Reynolds & Kamphaus, 2013).

Haggerty (2019) noted that medication may provide positive effects initially in managing symptoms of ADHD. However, medication does not provide the skills needed to manage living with ADHD. Therefore, a better option might be one that promotes change without the use of medication or that works in conjunction with medication. It is necessary to understand what treatments are being used for ADHD and whether or not therapists who are treating juveniles with ADHD view the treatments as useful in dealing with symptoms of ADHD. One of the most prominent clinical treatment styles used to treat ADHD is CBT (Boyer et al., 2016). The focus of this research was therapists treating delinquent juveniles with ADHD or symptoms of ADHD who incorporated CBT techniques into treatment, and whether they found that CBT was a useful treatment for juvenile offenders diagnosed with ADHD.

Youth left untreated with ADHD may be at a disadvantage and may be more likely to become involved in the criminal system as juveniles and adults (Belcher, 2014). Incarcerated individuals are more likely to have a diagnosis of ADHD than those living in the general population (National Collaborating Centre for Mental Health, 2018). CBT may be a treatment option to reduce offending among delinquent youth with ADHD. CBT is a therapeutic style that is used to manage dynamics of thinking (Cuellar, 2015).



CBT provides mental health professionals with ways to incorporate information on cognitive and behavioral changes into treatment. This study focused on mental health professionals' experiences when providing mental health services, specifically CBT, to juvenile offenders who had been diagnosed with ADHD. CBT promotes positive self-talk, uses positive reinforcement, explores triggers, and implements problem solving (Edmunds et al., 2017). The use of CBT guides individuals to explore their perceptions, negative thought processes, and negative behaviors (Hauswirth, 2019). Aaron Beck developed CBT in the 1960s (Beck, 1993). The underlying focus of CBT is managing negative thinking patterns (Hauswirth, 2019).

CBT may be useful in managing issues associated with ADHD. Taşkiran et al. (2017) suggested the implementation of CBT as a method in need of further exploration when developing strategies to manage problem behaviors. Margari et al. (2015) discussed factors that influence treatment when treating impulsivity, hyperactivity, distractions, and boundary issues associated with ADHD. Research has been conducted on the use of CBT with youth experiencing anxiety; however, more research is needed that is specific to CBT and ADHD.

The primary focus of current research has been on mental health providers' training and consultation (Edmonds et al., 2017), rather than on the perceptions of the provider. Researchers have also provided additional information specifically about helping parents with children who have been diagnosed with ADHD (Cuellar, 2015). Fridman et al. (2017) published a study in which they shared the experiences of parents and caregivers specific to the treatment of ADHD among youth. Parents and caregivers

identified struggles with attaining a diagnosis of ADHD, having few resources were available to them, and experiencing lack of support from school and healthcare (Fridman et al., 2017).

Hansson Halleröd et al. (2015) researched juvenile offenders' experiences with treatment. The parents of juvenile offenders expressed the helpfulness of having a diagnosis, in that they were able to obtain treatment rather than having ADHD undiagnosed and lacking direction about how to help their child (Hansson et al., 2015). An extensive amount of research has been conducted on ADHD, individuals and family members obtaining treatment for ADHD, and other mental health conditions treated by CBT. However, limited research has been done on specific clinical providers' perspectives on the use of CBT with juvenile offenders diagnosed with ADHD.

In existing research in this area, the focus has been on parents, professional training, and caregivers' experiences, while very little has been written on the experiences of clinicians working with juvenile delinquents who have been diagnosed with ADHD. Therapists with experience treating juvenile offenders with ADHD may provide additional insight on their perceptions of the effectiveness of CBT when treating this population. It is important to understand mental health providers' experiences with using CBT treatment for juveniles with ADHD. CBT, used as an ongoing therapeutic treatment method, may be the missing link in creating working solutions for juvenile offenders (Taskiran et al., 2017).

### **Purpose of the Study**

The purpose of this study was to explore mental health professionals' perceptions when working with juvenile offenders who had been diagnosed with ADHD. This study was intended to explore clinicians' perceptions regarding what treatment strategies are best tailored to address the behaviors of juvenile offenders who have been diagnosed with ADHD. Information for this study was obtained from mental health professionals who provided treatment to juvenile offenders.

### **Research Questions**

This qualitative research study had the following primary research question: What are the experiences of mental health professionals when treating juvenile offenders with ADHD? Three subquestions guided the answers to the primary research question.

1. What is the perception of mental health professionals about the most efficacious treatment modality when treating juvenile offenders with ADHD?
2. Do mental health professionals use CBT when treating juvenile offenders diagnosed with, or with significant symptoms of, ADHD?
3. Do mental health professionals perceive CBT as an effective treatment to reduce delinquent or disruptive behavior in juveniles with symptoms or a diagnosis of ADHD?

### **Theoretical and/or Conceptual Framework for the Study**

Rational choice theory and Gestalt/feature intensive processing theory were two theoretical frameworks that grounded the research study. Rational choice theory involves an assumption that individuals will process the costs and benefits of their actions

(Loughran et al., 2013). Cesare Beccari implemented the foundation of rational choice theory through his expectations of humanity (Beccaria, 1764). The theory aligned with this research based on clinicians' perceptions of juvenile offenders' decisions. Youth diagnosed with a mental health disorder may struggle with decisions based on their willingness to think through their problems. CBT allows for youth to learn how to manage their thoughts and make better decisions (Edmunds et al., 2017).

Another theory used for this study was gestalt/feature-intensive processing theory. Gestalt/ feature-intensive processing theory aligned with the intended study in that the theory promotes inclusion of necessary information to help with processing when making decisions (Sharps et al., 2007). The study explored the perceptions of mental health professionals in regard to treatment. The information attained by mental health providers may contribute to implementing better choices. A more in-depth explanation is presented in Chapter 2 regarding the theoretical framework.

### **Nature of the Study**

The nature of the study was qualitative. A qualitative research method was used to afford insight into the perceptions of mental health professionals when providing treatment services to juvenile offenders who struggle with ADHD. A phenomenological research strategy was used. The intention of the study was to explore experiences of mental health providers who provide treatment to juvenile offenders diagnosed with ADHD.

The research was based on deductive reasoning. Deductive reasoning is necessary to build on theories already present (Walden University Center for Research Quality,

2015b). The research that is already present addresses the need for further research to be conducted (2015b). The information derived from interviews with mental health professionals was explored to provide information specific to treatment practices of juvenile offenders with ADHD or symptoms of ADHD.

### **Definitions**

Mental health professionals were the individuals who were needed to complete this study. Mental health clinicians who were eligible for this study included marriage and family therapists, social workers, licensed professional clinical counselors, and psychologists who currently were, or had a background in, treating juveniles or juvenile delinquents with symptoms or a diagnosis of ADHD. For the purpose of this study, juvenile offenders were considered to be individuals 17 years of age or younger. The experiences identified are those experiences specific to the theoretical orientation and skills provided to juveniles with symptoms or a diagnosis of ADHD.

### **Assumptions**

The study involved the assumption that there are various theoretical orientations that are suitable for treating juvenile offenders with ADHD. The assumption can be made that mental health professionals have the ability to address issues surrounding the increasing number of youth who are being incarcerated. Another assumption can be made that mental health professionals are ethical and competent within their scope of service. A final assumption was that ADHD is a contributing factor to criminal behavior among youth involved in the juvenile justice system. These assumptions were necessary, as mental health clinicians ethically need to practice within their competency on a subject;

therefore, it is essential to provide information on best practices and assumptions in regard to this from professionals who are providing this service.

### **Scope and Delimitations**

The research study involved the use of interview questions derived from the health belief model (LaMonte, 2018). Through the interview acquired information specific to the research questions while focusing on the experiences of mental health clinicians. Participants included mental health professionals who provided services to juvenile offenders. The researcher conducted seven interviews with professionals who had experience treating juveniles diagnosed with ADHD.

The delimitations of the study included specifically targeting juvenile offenders who had a diagnosis or symptoms of ADHD. The focus of this study was finding out whether clinicians who had experience treating juveniles with symptoms or a diagnosis of ADHD used CBT as a treatment modality, and whether they found that it was an effective treatment. Clinicians who had not treated juveniles with symptoms of or a diagnosis of ADHD were excluded because they did not fit within the scope of this study. The treatment that best correlates with juveniles with a diagnosis or symptoms of ADHD may be shared with other clinical professionals to implement within their practice with this specific population.

### **Limitations and Assumptions**

Various barriers may arise throughout the research study process. A potential barrier in this study was inability to obtain an adequate sample of mental health professionals who had worked directly with juvenile offenders who had been diagnosed

specifically with ADHD. The understanding of diagnosis and specific diagnoses might have been a barrier for some mental health providers. Another potential barrier was participants' lack of interest in engaging in an interview.

To address these limitations, already-formed public forums and public directories may provide the contacts needed to complete the study. Potential participants may be located through utilizing the state of Iowa's Board of Behavioral Science public license search, by networking with colleagues who might have suggestions on mental health professionals who would be interested in the study, and by using social media platforms such as LinkedIn, to acquire participants. The experiences of the clinicians interviewed might not be transferable to other populations or age ranges, or to persons with other diagnoses.

The study depended upon the willingness of participants to provide their perceptions. It was assumed that the mental health professionals interviewed provided accurate and truthful information to the best of their knowledge and experiences. However, it is unknown as to whether the participants remained truthful. Questions were asked in a manner to allow participants to share information on various therapeutic techniques, rather than focusing on only one theoretical orientation in which the participants might not be competent.

### **Significance**

The study was unique in that it explored the perceptions of mental health professionals who worked with youth involved in the juvenile justice system. The study intends to explore the experiences of mental health treatment professionals regarding the

treatment they found most efficacious for juvenile offenders with symptoms or a diagnosis of ADHD. Clinical perceptions may provide additional insight into treatment efficacy. An understanding of mental health professionals' opinions and thoughts on what treatments are best suited for juvenile offenders with symptoms or a diagnosis of ADHD may provide valuable information when working with this population. This information is important, as it may provide a foundation for success with juvenile offenders who are struggling with managing symptoms of ADHD. Focused CBT interventions may promote healthy coping strategies, improve attentiveness, reduce impulsiveness, and manage irrational thinking. Understanding what constitutes effective treatment for juvenile delinquents with symptoms or a diagnosis of ADHD may have an influence on social change by providing juvenile offenders with efficacious treatment. Successful treatment may provide them with the opportunity to implement changes and become contributing members of society. Subsequent opportunities may include reducing reoffending, minimizing substance abuse, increasing prosocial behaviors, and developing healthier coping strategies by accessing more effective treatment.

### **Summary**

Studies have shown that some juvenile offenses are linked to a diagnosis of ADHD (Van der Put et al., 2016). An understanding of mental health clinicians' perceptions of the use of CBT in regard to juvenile offenders diagnosed with ADHD or displaying symptoms of ADHD may minimize crime among this population through management of impulses and improving thought processes while formulating a foundation to encourage success throughout adulthood. The perceptions of mental health



clinicians who have experience working with juvenile offenders with symptoms or a diagnosis of ADHD on the effectiveness of CBT may provide additional insight toward reducing delinquent behavior.

Chapter 2 provides information on the theoretical foundations of the study. This includes the foundations of counseling and what treatment options are currently being used within the counseling field. A more thorough explanation of the conceptual framework is presented. A full literature review provides sources to support the need for further research in the areas addressed by this study.

## Chapter 2: Literature Review

### **Introduction**

The experiences and perceptions of mental health professionals regarding effective treatment strategies for juvenile offenders struggling with symptoms of ADHD were the focus of this research study. Research has shown the need for early detection of ADHD and early implementation of treatment in order to avoid criminal activity and incarceration in adulthood (Belcher, 2014). Buitelaar and Ferdinand (2016) reported that 56% of adult criminals are incarcerated without an ADHD diagnosis after having involvement in mental health services prior to incarceration. Additionally, Newlove-Delgado et al. (2019) conducted a qualitative study to gather general practitioners' perspectives on managing ADHD in patients moving into adulthood. Their study indicated that general practitioners believed that referrals should be provided to specialists who work primarily with ADHD.

Underwood and Washington (2016) acknowledged the presence of mental health disorders in all offender populations, regardless of age. Although numerous studies have provided data on the relationship among juvenile offenders and various treatment options with various disorders, limited data have been collected based on the experiences of mental health clinicians working with juvenile offenders displaying symptoms of or having a clinical diagnosis of ADHD.

Aspects of ADHD are discussed in Chapter 2. The theoretical foundations of counseling, along with treatment options available for juvenile offenders who have been diagnosed with ADHD or who are demonstrating symptoms of ADHD. Additionally, I

address the lack of information in the current literature on the perceptions of mental health clinicians working with this population. The goal helps to identify the best therapies. It has yet to be discovered what the best treatment option is for juvenile offenders struggling with ADHD, or symptoms of ADHD, based on the perceptions of mental health providers.

### **Literature Search Strategy**

The literature search was specific to juvenile offenders, ADHD, theoretical orientations, treatment options, and mental health provider experiences. The following databases were used for the period 2014 to 2020: EBSCOhost, Google Scholar, PsycINFO, and SAGE Journals. The following keywords were used in searches: *attention deficit hyperactivity disorder (ADHD), juvenile offender, mental health clinician, mental health therapist, perspectives, treatment of ADHD, and theoretical orientation.*

This research study sought to explore mental health providers' experiences of working with juvenile offenders with symptoms or a diagnosis of ADHD. Most research articles that were available on this topic did not directly address mental health providers' experiences. Furthermore, there were limited data on mental health providers' experiences with juvenile offenders who showed symptoms of ADHD or had an ADHD diagnosis. Previous research studies focused on aspects of treatment by mental health clinicians rather than on clinicians' direct experiences. Other studies focused on treatment of ADHD prior to juveniles' involvement in the juvenile justice system, the direct experiences of juvenile offenders, and experiences of juvenile offenders' parent or parents. For example, Beckford (2016) provided a case report on a juvenile's journey that

led to a diagnosis of ADHD and involvement within the juvenile justice system. Such research did not provide the information needed directly from mental health providers' experiences.

### **Theoretical Foundation/Conceptual Framework**

#### **Rational Choice Theory**

Juvenile offenders become involved in the juvenile justice system based on their decision making (Nagelc2016). Impulsiveness and inability to process potential outcomes prior to acting are contributing factors to ADHD (Scully et al., 2014). Cesare Beccari developed rational choice theory (Beccaria, 1764). According to rational choice theory, individuals are able to make appropriate decisions based on their ability to decipher the costs and benefits of an action prior to taking that action (Loughran et al., 2013).

Rational choice theory aligns with juvenile offenders struggling with ADHD, given that decision making is necessary in both the symptoms of ADHD and rational choice theory. A youth who demonstrates the ability to make healthy decisions based on benefits would not become involved in the juvenile justice system, given that such an individual would have the tools needed to make wise choices and decisions based on rational choice theory. The criteria that make up ADHD are congruent with Rational choice theory. An impulsive youth makes irrational choices believing that they are rational based on their thought processes when making decisions (Nagel et al., 2016). Shon and Barton-Bellessa (2015) acknowledged that proponents of Rational choice theory recognize opportunity and how opportunity influences crime. Alfred Adler contended that criminals use rational thoughts to strategically plan their intended crime

(Shon & Barton-Bellessa, 2015). Youth with ADHD make impulsive decisions or cannot concentrate for a sustained period of time, resulting in the inability to plan a crime prior to committing it.

Youth diagnosed with ADHD may not have the attention span needed to logically weigh the costs and benefits of a situation (Sonuga-Barke et al., 2016). Additionally, various symptoms of ADHD, such as forgetfulness, impatience, excessive talking, and hyperactivity, contribute to the inability to fully assess the information needed to make an appropriate decision. The inability to spend time focusing on potential outcomes contributes to making poor decisions. Analyzing automatic thought processes is necessary to provide an understanding of which theoretical orientation is best suited based on the perceptions of mental health clinicians.

Klein and Egan (2018) conducted a study on whether or not rational choice theory can be used as a means to minimize behaviors based on punishment. The researchers examined the use of rational choice theory in regard to punishment. The study found that crime among high school students tends to occur in relation to the amount of disorder within the school environment, rather than focusing on past punishments. Furthermore, rational choice theory indicates that punishment is not an effective means of minimizing behavioral issues. Klein and Egan's study is similar to the current study in that the researchers sought to understand additional ways of improving behaviors through the use of rational choice theory. This study addressed only a negative cost, the punishment, rather than focusing on viewing both the costs and the benefits of behaviors at school.

### **Gestalt/Feature-Intensive Processing Theory**

Choices are a dominant indicator as to whether a juvenile will become involved in the juvenile justice system (Nagel et al., 2016). Gestalt/feature-intensive processing theory, founded by Sharps, addresses the implementation of new information to influence processing when making decisions (Sharps et al., 2007). Gestalt/feature-intensive processing theory addresses the lack of good decision making when one is provided with adequate information to make a sound decision (Sharps & Martin, 2002). Sharps and Martin (2002) explored mindlessness and the difficulty with understanding why humans, as intelligent beings, are able to make “mindless” decisions.

This research study seeks information needed to understand the most appropriate therapeutic orientation when encouraging positive decision making among juvenile offenders showing symptoms of, or having a diagnosis of, ADHD. ADHD symptoms impact an individual’s ability to process provided information, yet the individual makes negative decisions (American Psychiatric Association, 2013). Sharps and Martins (2002) conducted a study that focused on memory and the use of constructive information when making decisions. The study examined the need for information to be current and within working memory in order to contribute to making necessary and positive decisions. Their study demonstrated that when information is current and available to make a positive decision, it is likely to result in positive decision making.

ADHD relates to Gestalt/ feature-intensive processing theory because ADHD impacts an individual’s cognitive ability when making decisions. Whether an individual’s ADHD subtype is inattentive or hyperactive, processing information has been proven to

be problematic in cases of ADHD (Sonuga-Barke et al., 2016). The idea of having current, detailed information available to juvenile offenders showing symptoms of or having a diagnosis of ADHD could be factored into the most effective therapeutic orientation to help mental health clinicians when providing services to this population. The use of Gestalt/ feature-intensive processing theory aligns with treatment aspects needed when working with juvenile offenders struggling with symptoms of or a diagnosis of ADHD.

The research questions addressed the need to understand the best theoretical orientation used by mental health clinicians for the population of interest. The research questions were also developed to obtain a better understanding of mental health clinicians' perspective on the use of psychoanalytic, person-centered, behavioral therapies, family systems therapy, and integrative perspectives with this specific population. The study may provide further understanding of the importance of the use of current information when working with individuals and youth diagnosed with ADHD. The study could provide additional information on which therapeutic orientation is the most fitting model to manage decision making among youth struggling with symptoms or a diagnosis of ADHD.

### **Literature Review Related to Key Variables and Concepts**

#### **Attention Deficit Hyperactivity Disorder**

Studies have shown that the absence of diagnosis and treatment in individuals with ADHD increases the likelihood of becoming incarcerated later in life (Belcher, 2014). In the United States, over 6 million children have been diagnosed with ADHD

(Centers for Disease Control and Prevention [CDC], 2019b). ADHD is the leading diagnosed disorder in 3- to 17-year-old children, followed by anxiety, behavior disorders, and depression (CDC, 2019b). Among youth who have been diagnosed with ADHD during childhood, 50% will continue to have symptoms of ADHD into adulthood (Ramsay, 2017). Soltis et al. (2017) conducted a study that contributed to the understanding that youth diagnosed with ADHD have an increased chance of becoming involved in the juvenile justice system compared to youth who do not have an ADHD diagnosis.

The juvenile justice system in the United States has transitioned from instilling treatment to manage delinquent behaviors stemming from mental health factors to a more punishment-oriented perspective (Nagel et al., 2016). This movement has influenced the increasing number of youth in the criminal justice system who have a mental health disorder. Furthermore, Beckford (2016) identified the importance of acquiring treatment for ADHD early in life to prevent future criminal involvement. The Mayo Clinic (2019) reported that children may be diagnosed with ADHD as early as 3 years of age. Matheson et al. (2013) recognized that a diagnosis of ADHD given during the adolescent years may occur too late to minimize criminal involvement later in life. ADHD is best managed when diagnosed early in life with the implementation of treatment.

Youth with an ADHD diagnosis are at a greater likelihood of acquiring a dual diagnosis (Young et al., 2015). Additionally, those individuals involved in the justice system as well as having an ADHD diagnosis are more apt to have comorbidities (Young et al., 2015). Soltis et al. (2017) conducted a study that reported that 11.12% of youth



with ADHD hold a dual diagnosis of oppositional defiant disorder (ODD) or a conduct disorder (CD). Comorbidity with a diagnosis of ADHD increases the chances of becoming incarcerated as a juvenile .

There is not a direct cause of ADHD, yet there are some factors that should be considered (Mayo Clinic, 2019). Genetics may be a contributing factor when a child or youth has a parent or sibling who has a diagnosis of ADHD. Additionally, a family member who has a diagnosed mental disorder may also be a factor that aligns with an ADHD diagnosis. Contact with environmental contaminants, such as lead paint, is another potential cause. Children who are born prematurely are at a higher risk of acquiring ADHD. Lastly, youth with a mother who engaged in drug use or alcohol use, or who smoked while pregnant, may have higher chances of obtaining a diagnosis of ADHD.

An early diagnosis of ADHD not only contributes to reducing the risk of criminal involvement, but also improves self-esteem and feelings associated with loneliness (Zahmacioğlu & Kiliç, 2017). Self-esteem issues throughout the teenage years combined with a diagnosis of ADHD encourage negative thought processes, which may promote dangerous decision making such as becoming involved in drug activity or other hazardous behaviors to fit in or allow oneself to feel better. Untreated symptoms of ADHD provide opportunities for peers to criticize and judge, resulting in difficulties with peer relationships and social concerns (Mayo Clinic, 2019). The researchers reiterated the importance of securing an ADHD diagnosis as early as possible to avoid further psychological problems before they develop. It should be noted that ADHD does not

cause psychological problems; however, ADHD may contribute to additional behavioral problems (Mayo Clinic, 2019). Furthermore, developmental conditions are not a direct cause of ADHD but can be contributing factors to difficulties with managing other behavioral or developmental disorders.

Young et al. (2018) reported that an immense number of adult inmates housed in the prison system have been diagnosed with ADHD. Youth who engaged in crime early in life are among those who have a diagnosis of ADHD or symptoms of ADHD (Young et al., 2018). Young et al. (2018) identified those individuals who have a diagnosis of ADHD or show symptoms of ADHD as possessing a higher likelihood of conviction, arrest, and imprisonment as adults. Furthermore, ADHD is largely misdiagnosed or underdiagnosed, thus contributing to crime problems among juveniles and adults.

For purposes of this study, an ADHD diagnosis as well as symptoms of ADHD are implemented. This includes juvenile offenders who are experiencing symptoms but have not formally been diagnosed with ADHD. The criteria for ADHD are congruent with the symptoms presented in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2013).

ADHD is a diagnosable disorder that impacts an individual's ability to function as well as causes developmental deficiencies (American Psychiatric Association, 2013). Primary care physicians and mental health professionals are individuals who are qualified to provide an ADHD diagnosis (CDC, 2019d). In order to have an ADHD diagnosis, an individual must struggle socially, academically, or occupationally based on the individual's developmental ability or diminished functioning within these settings.

Additionally, the symptoms presented in order to obtain a diagnosis of ADHD must not be associated with other diagnoses of a behavioral nature.

ADHD may be diagnosed as inattentive, hyperactive, or a combination of inattentiveness and hyperactivity (National Collaborating Centre for Mental Health, 2018). More recently, ADHD has been recognized as a person's inability to regulate themselves to acquire future achievements (Ramsay, 2017). This has become more of a focus than the idea of being solely inattentive or hyperactive.

Six or more of these symptoms must be present for at least a 6-month period to obtain a diagnosis of ADHD (American Psychiatric Association, 2013). The symptoms of ADHD, inattentive type, include inability to pay attention, difficulty in following through with tasks or instructions, organizational problems, challenges with tasks or activities that involve a lengthy time devoted to thought and processing, losing items, and forgetfulness. For a diagnosis of ADHD of the hyperactive-impulsive type, the following symptoms may be persistent: fidgeting, difficulty staying seated, restlessness, becoming involved when there is not a need for involvement, talking endlessly, impatience, and interrupting others frequently. For an accurate diagnosis, it is necessary for many of these symptoms to have surfaced prior to 12 years of age, in two or more settings, and not be better explained by an alternative diagnosis.

The symptoms of ADHD are not always recognizable throughout the early years of life (Revathi et al., 2018). A lack of symptom recognition minimizes the opportunity to provide adequate treatment at an early age. Additionally, many adults who do have an ADHD diagnosis did not obtain a diagnosis and treatment until they had entered into

adulthood (Ramsay, 2017). Many of the symptoms present in an ADHD diagnosis are present among children who do not have a behavioral related problem (Mayo Clinic, 2019). Children and youth may present with a high energy level or have difficulty remaining focused for long periods of time based on their interests alone (2019).

Revathi et al. (2018) explored problem areas among youth who have been diagnosed with ADHD. The most common symptoms were restlessness, disorganization, distraction, overly talkative, and forgetfulness. These symptoms lead to more problems such as poor sleeping habits, physical ailments, and lack of time management, inability to complete tasks, or refuse to engage in activities due to the absence of drive. Also, the inability to remain focused causes problems with communication, organization, anger, and other stress related emotions (Revathi et al., 2018).

### **Attention Deficit Hyperactivity Disorder and Comorbidity**

Further discussion regarding comorbidity and involvement in the juvenile justice system is necessary. Findik et al. (2019) address the need for early intervention of ADHD as this is the most common diagnosis among youth involved in the juvenile justice system. Substance use, conduct disorder, ADHD, and intellectual disability are the most diagnosed disorders among juvenile offenders (2019). According to the CDC (2019b) there are 6.1 million children, aged 2 to 17 who have been diagnosed with ADHD. Of these 6.1 million children, 388,000 children are between the ages of two and five years, 4 million children are between the ages of 6 and 11, and 3 million are 12-17 years old (CDC, 2019b). Oppositional defiant disorder is another diagnosis that has been commonly found among juvenile offenders (Aebi et al., 2016).

Findik et al. (2019) reported nearly 70% of youth in the researcher's study regarding recidivism had one disorder while approximately 45% had co-occurring disorders. The researchers indicated ADHD consisted of 43.6% of the diagnoses, 34.5% of youth were diagnosed with depression with anxiety following. All of these youth held a combined diagnosis involving substance use. It is important to note the earlier the onset of substance use results in an increased chance of reoffending later in life. Findik et al. (2019) reaffirm the necessity for early intervention of ADHD as this is the most common diagnosis these youth. The use of substances may be minimized by initially managing the ADHD diagnosis (2019). As identified, co-occurring diagnoses are a possibility when working with juvenile offenders. The use of substances and symptoms of withdrawal need to be taken into consideration when providing a diagnosis of ADHD (CDC, 2019a).

When diagnosing ADHD other diagnosis possibilities are taken into consideration. Mental health professionals must ensure other diagnoses are not more suitable when compared to the symptoms of ADHD. For example, anxiety should be diagnosed if the client presents with the criteria for anxiety better than the criteria for ADHD (American Psychiatric Association, 2013). A generalized anxiety diagnosis has symptoms similar to ADHD such as feelings of restlessness or the inability to concentrate. ADHD does not include symptoms of worry (2013). It is essential to identify that ADHD should not be diagnosed should symptoms only surface during episodes of schizophrenia or other psychotic disorders (American Psychiatric Association, 2013). Mullet and Rinn (2015) report additional aspects such as a child's age and environments should be acknowledged prior to making an ADHD diagnosis.

Furthermore, the differences among a conduct disorder and oppositional defiant disorder should be acknowledged. Youth diagnosed with one or both of these disorders present with aggressive behaviors (American Psychological Association, 2013). Those individuals with oppositional defiant disorder are less aggressive and tend to have difficulty regulating their emotions effectively. The frustrations surrounding completion of tasks can result in negative emotions resulting in a comorbid diagnosis of ADHD and oppositional defiant disorder. The main difference of ADHD diagnosis when compared to conduct disorder or oppositional defiant disorder is the symptoms do not occur in an aggressive manor that challenges other's rights and the norms of society (2013).

According to the CDC (2019c) there are alternative diagnoses that mimic ADHD symptoms. This includes, but not limited to anxiety, depression, conduct disorders, or behavioral issues. Learning disabilities and sleep related disorders may also portray symptoms of ADHD (CDC, 2019c). Depression may present with symptoms that are similar to ADHD in a youth's inability to concentrate (American Psychological Association, 2013). Learning disabilities may copy some symptoms of ADHD such as inattention (2013). Of the 6.1 million children diagnosed with ADHD in the United States, research has shown 50% of these youth also have a diagnosis of conduct disorder or another behavioral disorder. Furthermore, 3 out of 10 children have been diagnosed with anxiety alongside their ADHD diagnosis (CDC, 2019b). The statistics outline the importance of acquiring an ADHD diagnosis early.

## **Juvenile Offenders**

Brown et al. (2014) expressed the importance of forming a therapeutic alliance when providing mental health services to youth who are involved in the juvenile justice system. For purposes of this study, juvenile offenders are classified as individuals ranging from the age of 12 to 17 years old. Juvenile offenders in which mental health providers have worked with are required to have previous involvement in the juvenile justice system or are currently involved in the juvenile justice system living in the United States of America. The crime committed or level of crime are not necessary for this study as long as there is involvement with the juvenile justice system. This process may range from sentencing to juvenile probation to being detained within a juvenile detention center. Link et al. (2016) acknowledge there has been an established connection between mental health disorders and violence.

Juvenile offenders have provided self-reported data on educational struggles, family issues, peer relationships, crime, and antisocial tendencies (Margari et al., 2015). Researchers discovered there was a higher chance of committing crime among these youth who have been diagnosed with ADHD. The researchers also identified there was a likelihood of an inaccurate number of youth reporting they have ADHD (2015). Scully et al. (2014) acknowledge the vast overpopulation in the prison system with adult criminals who have a diagnosis of ADHD. Prisons are more populated with individuals with a diagnosis of ADHD than those individuals not involved in the criminal justice system. Furthermore, the researchers identify those criminals with hyperactive and impulsive ADHD symptoms are more likely to engage in criminal activity due to response

inhibition (2014). More in depth research specific to the direct experiences of mental health clinicians may provide further information specific to ADHD among this population.

### **Mental Health Clinicians**

Few studies have provided data specific to mental health clinician experiences when working with juvenile offenders (Fridman et al., 2017). More specifically, limited data has yet to be presented on the mental health clinician's own experiences when working with juvenile offender's showing symptoms of or having a diagnosis of ADHD. Hansson Halleröd et al. (2015) identified the need to have an understanding of the experiences of juvenile offenders diagnosed with ADHD or demonstrating symptoms of ADHD. Extensive research has been conducted on gathering the experiences of caregivers, parents, and juvenile offenders (2015). Additionally, experiences of teachers who work with youth with ADHD or symptoms of ADHD has been completed (Wienen et al., 2019). Furthermore, Ghossoub et al. (2017) identified ADHD and conduct disorder are among the top psychiatric illnesses in the world. This results in a great need for further awareness and specialized treatment (Ghossoub et al., 2017).

Mental health clinicians include those individuals who are licensed within the state they reside to provide mental health counseling. The following are acceptable licensures for the purposes of this study: Licensed Mental Health Counselor, Licensed Professional Counselor, Licensed Independent Social Worker, Licensed Marriage and Family Therapist and Licensed Master Social Worker. These mental health clinicians



may include master's level therapists who possess a temporary license within their practicing state.

These clinicians must have experience with providing mental health therapy to juvenile offenders diagnosed with ADHD or demonstrating symptoms resembling ADHD. The clinicians are encouraged to share their experiences with their particular theoretical orientation or approach when working with this population. Brown et al. (2014) reported the importance of the therapeutic relationship based on juvenile offender's perceptions when involved in therapy services. Juvenile offender perceptions were identified as being positive or negative based on the mental health provider's way of conducting therapy. The researchers identified the importance of remaining aware when working with juvenile offenders due to their vulnerability (2014).

The study focuses on obtaining an understanding of the most effective treatment option for juvenile offenders struggling with managing symptoms of or having a diagnosis of ADHD through direct provider experiences. Fridman et al. (2017) provide data that reports behavioral therapy should be implemented and utilized prior to the use of medication management for youth struggling with ADHD. Additionally, allowing youth with ADHD to have a say in their treatment and medication increases the chances of having a successful treatment (Eccleston et al., 2019).

### **Theoretical Orientation**

Mental health clinicians utilize specific theoretical orientations in which they provide therapeutic services to their clients (American Psychological Association, 2019). Theoretical orientations are among five different approaches: psychoanalysis or

psychodynamic therapy, behavioral therapy, family systems therapy, humanistic, and integrative or holistic approaches. The use of theoretical orientations allows mental health clinicians to provide treatment tailored to specific clientele struggling with specific issues (2019). Research has shown theoretical orientation does not impact treatment outcomes as much as treatment options do (Holm et al., 2018). Garcia et al. (2019) expressed the importance of mental health professional's expectation to obtain a solid understanding of the theoretical orientation along with delivery of evidence-based practices they are utilizing with clients to ensure positive outcomes.

Psychoanalytic theory derives from Sigmund Freud's thoughts on early life and "life instincts" (Freud & Brill, 1916). This theory allows mental health professionals to focus on the id, ego, and super ego when providing therapy. The understanding of unconscious and conscious are analyzed within this theoretical orientation (Freud, 1920). This may be done through examination of dreams and psychotic symptoms among other strategies presented by Freud (1920). Mental health professionals focus on the development of the personality when using this approach. This therapeutic orientation uses minimal self-disclosure among the therapist while focusing on strengthening the ego and allowing for more understanding of the conscious rather than the unconscious (1916). B.F. Skinner (1990) reported mental health professionals who follow a psychoanalytic approach often use introspection where the understanding comes from the thoughts and feelings of the professionals themselves.

Person centered theory is another theoretical orientation utilized among mental health professionals. This humanistic approach originated by Carl Rogers in the 1940's

(Rogers, 1949). Rogerian psychotherapy is derived from a person centered theoretical orientation. Mental health professionals are cognizant of the importance of the client and therapist relationship when implementing this approach. The relationship is kept at the forefront of therapy as this component encourages trust and support. Mental health professionals who utilize a person centered dynamic promote self-direction. The client views and understands the therapist as being real, a human, and supportive. This dynamic allows for forward movement on the client's part (1949). The client is able to progress through therapy based on the direction the client chooses to take during therapy. The use of and process of self-actualization is a key component of person centered theoretical orientation. The process of the client entering into therapy is incongruent and the therapist being congruent, which is recognized as being genuine, while implementing unconditional positive regard promotes a growth mindset for the client. The use of person centered theory is very non-directive in regards to the therapist's role when providing therapy with clients. The therapist utilizes empathy as a positive way to continue to the therapeutic relationship (Rogers, 1946).

Behavioral therapy is a theoretical orientation utilized by mental health providers when working with clients. Behavioral therapy is different in regards to other theoretical orientations as the examination of behaviors is observable (Skinner, 1990). Behavioral therapy focuses on the underlying determining factors of behaviors and experiences promoting change. Behavioral therapy implements strategies specific to each client making it uniquely tailored to the client. The use of assessments and evaluations are necessary when utilizing behavior therapy (1990). Behavioral therapy has been used to

treat depression, anxiety, substance abuse, domestic violence, eating disorders, sexual related issues, and other disorders (Beck, 2006).

B.F. Skinner, Ivan Pavlov, Aaron Beck, and Albert Bandura are founding fathers of the different forms of behavioral therapy (Rachman, 2015). Behavioral therapy was developed in the 1950's and 1960's. There are four specific theoretical orientations formed within behavioral therapy: classical conditioning, operant conditioning, social learning theory, and CBT. Ivan Pavlov (1928) created classical conditioning based on the natural reactions of a dog in regards to positive associations. Classical conditioning is a process. The process as a whole provides a stimulus that is desired only when another stimulus is present. Eventually, the stimulus is desired when alone rather than when paired with another stimulus (1928). Operant conditioning evolved from B.F. Skinner (Skinner, 1990). Unlike classical conditioning, operant conditioning focuses on positive reinforcement and the use of consequences and punishment to deem a behavior undesirable (Skinner, 1938). Furthermore, Albert Bandura formed social learning theory (Bandura, 1969). Bandura explored behaviors based on the use of modeling. Bandura believed behaviors of others were tailored towards the modeled behavior exposed to (1969).

Lastly, CBT was developed by Aaron Beck (Beck, 2006). Beck's use of CBT examines the client's thought distortions based on automatic thoughts the client was not cognizant of prior to engaging in therapy services (2006). CBT is built on three hypotheses (Beck & Dozois, 2011). The first, access hypothesis, allows clients to identify the content and processes involved in their thinking. The second hypothesis, mediation,

addresses how a person's thinking processes impact their emotions and behaviors in relation to events. Change is the third hypothesis. An individual's ability to change is a possibility dependent upon the individual's willingness to change their emotions and behaviors when events arise. Essentially, CBT is a process of recognition, understanding, and change implementation.

CBT is unique in that it allows for the therapist and the client to work together to promote growth (Beck & Dozois, 2011). A strong therapeutic relationship is necessary when utilizing CBT. Clients are able to shift from the therapist identifying and addressing problems that need attention to the client recognizing and implementing change over time. CBT allows for changes in schemas and cognitive functioning. Clients may present to therapy with deep rooted issues or have more external problems they wish to manage. CBT is dynamic and used most often by mental health clinicians when working with various mental health diagnoses. The long term effects have proven to minimize relapse (2011).

CBT may be utilized in varying forms to allow for treatment of various disorders. Mindfulness based CBT has been proven to be effective in managing anxiety, depression, and negative emotions related to psychological functioning in college aged individuals (Polo-López et al., 2016). Trauma focused CBT has been proven to be effective for children diagnosed with posttraumatic stress disorder (Lindebø et al., 2019). Normann et al. (2015) reiterate the success of CBT when utilized with children struggling with anxiety as it changes metacognitions. Data is limited on the use of CBT when utilized with juvenile offenders struggling with ADHD or symptoms of ADHD.

Family systems is a theoretical orientation utilized to address problems from a family dynamic perspective (Murray Bowen, 1966). Family systems therapy examines social interactions that may be negative and provides an understanding to family members on how their actions may or may not be reinforcing the negative social behavior (Fosco & LoBraico, 2019). The use of family systems has focused on conduct disorders among adolescents. Fosco and LoBraico (2019) provide information on the lack of supervision and structure as a component that participates into disengaged adolescent family members. These youth then acquire relationships with others who have similar disengagement with family members which results in negative choices. There are subsystems that provide an explanation into the spiral downfall of the family system. The goal of family systems therapy is to create a family dynamic that functions as a whole rather than through various subsystems that promote problematic behaviors (Fosco & LoBraico, 2019).

Integrative perspectives are utilized among mental health professionals who prefer to incorporate more than one theoretical orientation when providing therapy services (General Critique of Techniques of Psychotherapy, 1955). This practice is known to be “eclectic” which is characterized as the avoidance of identifying a specific technique resulting in the absence rationalizing theoretical importance. Integrative perspectives by mental health professionals promote a belief that using more than one theory will provide a greater outcome than using a single theory (Ponzo, 1976). Furthermore, the use of an eclectic approach to therapy may provide insight into areas of therapy that other orientations may overlook. Unlike Freud, mental health professionals

who incorporate integrative practices into their theoretical orientation tend to disagree with the idea of utilizing practices that are not concrete as they view this as an avenue for client's to avoid addressing a problem (Truax & Carkhuff, 1964). Ponzo (1976) addresses the importance the therapist needs in the acknowledgment of various expectations within therapy. This may include awareness of the client issues at hand, cognitive change or shifting, and changing of behaviors (Ponzo, 1976). Utilization of various theoretical orientations allow for the process of change to occur effectively among clients (Ponzo, 1976).

### **Treatment Options**

Mental health clinicians utilize various treatment options to treat ADHD. Some treatment strategies are implemented individually while others conjoin more than one treatment option. Arnold et al. (2015) identify ADHD is treatable by a combination of therapy and medication when used conjointly. Research has shown incorporating family into treatment is essential when working with youth diagnosed with ADHD prior to six years (CDC, 2019d). Arnold et al. (2015) express the use of both therapy and medication is the best treatment option for long term improvements. The CDC (2019a) supports the implementation of more than one treatment option.

Haggarty (2019) reported that one means to manage ADHD is the use of medication. Medications come in the form of stimulants and nonstimulants (Tartakovsky, 2019). Young et al. (2018) reported that nonstimulant medications are recommended for individuals under the age of 18. Guanfacine and atomoxetine are two medications that have been proven to be effective among youth with ADHD (2018). The CDC (2019d)

report children who are prescribed a stimulant medication present with fewer symptoms. Non stimulant medication is different as less doses are needed due to the length of time the medication works in the body. Stimulants work rather quickly to manage symptoms of ADHD (2019).

McLennan and Sparshu (2018) provide further insight into utilization of stimulant medications. It is recommended that if a stimulant does not prove to be effective from one group of medication then it is necessary to try another class of medication. Should an amphetamine based medication be unsuccessful in treating symptoms of ADHD then a methylphenidate type medication should be utilized. Non-stimulant medications should be implemented when stimulant medications are proving to not be beneficial. Researchers identify medication should be attempted at a later date should it not be effective when initially used (2018). It is important to note children who have taken atomoxetine has been reported to be beneficial in managing symptoms of ADHD only when not having a personal history of abuse (Sugimoto et al., 2015). This data suggests the need for additional treatment aside from medication alone.

It is important to note, Heins et al. (2016) address medication is not a guaranteed treatment option as medication is dependent upon the diagnosis provided. The researchers found the ability to acquire a medication for ADHD was more likely if parents or family members had current medication or a history of medication (Heins et al., 2016). ADHD is known to be a genetic condition (Silva et al., 2019). Age plays a factor in whether or not medication will be prescribed as teenagers are more likely to acquire a prescription for ADHD medication when compared to younger aged children (Heins et al., 2016) Boys



are more likely to obtain medication compared to females yet not specifically for ADHD but for more behavioral problems (Heins et al, 2016).

Tartakovsky (2019) acknowledges the importance of engaging in treatment options that include both medication management as well as therapeutic services. Walls et al. (2018) conducted a research study to examine the treatment combination of behavioral therapy and medication. The study generated results that are congruent with Tartakovsky's research outcome yet a large discrepancy of follow through on either medication management or therapy services does not allow for a thorough understanding of the outcome of using a conjoined treatment method (Walls et al., 2018).

Medications may not be the most effective strategy for all juvenile offenders diagnosed or struggling with symptoms of ADHD (Matheson et al., 2013). Medication may have side effects that does not allow for continued use of a specific prescription. A common problem involves a lack of follow through on the individual's part to take the medication as prescribed. Some physicians are also reluctant to prescribe medications for ADHD. Additionally, some individuals reported the use of medication hindered their ability to learn to cope with the dynamics of ADHD (Matheson et al., 2013). Pek-Ru et al. (2017) acknowledge parents have two main misconceptions that hinder the treatment of ADHD among their children. First, parents are not in a position where it is believed that hyperactive behavior warrants treatment (Pek-Ru et al., 2017). Second, there is minimal understanding among parents of the diagnosis of ADHD itself. The lack of educational aspects contribute to the lack in treatment of ADHD.

Acknowledging the struggles in regards to coping is essential when addressing treatment options. The misuse of medication aligns with coping inabilities (Gonzalez et al., 2017). Self-medicating is a problem among individuals diagnosed with ADHD. Higher uses of methadone and amphetamines have been reported among this population. Cocaine and alcohol have been utilized as a form of self-medicating. The researchers indicated self-medicating is a prominent problem among those individuals diagnosed with ADHD and additional co-occurring mental or substance abuse disorders (2017).

The CDC (2019a) encourages parents to engage in services that enhance parenting skills. These services can may be provided through certified therapists who work with parents of children with ADHD. This process has been proven to be beneficial for families with children ranging from 4 to 6 years old. The focus of these sessions is encouraging parents to remain consistent with providing their children discipline as well as providing positive reinforcements (2019).

Integration of schools into the treatment of ADHD is also a necessary factor in successful management of ADHD. The CDC (2019a) encourages parents to request an Individual Educational Plan (IEP) or a 504 plan to help accommodate symptoms of ADHD through individualized plans while in a school setting. Enforcing positive interactions within the classroom as well as other accommodations, such as allowing breaks, allowing smaller assignments, or allowing the child to make decisions may be helpful in managing symptoms of ADHD throughout the school day. Ensuring the youth is able to provide input into their accommodations to help identify what will and will not work is essential (2019).

Evren et al. (2019) recognize individuals with ADHD are unable to cope in an effective and healthy manner which results in additional mental health and substance abuse related problems. Molina et al. (2014) report alcohol use disorder is strongly connected to ADHD among youth. The individuals studied were more likely to lack age appropriate defense mechanisms which contributes to the difficulties experienced by an ADHD diagnosis (Evren et al., 2019). Community based services have been reported to be beneficial in managing high risk behaviors (Burke & Loeber, 2015).

Community based services allows the community and those in need in the community to address issues with the least restrictive format (Child Welfare Information Gateway, n.d.). Many community based services are available to people in the community or provided in the home (Medicaid, 2014). Mental health therapy, substance abuse counseling, behavioral health services, psychiatry, and groups targeted at specific issues are examples of community based services. Taskiran et al. (2017) identified CBT may be a treatment option that is most fitting for juvenile offenders. Additional research is needed in order to obtain a more thorough understanding of how CBT manages problem behavior (Taskiran et al., 2017). Research has indicated mediation and mindfulness approaches are utilized at times as well (Winters & Beerbower, 2017). A type of CBT, dialectical behavioral therapy (DBT), has proven to be effective for managing ADHD symptoms among adult clients however a lack in evidence based procedures to prove it is beneficial for use with children exists (Meyer et al., 2019). Treatment specific to parents of children with ADHD has proven to be effective in managing ADHD related behaviors (Haack et al., 2017). Enhancement of parenting skills

provides youth with ADHD better ability to demonstrate organizational skills and behave more appropriately in social aspects (2017).

Young et al. (2018) identifies further research is needed on specific clinical models that are implemented with this population. Additionally, the implementation of additional practices is essential to a positive outcome of ADHD (Young et al., 2018). This includes, but is not limited to, psychoeducation, occupational aspects, psychological problems, and implementation of mentor programs. Ensuring individuals diagnosed with or managing symptoms of ADHD have a thorough understanding of ADHD itself is necessary. In addition, providing individuals with information specific to the possibility to manage self-control through the use of treatment (2018). Margari et al. (2015) explain the need for further information specific to ADHD and juvenile offenders as research is limited specific to this diagnosis with this exact population. Young et al. (2018) expressed the integration of tailored treatment would expect to promote positive outcomes for offenders and society as a whole. López-Pinar et al. (2018) express psychological treatment is extremely effective for adults who struggle with ADHD.

### **Summary and Conclusions**

The literature review demonstrates the intersecting aspects of juvenile offenders diagnosed with or demonstrating symptoms of ADHD, treatment options, and the foundational theories behind treatment. The research recognizes the areas lacking specifically to juvenile offenders experiencing symptoms of ADHD or a diagnosis of ADHD (Eccleston et al., 2019). The literature provides necessary information specific to treatment options available based on theoretical orientations. The research also validates

limited knowledge on mental health provider's own experiences with providing these treatments and the outcome of utilizing different treatment options specifically with juvenile offenders diagnosed with or presenting symptoms of ADHD (Fridman et al., 2017).

The present research study may provide insight into the actual experiences of mental health providers who work directly with juvenile offenders struggling with symptoms of or a diagnosis of ADHD. Nagel et al. (2016) acknowledge further research is needed among juvenile offenders regarding their mental health, specifically ADHD, and the negativity that evolves from being unable to make informed decisions. The study may provide knowledge on which treatment option is most fitting for mental health providers to utilize when working with juvenile offenders with ADHD or symptoms of ADHD. Research design and methodology is provided in Chapter 3. Participant sampling methods, data collection, data analysis, and ethical expectations was addressed.

## Chapter 3: Research Method

### **Introduction**

The purpose of this qualitative research study was to gain an understanding of the perceptions of mental health practitioners about working with juvenile offenders diagnosed with or struggling with symptoms of ADHD. The literature review indicated that there is a need for further exploration of therapeutic interventions that are effective with juvenile offenders demonstrating symptoms of or a diagnosis of ADHD (Young et al., 2018). Further research is needed based on direct practitioner experiences when working with this population (Fridman et al., 2017). The use of a qualitative method provides insight into the lived experiences of the research subject (Azungah, 2018).

Chapter 3 provides a discussion regarding the research design. A detailed explanation of the population and how the population was acquired is presented within this chapter. Additionally, the methodology, concerns regarding trustworthiness, and ethical considerations are identified. A summary of Chapter 3 is provided.

### **Research Questions**

This qualitative research study had the following primary research question. What are the experiences of mental health professionals when treating juvenile offenders with ADHD? Three additional subquestions guided the answers to the primary research question:

1. What is the perception of mental health professionals about the most efficacious treatment modality when treating juvenile offenders with ADHD?

2. Do mental health professionals use CBT when treating juvenile offenders diagnosed or with significant symptoms of ADHD?
3. Do mental health professionals perceive CBT as an effective treatment to reduce delinquent or disruptive behavior in juveniles with symptoms or a diagnosis of ADHD?

### **Research Design and Rationale**

This study focused on the understanding of mental health providers' experiences when working with juvenile offenders who have been diagnosed with or are demonstrating symptoms of ADHD. The qualitative study was based on deductive reasoning to obtain further information related to past theories (Walden University Center for Research Quality, 2015b). These theories included Rational choice theory and Gestalt/ feature-intensive processing theory (Sharps et al., 2005). These theories provide information on decision making (Sharps et al., 2005). The main aim of this study was to obtain a thorough understanding of the best therapeutic orientations used by mental health clinicians when providing services to juvenile offenders who have a diagnosis of or symptoms of ADHD.

A phenomenological study allows a researcher to describe experiences through lived experiences among the research at hand being studied (Azungah, 2018). A qualitative phenomenological research approach allows for specific understanding of mental health clinicians' perceptions and experiences without the intrusion of the researcher's thoughts, ideas, or opinions. Further understanding of the theoretical orientations implemented with juvenile offenders struggling with ADHD or symptoms of

ADHD by mental health clinicians may evolve by using this research design. Qualitative research promotes opportunities to provide an accepting environment to obtain additional information on an intended research subject (Azungah, 2018). Furthermore, an accepting environment through qualitative research includes confidentiality and openness. For this study, mental health clinicians were given the opportunity to share treatments that had been used and outcomes of those treatments when working with delinquent youth who had symptoms, or a diagnosis, of ADHD. Information gleaned from these qualitative interviews may provide additional insight into effective therapeutic models in treating juvenile delinquents with ADHD. In addition, themes or patterns may be identified, resulting in alternative treatment outcomes for this population.

### **Role of Researcher**

Marshall and Rossman (2016) provided a diagram to follow to demonstrate the implementation of qualitative research processes. Qualitative research methods are used to provide an understanding of a phenomenon. Researchers may provide a more in-depth understanding of a specific topic or phenomenon based on the lived experiences of participants.

Walden University's Forensic Psychology Institutional Review Board (IRB) was required to approve the request to complete this research study. Upon IRB approval, participants were recruited from local agencies and associations. A convenience sample was used to obtain participants for this research study. Qualitative research methods are best when used with a smaller sample size (Marshall & Rossman, 2016). A nonprobability sampling format allows for ease of participant recruitment using social



media outlets. Facebook groups that had been formed specifically for mental health practitioners were used to acquire appropriate candidates. The researcher obtained email addresses or physical addresses through state licensure databases to send invitation information, including informed consent, to potential participants who might be interested in participating in the study. In addition, colleagues who were known to the researcher but had no business or personal relationship with the researcher were recruited to participate in the study. Participants who engaged in the study were sent an informed consent that included inclusion criteria. Eligible participants were scheduled for an interview at their convenience upon agreeing to the informed consent.

The researcher set up a time to meet via teleconference with each individual participant. To ensure confidentiality, the researcher encouraged participants to place themselves in a secure space. The researcher was in a private office space to ensure the confidentiality and privacy of each participant. Participants did not need to follow up with the researcher because only one interview was needed. The researcher took field notes immediately after each individual interview. Each interview was recorded and then analyzed with NVivo. The notes acquired from the interviews were shredded after research completion to ensure confidentiality.

## **Methodology**

### **Population Selection**

The population for the study was composed of mental health providers. For the purposes of this study, mental health providers include licensed mental health counselors, licensed social workers, licensed marriage and family therapists, and licensed

psychologists. Mental health professionals who held a temporary license and were working toward full licensure within their state could also participate in this study. The study was open to mental health providers who resided and practiced within the United States.

Participants needed to have a background in or be currently working with juveniles who had been diagnosed with ADHD or possessed symptoms of ADHD. The juveniles needed to be under the age of 17 years, potentially have a history of delinquent behavior, and have demonstrated symptoms of ADHD or have a diagnosis of ADHD.

### **Procedures for Recruitment, Participation, and Data Collection**

Teleconference interviews were conducted with qualifying participants. This was done by using online meeting conference software such as Zoom, Facetime, or Google Meet with participants. Telephone interviews were also acceptable. Each interview was completed on an individual basis. A survey format with open-ended questions was used to acquire information from participants. The questions for the interview were derived from the health belief model (LaMonte, 2018). The researcher used this model to form questions specific to the research study.

### **Instrumentation**

The research questions were developed to acquire an understanding of various therapeutic orientations that mental health clinicians implement in their practice when working with juvenile offenders with a diagnosis of, or symptoms of, ADHD. The questions were specific to various aspects of ADHD symptoms. The use of recorded interviews allows for effective data retrieval specific to participants' emotions, opinions,

and experiences (Clark & Veale, 2018). The researcher is a key instrument, as the researcher participates in the study as the interviewer to acquire the needed information from participants.

### **Data Analysis Plan**

Marshall and Rossman (2016) identified phenomenological inquiry as a form of exploration of actual lived experiences. This aspect allows for commonalities to be obtained through the information gathered from people who have lived experiences of the phenomenon being studied (Clark & Veale, 2018). The process provides a format that allows for understanding through descriptive information on the topic being studied (2018). Furthermore, phenomenological inquiry provides wholeness (Christensen, 2017).

A thematic synthesis was used when conducting this qualitative research study. With this analysis process, coding and sorting are necessary components (Clark & Veale, 2018). Field notes provide the researcher the opportunity to recognize patterns provided from each interview.

### **Issues of Trustworthiness**

The research questions were developed for the purpose of this study. The participants were not provided the interview questions prior to their interview. This allowed the participants to provide initial answers rather than having the opportunity to think in depth, conduct any research, or ask others for input. In qualitative research, obtaining genuine and authentic feedback from participants is essential (Marshall & Rossman, 2016). The researcher refrained from expressing any biases that could be

interpreted by the participant through communication or actions during the interview process.

It should be noted that this researcher is a licensed mental health counselor in the state of Iowa. This researcher refrained from providing any thoughts or opinions to participants on any aspect of the research study. The researcher provided an open mind when coding and sorting through data to minimize the effect of trustworthiness in the study.

### **Ethical Procedures**

Ethics was a priority when completing this study. The researcher provided each participant with an informed consent prior to the interview. The role of the informed consent was to notify the participant of the purpose of the study. The procedures of the study were identified in the informed consent to ensure that the participants were aware of the requirements when joining. This included the approximate time commitment needed to engage in the interview as well as an agreement to being audio taped. The informed consent outlined the expectations of the researcher in regard to confidentiality and privacy. Information regarding this researcher was acknowledged to identify doctoral candidacy and contact information. This researcher did not invite or allow any mental health provider with whom this researcher is friends or worked to participate in the study. This removed any opportunity for conflict of interest. No incentives were used to promote participant involvement in the study, which was outlined in the informed consent.

### **Summary**

The purpose of the study was to acquire an understanding of the perception of mental health clinicians on what clinical techniques or strategies are the most beneficial orientations to implement when working with juvenile offenders struggling with symptoms of or a diagnosis of ADHD. More specifically, the research was intended to obtain insight into whether CBT addresses symptoms present with ADHD. To acquire this, the use of a qualitative research design through interviewing a small sample of participants who specialized in working with juveniles with ADHD or symptoms of ADHD was needed. Precautions were taken to ensure that ethical aspects of research were implemented.

Chapter 4 consists of the research study itself. The demographics of the participants are identified. Data collection methods are described, along with data analysis procedures. Trustworthiness evidence and the study results are provided.

## Chapter 4: Results

### **Introduction**

The purpose of the study was to explore mental health professionals' perceptions when working with juvenile offenders who have been diagnosed with ADHD. This study was intended to explore clinicians' perceptions regarding what treatment strategies are best tailored to address the behaviors of juvenile offenders who have been diagnosed with or are struggling with symptoms of ADHD. The qualitative research study had a primary research question: What are the experiences of mental health professionals when treating juvenile offenders with ADHD? Three additional subquestions guided the answers to the primary research question:

1. What is the perception of mental health professionals about the most efficacious treatment modality when treating juvenile offenders with ADHD?
2. Do mental health professionals use CBT when treating juvenile offenders diagnosed or with significant symptoms of ADHD?
3. Do mental health professionals perceive CBT as an effective treatment to reduce delinquent or disruptive behavior in juveniles with symptoms or a diagnosis of ADHD?

The study was developed to provide insight into the experiences of mental health professionals when providing mental health therapy services to juvenile offenders who have been diagnosed with or are experiencing symptoms of ADHD. Phenomenological interviews were used to acquire lived experiences from participants. Chapter 4 outlines

the setting, demographics, and data collections used. Data analysis, evidence of trustworthiness, and results are shared.

### **Setting**

Confidentiality was a prime consideration when conducting interviews for this research study. Potential participants were provided a flyer that outlined the research study. Upon an individual expressing willingness to participate, the individual was emailed the informed consent. After receiving an email that indicated “I consent,” the interview was then scheduled. Participants were asked to provide potential times and dates for the single interview. Participants were offered teleconferencing options that included Zoom, Skype, Google Meet, and telephone. The interviews were conducted in a private and confidential office area. This allowed interviews to be conducted in privacy and without any interruptions.

### **Demographics**

To be included in this study, participants had to be licensed mental health professionals in the United States who had provided therapy services to juveniles diagnosed with or displaying symptoms of ADHD. Seven participants were invited to participate in the research study. Of those seven participants, six were female and one was male. Participants ranged from 25 to 44 years old. Five participants had a master’s degree, and two had a doctoral degree. All participants were licensed in the state in which they lived and provided mental health counseling services in that state. The time that they had been licensed ranged from to 1 ½ to 25 years. Additionally, the participants had been providing mental health services to clients for between 1 and 25 years. Six of the seven

participants had provided mental health therapy services to juvenile offenders who had struggled with symptoms of or had a diagnosis of ADHD. All seven participants had provided mental health therapy to adolescents diagnosed with or displaying symptoms of ADHD.

### **Data Collection**

Interviews were completed using the participants' teleconferencing preference. Each participant appeared to be in a confidential location that was free of interruptions. The researcher was also in a confidential location. The interview length, structure, confidentiality, and anonymity in reporting was discussed with the participant prior to beginning the interview.

Participants were recorded as Participant 1, Participant 2, Participant 3, Participant 4, Participant 5, Participant 6, and Participant 7. The research interviews were audio recorded as noted in the informed consent. The recordings were saved as Interview 1 in relation to Participant 1 and so on. The only identifying information were the participants' email consenting to take part in this study; these emails were downloaded and will be kept in a locked file and stored for 5 years, after which they will be destroyed per APA ethical guidelines.

Each participant was interviewed one time. While completing the interview, I documented the answers on an interview questionnaire. Each questionnaire was labeled with the participant number. The interviews were recorded using a Sony voice recorder. Upon interview completion, the data were transcribed using NVivo transcription software.



The research interview was composed of demographic and interview questions. There were nine demographic questions and seven open-ended interview questions. The demographic questions addressed the participant's age, gender, highest level of education, and length of time licensed. The demographic questions also identified whether participants had worked with juvenile offenders diagnosed with or showing symptoms of ADHD. Participants were also asked how many years they had worked with the juvenile population. The interview questions focused on theoretical orientations used when working with adolescents. Questions were asked regarding symptoms of ADHD and how symptoms contributed to both behavioral and cognitive problems. Questions were asked regarding the specific theoretical orientation used when working specifically with juvenile offenders diagnosed with or showing symptoms of ADHD. Further questions explored the way in which the participants use their theoretical orientations when working with juvenile offenders diagnosed with or showing symptoms of ADHD and how they managed the symptoms of ADHD in their patients. Participants discussed their thoughts on how they used CBT when working with juvenile offenders diagnosed with ADHD or showing symptoms of ADHD.

Participants were able to answer the questions without asking for additional information or clarification. The research interviews and data collection were completed as expected without any changes needing to be made.

### **Data Analysis**

After the interviews were conducted, the transcription process was completed. Phenomenological reasoning was used to explore themes within the interview data. The

interviews were transcribed, which allowed for initial awareness of common themes prior to analysis. The patterns were recognizable when using thematic synthesis. The first theme was the theoretical orientation applied when working with clients. The next theme was the contributing symptoms in relation to cognitive problems. The third theme was the contributing symptoms in relation to emotional problems. Another theme was the theoretical orientation used by mental health professionals when working with adolescents with ADHD. An additional theme was the theoretical orientation used when working with juvenile offenders with ADHD. Another theme that presented was the theoretical orientation and management of symptoms. The final theme was the demonstration of the theoretical orientation. The use of phenomenological reduction was beneficial in identifying themes from the lived experiences of the participants. The thematic data were then coded.

Further exploration of the transcriptions allowed for additional categorization of themes. These subordinate themes included (a) ADHD symptoms, (b) theoretical orientation, and (c) techniques and practices used for positive outcomes. The themes are broader than the initial themes recognized. The data provided from each interview fit into these three categories. These are shown in Table 1. There were not any discrepancies.

**Table 1**

*Subordinate Themes*

Categories	Themes
Subordinate Theme 1	ADHD struggles
Subordinate Theme 2	Theoretical orientations
Subordinate Theme 3	Techniques and practices utilized for positive outcomes

### **Evidence of Trustworthiness**

The research questions that were developed for the purposes of this study were used to interpret the findings. To ensure credibility, the participants were not provided interview questions prior to the interview. This allowed for responses to be genuine without prior research. Each participant was asked the same interview questions. The aim of this study was to obtain perceptions from mental health professionals' lived experiences in treating juveniles diagnosed with ADHD or with symptoms of ADHD. The interview questions and strategies were designed to reduce researcher bias.

To ensure dependability and conformability, the researcher refrained from providing any thoughts or opinions to participants on any aspect of the research study as the researcher is a licensed mental health counselor. The interview questions were specific to the research questions. The researcher brought an open mind when transcribing, coding, and sorting through data to maximize the effect of trustworthiness in the study. Transferability was ensured through the researcher's willingness to provide adequate context regarding the information obtained from the interviews.

### **Results**

The research study was focused on understanding mental health professionals' perceptions when working with juvenile offenders diagnosed with or demonstrating symptoms of ADHD. Seven mental health professionals were interviewed in order to better understand their opinions on what treatment options are suitable for juveniles with symptoms of ADHD or diagnosed with ADHD. The results of the study included both primary and subordinate themes.

**Subordinate Theme 1: ADHD Struggles**

One theme that was seen throughout the interviews was the symptoms of ADHD and how they resulted in the juvenile struggling. Each participant provided symptoms specific to cognitive and behavioral impairment due to symptoms of ADHD. This theme is recognized as “ADHD struggles.”

Participants noted several struggles that are common in juveniles with symptoms of ADHD. The researcher obtained 78 symptoms that had been referenced among the seven research participants. Table 2 identifies the symptoms discussed. One research question explored participants’ views on symptoms of ADHD contributing to behavioral problems. In response to this question, Participant 1 identified the inability for juveniles to slow their minds. This leads to behaviors such as the inability to sit still. The lack of understanding of ADHD physiological responses does not align with the response that the individuals want their body to feel and how to calm down in order to quit moving. Participant 1 shared that juveniles feel ashamed of their ADHD as they are unable to sit, listen, or pay attention.

Participant 2 reported that impulsiveness leads to behavioral problems. Participant 2 provided examples of being impulsive as difficulty sitting still or blurting out inappropriate comments. Participant 2 identified many symptoms that create difficulties in a structured academic setting.

Participant 3 shared behavioral concerns in relation to behavioral symptoms of ADHD as impulsive behavior contributes to poor decision making. Participant 3 stated

that poor decision making is a result of the inability to focus as a youth is consumed by other thoughts that lead to negative behavior.

Participant 4 reported peer relationships as a negative outcome related to behavioral problems associated with ADHD. Participant 4 expressed that peer relationships are the biggest problem as youth have difficulty fitting in and finding an accepting peer group.

Participant 5 identified that impulsivity and hyperactivity tend to be perceived as behavioral problems that reduce individuals' capacity to regulate emotions. Participant 5 articulated that other people's reactions to ADHD further impact negative emotions, resulting in exacerbated behaviors.

Specific to symptoms of ADHD contributing to behavioral problems, Participant 6 expressed a 10 on a scale of 1-10. A 10 on this scale indicates that differences in processing create many opportunities for behavioral problems. This is increased when hyperactivity is present. This increases the chances of becoming involved in unsafe situations as the individual's brain is unable to stop and think.

Participant 7 responded to symptoms of ADHD contributing to behavioral problems as impulsiveness, difficulty making decisions, and engaging in unhealthy behaviors. Participant 7 identified unhealthy behaviors as drinking, drug usage, sexual promiscuity, and self-harm behaviors. Participant 7 expressed the inability to focus on healthy coping skills and care along with expressing difficulty with peer relationships.

The researcher asked a question that explored the relationship of ADHD symptoms to cognitive problems. Participant 1 stated that the inability to calm the mind

down impacts the ability to focus or move on to another task. ADHD symptoms impact the understanding of how to sequence events and to overcome troublesome, problematic areas in one's life. The symptoms of ADHD contribute to not understanding why the body feels the way that it does and why an individual cannot calm down.

Participant 2 responded to the following cognitive problems in relation to ADHD symptoms as inattentiveness. Inattentiveness includes spacing out, creating internal problems, and difficulty organizing a task. Switching tasks and task initiation can be problematic to the extent that the individual is unable to start a task.

In regard to cognitive functioning with ADHD symptoms, Participant 3 reported, When providing cognitive testing executive functioning deficits exist. This includes planning, organizing, decision making, and being able to follow direction. Children with ADHD often tend to have a lower IQ than their peers, as well as the inability to focus on a task. There tends to be higher correlation with learning disabilities with ADHD. Children with ADHD, due to the weaknesses in working memory and processing, have identified hyperactivity that makes it more challenging for them to learn. The symptoms include being fidgety, inability to pay attention, not following direction, not being able to follow tasks, and stay attentive. These symptoms are also associated with working memory and storing information. It is challenging for youth. When observing youth with ADHD, they are very hyperactive, unable to concentrate, spin their chair, and do not focus. Kids who are nurtured and teachers focus on their strengths they're able to, and more likely to be successful.

Participant 4 provided the following insight on cognitive behaviors associated with symptoms of ADHD. The participant shared being able to follow through with tasks, feeling overwhelmed, and giving up. Participant 4 shared the inability to actually follow through, manage follow through, and take information in. Symptoms of ADHD affect self-esteem, which is an issue with cognitive behaviors.

Participant 5 identified that “cognitive problems, such as following through with tasks and the ability to focus and do any of those tasks,” may be due to symptoms of ADHD.

Additionally, Participant 6 described “confusion as to why there is an inability to process things the way normal people do. With not being able to process how other people do, they are unable to respond appropriately, in certain situations.”

Participant 7 shared the following symptoms associated with cognitive-related problems: memory impairments, inability to focus on a task, flight of ideas, impulse control, lack of concentration, and difficulties with grades and work.

## **Table 2**

### *Subordinate Theme: Attention Deficit Hyperactivity Disorder Symptoms*

Participant	References
Participant 1	102
Participant 2	84
Participant 3	101
Participant 4	71
Participant 5	49
Participant 6	50
Participant 7	58

**Subordinate Theme 2: Theoretical Orientation**

To manage symptoms of ADHD, participants shared the theoretical orientations that they currently used or had used in the past. The research presented various theoretical orientations that are used when working with both juvenile offenders and adolescents diagnosed with or showing symptoms of ADHD. Table 3 outlines the theoretical orientations that are used with this population. The participants also identified whether they used a combination of one or more theoretical orientations. The participants were initially asked what their theoretical orientation was.

Participant 1 identified being strongly rooted in CBT. CBT is typically the theoretical orientation utilized.

Participant 2 noted their primary theoretical orientation is humanistic.

Participant 3 reported utilizing strength based CBT to focus on and identify the client's strengths and current problems they may be experiencing. When working with trauma, or past trauma, Participant 3 utilizes CBT which allows for focusing on strengths.

Participant 4 identified using a combination of CBT and client centered therapy as the theoretical orientation utilized. Participant 4 further identified client centered is the epitome of how the participant interacts with every single technique used. Participant 4 reaffirmed client centered is the absolute foundation when providing therapy to clients however the techniques are CBT.

Participant 5 primarily uses Adlerian however identified the therapeutic orientation utilized is dependent upon the age of the client. When play based therapy is implemented, Adlerian is used, with some CBT included. Specifically, a lot of the



reframing similar to CBT is implemented. When working with older youth who are primarily verbal processing, more strategies with CBT are incorporated, such as focusing on meeting the needs and the four C's. Participant 5 addressed the use of both theoretical orientations.

Participant 6 identified the use of CBT and variations of DBT. The use of art therapy is implemented if the client is interested. Participant 7 reported CBT is generally the theoretical orientation used.

The participants were then asked what theoretical orientation they believe provides effective treatment when working specifically with juvenile offenders or juveniles who have struggled with or have a diagnosis of ADHD. Participant 1 shared many times there is a misdiagnosis of PTSD or anxiety and depression. This participant strongly turns to CBT and is certified in trauma focused CBT.

Participant 2 expressed a combination of CBT and humanistic approaches are used. CBT is implemented as CBT has been shown to be effective. Participant 2 reported an unaddressed component for those who are diagnosed with ADHD. This component identifies that clients with ADHD oftentimes develop depression, anxiety, and low self-esteem. Participant 2 addressed the importance of using a humanistic approach where individuals are treated with compassion and understanding rather than a behavior or a problem. Participant 2 also shared medication has been shown to be an effective tool as well as working with parents.

Participant 3 reported using CBT as it is a good modality to use as there is plenty of research that proves CBT to be valid and reliable. CBT can help manage self-defeating

cycles. Participant 3 shared managing these cycles in relation to failure, anxiety, self-blame, not getting incarcerated, or not being that “naughty kid.” It helps with structure.

Participant 4 identified CBT is the theoretical orientation that is most effective as it is stable and the client can grasp ahold of the tools CBT provides. CBT is time effective. Client centered is important, however CBT allows for progress to be measured and to view effectiveness. CBT can be broken down with homework that is not overwhelming. Participant 4 continued to address that CBT provides nice locksteps that we can use.

Participant 5 shared utilizing motivational interviewing with juvenile offenders as this population has not been in a position where they want to participate in therapy. Motivational interviewing helps to see how therapy may benefit them too.

Participant 6 identified CBT, DBT, and art therapy, if client is willing, are effective theoretical orientations utilized with this population.

Participant 7 expressed CBT and anger management are effective. Participant 7 elaborated that when working with sex offenders, there tends to be a history of trauma. Based on trauma, eye movement desensitization and reprocessing (EMDR) can be helpful when providing therapy to clients with a diagnosis of ADHD.

Participants were asked what their thoughts were on treating juvenile offenders diagnosed with ADHD with CBT. Participant 1 reported CBT is utilize when working with juvenile offenders.

Participant 2 identified the need for a combination of CBT and humanistic approaches when treating this population.

Participant 3 shared:

CBT is highly research reliable as it allows for the client to focus on practical skills, such as management organization and organizational skills. CBT allows for clinicians to take into account environmental factors that can cause symptoms similar to ADHD. For example, when working with at risk youth, a lot have life stressors, such as gaining financial burdens, or family dynamics such as single parent households, resulting in an overall effect of having anxiety. This may mimic some of the ADHD symptoms. The client is worried about other issues that it may appear as though they are not paying attention but in reality they're just trying to survive right. There are a lot of factors that contribute. CBT is highly researched and reliable.

Participant 4 shared:

Cognitive behavioral therapy is gold standard. It is time limited, is effective where the client can see real results. Clients can see results when clinicians are very clear and concise with treatment goals and what we're looking at. CBT helps with forgiveness. Forgiveness is important when working with a population who has allegedly done something that is hurtful to somebody or property. A clinician is needed to drive the techniques home in the most effective ways when using CBT. CBT can be really transformative and help with their peer group.

Participant 5 identified the usage of CBT is important as it is a very good foundation. Participant 5 expressed the importance of managing emotional aspects. The

participant does not believe CBT is mutually exclusive however is supportive of the use of CBT with this specific population.

Participant 6 shared the importance of using CBT through tailoring techniques to the specific client. Participant 6 creates CBT metaphors that are more appropriate to the client's age. Information shared directly from a textbook becomes lost. CBT is very helpful when provided in an age appropriate way.

Participant 7 identified the use of CBT but also shared including EMDR may provide a greater sense of self-worth for the client.

### **Table 3**

#### *Subordinate Theme: Theoretical Orientation*

Theoretical orientation	Participant usage
Cognitive behavioral therapy	7
Adlerian play therapy	1
Humanistic	1
Person centered	1
Art therapy	1
DBT	1
EMDR	1
Rogerian	1
Strength-based CBT	1
Trauma-focused CBT	1
Combination	6

#### **Subordinate Theme 3: Techniques and Practices Utilized for Positive Outcome**

The theoretical orientation utilized is implemented by the use of techniques. The participants were asked which techniques they utilize to demonstrate their theoretical orientation when providing therapy services to juvenile offenders diagnosed with ADHD or showing symptoms of ADHD. Participants provided numerous techniques in their interview.

Participant 1 identified providing psychoeducation, not only around diagnoses, but also around the structures of the brain is important when explaining to the client how their brain is offline by using brain structures. Coping skill work, partnering with parents, and partnering with schools are important aspects when providing treatment. Participant 1 stated that engaging with parents and teachers regarding the skills the client has learned, what is difficult for them, and how they want to handle the struggles. Participant 1 identified providing the client with basic life skills around understanding how their body is reacting while helping them increase their emotional vocabulary. This allows the client to use words to express what they are feeling physiologically or emotionally.

Participant 2 identified helping individuals to better understand their diagnosis of ADHD and understand all parts of it has been very beneficial. Explaining particular attributes allows the client to understand specific symptoms that are part of ADHD. Also, helping clients understand that ADHD is much more complicated than it seems. It is important to help clients recognize when someone is asking them a question and they are looking directly at them but not responding, it is a symptom of ADHD. Participant 2 stated many clients will assume others think they are dumb when it is a direct connection to ADHD.

Participant 3 identified the use of self-disclosure as a CBT technique that is utilized to manage symptoms of ADHD. Participant 3 reported the ability to utilize personal examples allows for an open to discussion on how it is possible to work through symptoms. Participant 3 shared examples of working to be more organized and making better decision in order to avoid incarceration.

Participant 4 shared their theoretical orientation is demonstrated through helping the client to see that they have the ability to follow through even if they are feeling overwhelmed. Participant 4 reported she demonstrates her orientation by breaking it down, helping the client learn to not avoid a task so there is good follow through. The participant reaffirms with the client how the client already follows through in their own life. Reframing is used to demonstrate this with specific examples. Participant 4 guides the client through that process. Participant 4 identified being able to demonstrate appropriate social interactions and how to pick up on social cues.

Participant 4 identified the peer relationship is one of the biggest challenges for youth who are involved in within the system. Participant 4 recognized how not completing homework may pose a negative image however a more in depth look is needed to see how that impacts their self-concept. Modeling is practiced so the client can see how to interact in a positive manner, even when they might be demonstrating something that would be frustrating to others. Participant 4 identified this can be done appropriately in a pro social manner. Modeling is unspoken as it is always present and can allow to how to express needs in a healthy manner.

Participant 5 shared the way in which their theoretical orientation is implemented is to help the client see they still have work and they can restructure and reframe the way they look at their circumstances. Participant 5 acknowledged the importance of helping the client realize having ADHD may be a barrier to progress however it is not a character flaw. Participant 5 shared reframing the way they see those situations is beneficial. The

participant also provides psychoeducation and skill building during therapy to demonstrate the theoretical orientation.

Participant 6 identified CBT may be effective. Clients are able to make strides using CBT practices. Participant 6 shared part of the problem with the juvenile offenders is the resistance to completing homework and using the therapy provided to them. This is the biggest barrier for effectively utilizing CBT to help treat the ADHD offenders.

Participant 7 identified the theoretical orientation they utilize is demonstrated by engaging clients in self-reporting, roleplays, and modeling mindfulness techniques. Participant 7 expressed the importance of demonstrating EMDR tapping exercises along with encouraging clients to keep lists of triggers, rationalizing irrational thoughts, and teaching themselves to be mindful. Participant 7 reported this is done through the use of homework.

The techniques provided by the participants are identified in Table 4. Many of these techniques are associated with CBT and person centered or humanistic theoretical orientations when providing therapy to juvenile offenders diagnosed with ADHD or showing symptoms of ADHD.

Participants were asked in what ways they feel the theoretical orientation utilized contributes to the management of symptoms associated with ADHD among juvenile offenders. Participant 1 addressed the importance of utilizing a specific orientation based on research. The participant also identified the importance of accepting less positive outcomes will present if not using theoretical orientations backed by research. Participant 1 also reported the therapeutic relationship is a key component to success with clients.

Participant 2 shared the importance of building a therapeutic relationship with a client as this relationship will determine the success more so than a worksheet.



**Table 4***Subordinate Theme: Techniques and Practices Utilized for Positive Outcome*

Techniques	Participant usage
Reframing	3
Role plays	1
Modeling	1
Tapping exercises	1
Rationalizing irrational thoughts	1
Mindfulness techniques	1
Self-reporting	1
Journaling	1
Lists	1
Self-talk	1
Self-soothing	1
Psychoeducation	2
Coping skills	1
Skill work	1
Medication	1
Work with parents	3
Work with school	2
Therapeutic relationship	3
Self-disclosure	1
Homework	2
Four C's	1
Motivational interviewing	1
Recognize strengths	1
Showing compassion	1
Showing understanding	2
Family dynamics	2
Share experiences	1

Participants were asked in what ways they feel the theoretical orientation utilized contributes to the management of symptoms associated with ADHD among juvenile offenders. Participant 1 addressed the importance of utilizing a specific orientation based on research. The participant also identified the importance of accepting less positive outcomes will present if not using theoretical orientations backed by research. Participant 1 also reported the therapeutic relationship is a key component to success with clients.

Participant 2 shared the importance of building a therapeutic relationship with a client as this relationship will determine the success more so than a worksheet.

Participant 3 stated the theoretical orientation contributes to the management of symptoms associated with ADHD among juvenile offenders. Participant 3 identified the importance of providing novel skills and implementing repetitive organizational skills to manage their symptoms better which improves their overall functioning.

Participant 4 provided the following information:

Cognitive behavioral therapy is a lockstep approach. Clinicians are looking at the most important domains of safety while problem solving. Clinicians don't have to move mountains for everything but moving one mountain already shifts a lot and helps the client's perception of their treatment. Cognitive behavioral therapy instills motivation and commitment. Ensuring the client remains engaged, utilizing the freedom or the professional autonomy of each clinician to structure CBT so it is individualized treatment for each client. CBT doesn't have to be XYZ. There is a guideline, however CBT can be tailored to work for the client and which keeps them interested.

Participant 5 replied the theoretical orientation utilized helps to teach the client's skills. The largest outcome is that it can help the client reshape the way they see themselves and the way they interact with the world. The specific theoretical orientation provides clients more of a desire to implement and change their behavior.

Participant 6 shared the theoretical orientation is important as it provides insight into where the client is at and what techniques to utilize depending upon where the client is at.

Participant 7 identified the use of theoretical orientations in relation to managing symptoms of ADHD as:

The ability to reflect is a direct response to being able to control impulses. The ability to slow down and reflect on decisions through self-soothing techniques such as self-talk for rationalization. The ability to see the consequences of their actions rather than the instant gratification alone.

### **Summary**

Chapter 4 provided specific information on the results of the study. This chapter identified the setting, demographics, and data collections utilized in this study. Data analysis, evidence of trustworthiness, and results were shared. After the interviews were completed, it was evident that the participants utilized a combination of theoretical orientations when working with juvenile offenders diagnosed with or demonstrating symptoms of ADHD.

The main research question is what are the experiences of mental health professionals when treating juvenile offenders with ADHD? The patterns were recognizable when utilizing thematic synthesis. The themes formed include a wide array of experiences shared by mental health professionals when working with juvenile offenders struggling with or having a diagnosis of ADHD. The experiences indicated a range of symptoms that are best managed by a combination of CBT and person centered

or humanistic theoretical orientations. Based on the participant's experiences, CBT is a necessary orientation to utilize when working with juvenile offenders diagnosed with or showing symptoms of ADHD. The understanding of a vast assortment of symptoms that inhibit functioning among juvenile offenders with an ADHD diagnosis or symptoms of ADHD provided insight into the experiences mental health professionals have when formulating an effective treatment based on theoretical orientation to minimize symptoms.

The first sub-question sought to understand the perceptions of mental health professionals about the efficacious treatment modality when treating juvenile offenders with ADHD. Each participant expressed the need to utilize a combination of theoretical orientations to provide a positive outcome to manage the symptoms of ADHD when working with juvenile offenders diagnosed with or showing symptoms of ADHD.

The next sub-question sought to understand whether or not mental health professionals use CBT when treating juvenile offenders diagnosed or with significant symptoms of ADHD. The answer to this question is yes. All seven of the participants acknowledged that CBT is a necessary component when working with this specific population.

The final sub-question sought to understand whether or not mental health professionals perceive CBT as an effective treatment to reduce delinquent or disruptive behavior in juveniles with symptoms or a diagnosis of ADHD. The participant's reported CBT is important when providing effective treatment to reduce delinquent and disruptive behavior among juvenile offenders with symptoms or a diagnosis of ADHD.

Chapter 4 explored the themes and results of the interviews completed with the participants. The research questions were answered and supported by documentation from the interviews. Chapter 5 will provide information on the interpretation of the findings, limitations of the study, recommendations, and implications.

## Chapter 5: Discussion, Conclusions, and Recommendations

### **Introduction**

The purpose of this research study was to explore mental health professionals' perceptions when working with juvenile offenders who have been diagnosed with or are struggling with symptoms of ADHD. Furthermore, this study explored mental health professionals' perceptions regarding treatment strategies that are best tailored to address the behaviors of juvenile offenders who have been diagnosed with or are struggling with symptoms of ADHD.

This research study provided perceptions of mental health professionals when working with juvenile offenders diagnosed with or showing symptoms of ADHD. The study found that mental health professionals agree that utilizing CBT when providing therapy to this population is beneficial for managing symptoms of ADHD. This research study identified that mental health professionals generally use more than one theoretical orientation when working with this population. This research study also found that mental health professionals used CBT and thought that this modality was both reliable and valid. CBT was also reported to be effective at managing symptoms when providing mental health therapy to juvenile offenders struggling with symptoms of or a diagnosis of ADHD.

Chapter 5 interprets the findings and provides a comparison to prior research. Analysis and interpretation of the findings related to the theoretical framework are provided. Limitations and implications are discussed. Recommendations for future research are also addressed.

## **Interpretation of the Findings**

### **Subordinate Theme 1: Attention Deficit Hyperactivity Disorder Struggles**

This research study provided information regarding the various symptoms that arise from having a diagnosis of, or demonstrating symptoms of, ADHD. According to Taskiran et al. (2017), additional research is needed in order to obtain a more thorough understanding of how CBT manages problematic behavior. The perceptions of the mental health professionals interviewed in this research study provided insight into how effectively CBT manages symptoms associated with juvenile offenders diagnosed with, or struggling with ADHD, resulting in fewer problematic disruptions and behaviors. The mental health professionals identified various symptoms that are often present with ADHD. The symptoms ranged from internal cognitive problems to external behavioral problems that manifest from the disorder.

The mental health professionals interviewed in the study provided an understanding of how the symptoms of ADHD impact daily functioning. The problems that arise from the inability to function effectively create additional problems that may have lasting effects. These symptoms present a wide range of problems including, but not limited to, self-esteem issues, memory impairment, an inability to maintain peer relationships, emotional struggles, problems with task initiation, and self-defeating thoughts. In summary, Theme 1 provided an understanding of the symptoms that contribute to the actions of juvenile offenders who struggle with ADHD.

**Subordinate Theme 2: Theoretical Orientation**

Theme 2 involved the theoretical orientations used by participants when providing mental health therapy to juvenile offenders struggling with, or having a diagnosis of, ADHD. The juvenile justice system in the United States transitioned from using treatment to managing delinquent behaviors stemming from mental health factors to a more punishment-oriented perspective (Nagel et al., 2016). This research study found that forming a therapeutic relationship with juvenile offenders is a necessary component of treatment. Mental health professionals' perceptions identified that change cannot occur without a therapeutic relationship. This research study's participants further reported that the therapeutic relationship encourages juvenile offenders to implement techniques of therapy to promote change. This research study looked specifically at theoretical orientations, thoughts on CBT, and outcomes of therapy based on mental health providers' lived experiences to help their patients manage symptoms of ADHD appropriately.

Taskiran et al. (2017) identified that CBT may be the treatment option that is most fitting for juvenile offenders. Young et al. (2018) identified that further research is needed on specific clinical models that are implemented with this population. This research study found that theoretical orientations are beneficial for juvenile offenders who struggle with symptoms of or a diagnosis of ADHD. The theoretical orientations most used by the participants in this study were person-centered therapy and CBT. The participants felt that these two therapies seemed to yield the best results with juvenile offenders struggling with ADHD or symptoms of ADHD. Both person-centered therapy



and CBT were described as foundational in managing symptoms of ADHD. In summary, participants used person-centered therapy to form a therapeutic relationship in order to implement change through the use of CBT techniques.

### **Subordinate Theme 3: Techniques and Practices Utilized for Positive Outcome**

Prior research was limited regarding perceptions of mental health professionals providing mental health therapy to juvenile offenders who have a diagnosis of, or are demonstrating symptoms of, ADHD. Research has shown that perceptions of treatment have been attained from parents, caregivers, and juvenile offenders (Fridman et al., 2017). This research study provided insight into the actual experiences of mental health professionals who work directly with juvenile offenders with a diagnosis of, or showing symptoms of, ADHD. This research study extended the knowledge needed to address problems with the delivery of mental health services to juvenile offenders struggling with symptoms of, or a diagnosis of, ADHD.

This research study explored how mental health professionals demonstrated their theoretical orientation to manage symptoms of ADHD. The research participants provided several person-centered techniques that form the therapeutic relationship to allow for change to occur within the client. Many mental health professionals shared role plays, modeling, and reframing as necessary components to manage symptoms of ADHD among juvenile offenders. Additionally, mental health professionals shared that the restructuring and rationalization of irrational thoughts may be managed through journaling, forming lists, incorporating coping skills, and utilizing mindfulness techniques. This assisted with the understanding of the lived experiences of mental health

professionals from their direct experiences with juvenile offenders with a diagnosis of, or symptoms of, ADHD.

### **Limitations of the Study**

This research study was an exploration of mental health professionals' perceptions when providing mental health therapy to juvenile offenders demonstrating symptoms of, or a diagnosis of, ADHD. Limitations within this study are identified. The qualitative research study was dependent upon the perceptions provided by the participants. The participants in the study were not aware of the research questions prior to the research study to avoid bias. The interviews were completed individually. Both of these processes were done to obtain truthful and honest answers directly from the research participants. This minimized opportunities for participants to communicate or research the questions prior to the interview. The researcher's presence in each interview, although unavoidable, may have been a limitation to the study. This researcher did not communicate about the study, aside from asking the questions of participants.

### **Recommendations**

This research study was a qualitative study that explored mental health professionals' experiences when working directly with juvenile offenders demonstrating symptoms of, or a diagnosis of, ADHD. The participants in this research study shared that a combination of theoretical orientations is needed when working with this population. The participants' shared experiences generated an understanding that the use of CBT and person-centered therapy techniques greatly contribute to the management of symptoms of ADHD among juvenile offenders. Each participant reported that the use of

CBT with this population is essential to successful treatment of disruptive and delinquent behaviors.

Based on the findings of this research study, additional research could be conducted on the combined usage of CBT and person-centered therapy. This study found that the techniques of both CBT and person-centered therapy are imperative for managing symptoms of ADHD. Minimal research has been explored based on the perceptions of mental health clinicians working with this population. CBT techniques that are tailored to specific symptoms of ADHD that are being utilized to promote positive outcomes with this population warrant further exploration.

CBT was found to be effective among this population, as the techniques provided by participants provided results quickly for clients. Various techniques were shared, such as reframing, modeling, and assigning homework to allow for processing between sessions. CBT was reported to be beneficial among this population, as it could be tailored to the individual client and produced change quickly. Further research on individual CBT techniques may be needed to obtain a direct understanding of which techniques are best suited for progress when working with juvenile offenders struggling with ADHD or symptoms of ADHD.

CBT treatment focuses on cognitions. Person-centered approaches explore social aspects to form the therapeutic alliance with the client. Further research may be needed on why relationships produce a foundation for successful treatment when working with this population. Person-centered, humanistic, and Rogerian were the most widely used theories combined with CBT when providing services to this population. The identified

person-centered theories may need further exploration concerning the techniques that are best suited for working with juvenile offenders struggling with, or having a diagnosis of, ADHD.

Additionally, future quantitative or qualitative research could examine the combinations of theoretical orientations that are implemented when working with juvenile offenders struggling with ADHD. Researchers may also want to address what specific techniques of theoretical orientations have been found to be effective. Participants in the study shared that the use of EMDR and DBT may provide insight into treatment in regard to the client's self-worth. Further exploration is needed to explore how the techniques of these theoretical orientations align with juvenile offenders' struggling with symptoms of, or a diagnosis of, ADHD.

Another area that may need further exploration is the misdiagnosis of ADHD in relation to PTSD, anxiety, or depression and what treatment modalities are most effective when working with youth struggling with a misdiagnosis of ADHD. Participant 2 identified medication as an effective treatment for ADHD. This may be an avenue to explore to ascertain which treatments or medications are most beneficial when working with juvenile offenders struggling with, or having a diagnosis of, ADHD. Past research has provided insight into the problems associated with continued medication management; however, further research may be needed in regard to the use of medication with specific theoretical orientations.

This research study identified CBT and person centered as the most common theoretical orientations in combination that were used to treat symptoms of or ADHD as a

disorder. This research study did not provide details on specific techniques that were used by the participants. There is limited research on lived experiences and perceptions of mental health professionals who work with this population, which suggests a need for further research involving mental health clinicians directly.

### **Implications**

#### **Social Change**

This research study may encourage positive social change on various levels. The mental health professionals' perceptions may provide additional insight into treatment efficacy. An understanding of mental health professionals' opinions and thoughts on what treatments are best suited for juvenile offenders with symptoms of, or a diagnosis of, ADHD may provide valuable information to other clinicians working with this specific population.

This information is important as it may provide a foundation for success with juvenile offenders who struggle with managing symptoms of ADHD. Focused CBT interventions may promote healthy coping strategies, improve attentiveness, reduce impulsiveness, and manage irrational thinking. Understanding the perceptions of the clinicians who participated in this study is valuable because it may increase the efficacy of current treatment of juvenile delinquents with symptoms or a diagnosis of ADHD. Successful treatment may provide juvenile offenders with the opportunity to implement changes and become contributing members of society. Consequent opportunities may include reducing instances of reoffending, minimizing substance abuse, increasing

prosocial behaviors, and developing healthier coping strategies by accessing more effective treatment.

This research study may have positive social change implications for mental health professionals who are seeking information as to what clinical avenue to use when working with juvenile offenders diagnosed with or showing symptoms of ADHD. This study provided insight into which theoretical orientations result in positive outcomes. The results may be helpful to mental health professionals struggling with current clients who fit these criteria. This study increases the understanding of how current therapists may use person-centered and CBT approaches with juveniles with symptoms or a diagnosis of ADHD, leading these patients to pursue healthier decisions and coping strategies.

### **Methodological, Theoretical, and Empirical Implications**

Rational choice theory and Gestalt/feature-intensive processing theory were the theoretical foundations of this research study. Choices are a dominant indicator as to whether a juvenile will become involved in the juvenile justice system (Nagel et al., 2016). Gestalt/feature-intensive processing theory, founded by Sharps, outlines the implementation of new information to influence processing when making decisions (Sharps et al., 2007).

This research study aligned with Gestalt/feature-intensive processing theory. Gestalt/feature-intensive processing theory promotes the inclusion of necessary information to help with processing when making decisions (Sharps et al., 2007). The use of CBT was reported by participants to be beneficial for patients to better process information when struggling with symptoms of ADHD. The research participants

provided insight into the theoretical orientations and related techniques that they used when working with this population. The techniques and theoretical orientations may be used by other clinicians to assist their patients in making better choices.

Additionally, rational choice theory was used to frame this research study. According to rational choice theory, individuals process the costs and benefits of their actions (Loughran et al., 2013). This research study explored mental health providers' perspectives concerning whether CBT produces the needed tools to promote positive decision making in patients. The research participants identified CBT tools specifically used in therapy to address issues with the targeted population. CBT allows for youth to learn how to manage their thoughts and make better decisions (Edmunds et al., 2017).

### **Conclusion**

Chapter 5 addressed the themes and results of the qualitative study. This research study focused on the perceptions of mental health clinicians who work directly with juvenile delinquents with a diagnosis of, or symptoms of, ADHD. This research study specifically addressed which theoretical orientations and techniques the participants used when working with juvenile offender patients. The participants, all of whom were mental health professionals, agreed that the use of CBT along with person-centered techniques provided positive outcomes when working with juveniles with a diagnosis of, or demonstrating symptoms of, ADHD.

The direct perceptions of mental health professionals were explored to provide an understanding of treatment options used when providing mental health therapy services to juvenile offenders who struggle with symptoms of, or a diagnosis of, ADHD. This

research study explored various perceptions specific to the theoretical orientation. This research study provided information on the techniques implemented. The techniques are specific to the theoretical orientations that mental health clinicians use when providing mental health therapy to this population.

This research study provided insight into numerous symptoms that arise among juvenile offenders struggling with ADHD. The mental health clinicians shared techniques used with their theoretical orientation that encourage positive outcomes among juvenile offenders struggling with a diagnosis of, or symptoms of, ADHD. This research study shared the perceptions of mental health clinicians about which theoretical orientations are the most efficacious when working with juvenile offenders demonstrating symptoms of, or a diagnosis of, ADHD. The direct experiences of mental health clinicians working with this population indicated that CBT and person-centered therapy techniques are beneficial in managing symptoms of ADHD.



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