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Mental Health Experiences of Black Males Beyond Juvenile Delinquency

Jasmine D. Spratling
Walden University

Walden University

College of Psychology and Community Services

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Jasmine D. Spratling

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Review Committee
Dr. Andrew Carpenter, Committee Chairperson,
Human and Social Services Faculty

Dr. Douglas McCoy, Committee Member,
Human and Social Services Faculty

Dr. Tina Jaeckle, University Reviewer,
Human and Social Services Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2023

Abstract

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by

Jasmine D. Spratling

MS, Walden University, 2016

BA, Bowling Green State University, 2012

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Social and Behavioral Sciences

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Abstract

Incarceration rates around the United States continue to increase for Black male adolescents. These numbers are even more significant in Atlanta, where youth spend time in juvenile detention centers and return soon once released. Summary findings from existing research showed the lack of mental health services provided once a youth has been released from incarceration, but a lack of specifics around the services needed remains. The purpose of the current study was to explore the experiences of Black male adolescents who received little to no trauma informed care post-incarceration. A qualitative, phenomenological approach was used to conduct semistructured interviews with eight Black males between the ages of 18–25 who had incarceration history and a mental health diagnosis. Participants shared their experiences on the minimal knowledge of trauma informed care and the barriers faced to get access to mental health resources in the community. Using a phenomenological qualitative design, participant responses from the interviews were analyzed in-depth through thematic analysis. The results indicated that although Black males experienced significant amounts of trauma, there was a lack of trauma informed resources and support available. There were four themes that emerged from the findings of the study including societal perceptions of mental health, loss of support and resources, programming needs, and unaddressed trauma. Positive social change implications from this study include, black males, families, and professionals in the community, becoming educated on creating accessible trauma informed services for youth.

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Dedication

I would like to dedicate this dissertation to my family. To the ones who are present and the ones who have watched me along this journey from above. First and foremost, my parents, who have continuously encouraged me to strive for whatever I want in life. They have instilled so many valuable life lessons in me throughout the years, and I know I would not have made it to this point in my life without that guidance. To my little sister and brother, who I adore with all of my heart. I hope that I have succeeded in the role as your big sister, and have you made you proud. To my amazing husband who uplifted me during challenging times throughout this journey. I appreciate you so much, and thank you for being patient with me along the way. To my sweet Zoey whose presence helped to push me to the end. I pray that you will always know, possibilities in life are endless. To all my friends, extended family, and co-workers who have become family, thank you for your genuine support. I also dedicate this study to anyone battling with mental health, and hope that better days are ahead. Last but not least, I dedicate this study to the memory of my grandparents, Floyd, Annie Lou, and Dee Edwards. My biggest supporters who made any accomplishment a big deal. I can feel your happiness as if you are still here.

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I would like to give a huge thank you to my dissertation committee. Dr. Garth den Heyer, I know you were unable to finish this journey with me, but your guidance during the beginning stages of this journey is much appreciated.

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Thank you to the young men who participated in this study, your time and dedication is appreciated.

Most importantly, thank God. Thank you for giving me strength, and thank you for allowing me to see my true potential.

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Chapter 1: Introduction to the Study

The United States recognizes the various categories of vulnerable children in need of quality and continuity of services due to significant mental health problems; however, African American youth who have been involved with the juvenile justice systems are typically neglected by the general community of mental health practitioners (Zajack et al., 2015). This population tends to have unresolved mental health issues that lead to increased trauma and further involvement with incarceration (Robst, 2017). In 2018, Georgia was one of a few states with the highest population of African Americans in detention at 35%, with African American males representing 42% of those incarcerated (Office of Juvenile Justice Delinquency and Prevention, 2016; Williams et al., 2017). The Office of Juvenile Justice Delinquency and Prevention (2016) further suggested that minority youth will account for 52% of incarcerated youth by 2025.

Many juvenile detention centers, along with school systems and community providers, have implemented research-based programs (Barrett & Katsiyannis, 2017). However, recidivism rates for African American teenage males remain high, suggesting that the underlying issue has yet to be identified or that interventions have not been effective (Fagan & Novak, 2018). Furthermore, there has been an abundance of research showing that African American teenage males are more than likely to return to detention within 3 years after being incarcerated the first time (Wylie & Rufino, 2018). Growing evidence suggests that incarcerated adolescents are associated with having traumatic

childhood experiences compared to the general population, such as physical abuse, emotional abuse, sexual abuse, or family violence (Wolff et al., n.d.; Wylie & Rufino, 2018).

Background

The population of adolescents arrested in the United States continues to increase, with at least 1.47 million arrested as early as 2011 (Hein et al., 2017). Those numbers are even more prevalent within the Black community as it pertains to adolescent males in the state of Georgia (Office of Juvenile Justice Delinquency and Prevention, 2017). Adolescents are arrested for various crimes and expected to serve time for crimes behind bars just like adults. At the start of intake in a juvenile detention center, adolescents are assessed with the use of mental health evaluations to determine diagnoses and any needs pertaining to mental health (Parker & Cade, 2018). Depending on results from the assessments, some youth may qualify for therapeutic interventions such as individual therapy, group counseling, and psychiatric management (Parker & Cade, 2018). However, once being released from incarceration, these services are not guaranteed to continue in the community. Regarding Black male adolescents, many of them suffer from childhood trauma that has yet to be addressed to prevent future negative impacts such as crime involvement that continues to remain stagnant in the United States (Hein et al., 2017). Consequently, this specific population is at higher risk of being arrested before the age of 18 compared to any other ethnic group (Barrett & Katsiyannis, 2015).

Today, discussions around the impact of trauma on adolescents and delinquent involvement have been initiated more. Thus, the juvenile delinquent system is beginning to take into account the appropriateness of incorporating trauma informed care with juvenile delinquents while trying to ensure community protection (Collin-Vézina et al., 2019). There have been few recent studies focused on trauma-informed care as it pertains to juvenile adolescents but none concentrating on the experiences of Black male youth who do not receive these services after being incarcerated the first time. Identifying these experiences and having a thorough understanding of them would benefit the Black male adolescent population to prevent risks of future incarceration (Hein et al., 2017). Knowing the importance of integrating easily accessible trauma-informed services in the community can potentially shift the juvenile system to a more restorative approach (Hsieh et al., 2016).

Problem Statement

Considering the traumatic life experiences with Black male youth, conducting research to understand their post-incarceration experiences is essential to ensure they are provided with the appropriate trauma-informed services to prevent further incarceration. Youth with multiple childhood traumatic experiences often end up in juvenile justice systems (Damian et al., 2018). Trauma-informed services educate children and families on the impact of past trauma and implements that into a care plan for the individual (Cutuli et al., 2019). Services can include psychosocial care, screenings, and assessments to identify trauma diagnosis and appropriate needed services, cognitive-behavioral

techniques, and early intervention programs (Cutulie et al., 2019). Incorporating such resources to understand trauma can provide positive direction in addressing underlying issues that lead to criminal behavior to prevent further incarceration for the teenage Black male community (Pickens, 2016). Although research regarding youth recidivism in detention illuminates important findings, I found no research that has further explored post-incarceration experiences directly from African American teenage males between the ages of 18–25, as it pertains to receiving less than 2 months to no trauma-informed care. Given such, further research is warranted that could explore young men perspectives and experiences to address the problem of African American young men incarcerated in detention during adolescence (Barrett & Katsiyannis, 2017; Robst, 2017; Zajack et al., 2015).

Purpose Statement

The purpose of this phenomenological study was to investigate the experiences of African American males aged 18–25 who received less than 2 months to no trauma-informed care post-incarceration from a Georgia detention center and diagnosed with a mental health disorder. Exploring the experiences of young Black males who lack trauma-informed care post-incarceration may lead to uncovering barriers to access mental health resources, underlying reasons for not pursuing trauma-informed care, and recognizing additional trauma-informed resources that can be provided to young Black males post-incarceration. There have been multiple studies conducted on incarcerated young Black males, but the focus has been on other factors rather than trauma-informed

care. The study also aims to address if the lack of trauma-informed care young Black males receive post-incarceration has any impact on incarceration recidivism. The findings could provide further insight to community therapists, juvenile and adult detention centers, probation offices, and court systems. Those individuals and systems can enhance their knowledge as it pertains to working with this population and create or make changes to new and existing programs in the community.

Research Question

What are the lived mental health experiences of African American males between the ages of 18–25, at least 1 year post-incarceration, who received less than 2 months to no trauma-informed care services?

Conceptual Framework

Phenomenology was used as the conceptual framework for the study. Edmund Husserl suggested that knowledge to understand a phenomenon comes from the person who has lived it (Neubauer et al., 2019). Phenomenology focuses specifically on the experiences of each individual from a first-person perception (Husserl, 2011; O'Sullivan et al., 2013). In other words, information and knowledge from the person who experienced a particular phenomenon is obtained to understand that experience from their perspective. Philosopher Martin Heidegger also posited that an individual's experience, conscious or not, comes from the world in which they live (Heidegger & Eldred, 1988; Neubauer et al., 2019), suggesting that a person's culture, background, and community significantly impact those experiences of certain phenomenon.

Compared to other frameworks, phenomenology was appropriate for this study because it is used with individual experiences, instead of groups and communities (Jamali, 2018). Additionally, a person's involvement in a phenomenon is viewed as a basis for intentions of their current and future actions and habits. Phenomenology aligns with this study of juvenile recidivism and trauma-informed care. There are no other individuals, groups, or community stakeholders who can convey in detail about their lack of experience with trauma-informed care in the community after being incarcerated, besides the adolescents themselves. It is this explanation that supports the use of phenomenology to understand from those individuals about what they specifically experienced, and how (Neubauer et al., 2019).

Nature of the Study

The nature of this study included a qualitative design with a phenomenological approach. This approach was focused on obtaining information directly from individuals about their lived experiences rather than relying on societal perceptions (O'Sullivan et al., 2013). Using a qualitative design increases the understanding of others across the world (Bhangu et al., 2023). For the purpose of this study, the lives of young Black males were explored to provide a closer lens into their world.

There are multiple methods used within qualitative research, such as interview, surveys, participant observations, and focus groups (Bhangu et al., 2023). This study involved semistructured interviews conducted through a virtual platform. A phenomenological approach is consistent in conducting in-depth interviews with recently

incarcerated males to thoroughly describe their post-incarceration experiences from their perspectives and feelings. This approach provides space for the relationship of the researcher and participant to be both open-minded and sensitive (Dahlberg, 2022). Incorporating openness from a phenomenological approach emphasizes the purpose to uncover hidden phenomena instead of making assumptions of various experiences (Dahlberg, 2022). Therefore, open-ended questions were used to gain a deeper understanding of each individualized experience. All participant responses were recorded for the purposes of translation and coding for data analysis, which led to themes that address the research question.

Definitions

Adolescents: This study explains adolescence as a period when peer norms are influenced and important during this stage of development (Lee et al., 2019). Negative influences during this time may include lack of family disruptions that leads to peers finding other sources of support to meet their needs (Lee et al., 2019).

Juvenile delinquent: Youth charged or adjudicated for an offense (Rhoden et al., 2019).

Mental health: Development of antisocial behavior as a result of trauma that leads to poor self-regulation and additional externalizing behaviors such as ADHD, conduct disorder, oppositional defiant disorder, and post-traumatic stress disorder (Malvaso et al., 2017).

Recidivism: Relevant risks and strength factors linked to criminal outcome (Scott & Brown, 2018). Return to criminal or delinquent activity after previous criminal or delinquent involvement (Balogun et al., 2018).

Stigma: In this study, stigma is described as a social process in which a particular group's aspect of something is identified as less desirable (Douglass et al., 2022). Stigma has been linked to mental health in a variety of ways, including placing labels on individuals associated with mental health conditions (Douglass et al., 2022).

Trauma: According to Zelechoski et al. (2021), an adverse experience of an significant event ranging from a car accident, inconsistent caregiving, and physical abuse.

Trauma informed care (TIC): Promotes the dissemination and implementation of evidence-based treatment (Collin-Vézina et al., 2019).

Trauma interventions: Externalizing behaviors in juvenile offenders (Rhoden et al., 2019).

Youth/juvenile detention center: Secure short-term centers for youth awaiting trial, entry back into the community, or entry to long-term facility (Department of Juvenile Justice, 2019).

Assumptions

One assumption that I had for this study is that participants would be open to discussing their experiences with me during the interview. Due to the age of the participants, they might have been eager to share more of their criminal experiences with me in which conversation would have to be redirected toward the main research question.

Another assumption was that some participants may be unaware of what trauma-informed care is. Due to trauma-informed care being a new concept that is still be developed and research, some may be unfamiliar and lack knowledge on rather or not they have received the service. This can cause a limit in the number of participants being confirmed to participate in the study.

Scope and Delimitations

The scope of this study has the potential to be utilized in other urban areas of the United States to decrease delinquency prevention among youth. However, it could only be successfully replicated for Black males who have previous incarceration history. Therefore, a potential limitation involves other cultures and genders. For example, the study may not be applicable to adolescents of another race or applicable to adolescent females. Additionally, the scope of the study will only involve this particular population as it relates to being released from incarceration for at least 1 year. In other words, young men who have just been released from incarceration in the metro area will not qualify for the study.

Limitations

Since this study involved a qualitative approach, the main limitation includes results of the study not being generalizable. The sample size for the study will be less than 10, which limits generalizing the study outside of its specific scope. Additionally, for this particular study, aspects of the participant sample and data can be impacted. The possibility that participants selected to take part may be at risk of being incarcerated

before the interview takes place is another limitation pertaining to the method and design.

This could have impacted the sample of my study, decreasing the number of participants I

have to interview, which also limits the amount of available data.

Interviewing young men who have been characterized as juvenile delinquents can

present with some challenges. Some may feel uneasy providing truthful answers during

the interview which can pose as another limitation. Participants may feel less compelled

to share information regarding their past incarceration. Lastly, talking about mental health

and trauma in general may result in less conversation with participants, limiting the

amount of valuable data obtained. Research shows that Black men experience significant

amounts of trauma as children but are often resistant to discussing and treating it

appropriately (Manyam & Davis, 2020). It was my responsibility to discuss the general

idea of the study to participants prior to selection to ensure they were open to such

conversation. Additionally, it was essential to notify participants that their identity will be

completely protected and that their participation in the study will not have anything to do

with past or current criminal charges.

Significance

This study has the potential to contribute to research by providing direct insight

from previously incarcerated males. The research has an opportunity to take those

perspectives to effect social change in communities who carry high incarceration

delinquency rates. Findings can be shared with significant individuals and groups who

can become a part of implementing change in various environments. The willingness of

stakeholders to play an active role in helping to prevent recidivism can likely increase the chances of positive social change. Beyond the question of recidivism, exploratory research such as this may inform the young person's potential to complete a GED program, attend college, obtain employment, and live a lifestyle outside of incarceration.

In participating in this research, participants had the opportunity to provide their personal perspectives on the challenges they face post-detainment. Additionally, they were able to share their stories with others in the community to become a part of helping to prevent recidivism. Second, the Department of Juvenile Justice will be provided with research findings that may suggest resources that can be implemented during incarceration in such centers to prevent recidivism. Similarly, findings may suggest resources for post-incarceration programming.

Summary

Incarceration rates for Black, male adolescents continue to increase nationally, but even more in the state of Georgia, with most having past experiences of trauma (Office of Juvenile Justice Delinquency and Prevention, 2016). However, addressing experiences of trauma post-incarceration is rare. Although there is a strong prevalence between trauma and Black male adolescents, few resources are actively implemented in the state of Georgia to assist this population of individuals. The purpose of this qualitative research design was to explore those experiences directly from Black males in the Atlanta area who had little to no trauma informed services post-incarceration.

Chapter 1 discussed background pertaining to mental health and incarceration of young black males in the state of Georgia. The chapter also discussed the conceptual framework used for the study. The nature of the study, assumptions, scope and delimitations, limitations, and significance of the study were also addressed. Chapter 2 includes the literature review to support the significance of this study. The review will highlight the impacts of trauma on Black male adolescents and the prevalence of trauma among adolescents who are and have been incarcerated. Additionally, the literature review will explain the role that mental health often plays in the lives of incarcerated Black males.

Chapter 2: Literature Review

Research has focused more on the perspectives from supporting adults including, law enforcement officials, the juvenile court system, probation officers, teachers, and mentors. Studies have lacked obtaining information from the source itself, young men who have been incarcerated. This chapter will further explore the literature on trauma-informed services and the role these services play in the life experiences of Black males who have been incarcerated. The review will discuss the impact of trauma on this population and acts of criminal behavior from the perspective of the lack of addressing the trauma.

Literature Search Strategy

The literature review is composed of various articles obtained from the Walden Library through databases including, EBSCO, Academic Search Complete, PsychInfo, and SocIndex. Keywords used during the search included, but were not limited to, *juvenile delinquents*, *trauma-informed care*, *mental health*, *incarceration*, *trauma*, *restorative justice*, *interventions*, *experiences*, and *recidivism*. The review of the articles led to determining that there is a gap in research from the adolescents' perspective. The following articles support the need to explore the experiences of post-incarceration from Black male adolescents to add to research.

Conceptual Framework

Phenomenology emphasizes meaning. Though a situation can be interpreted differently by multiple individuals, the general meaning remains the same (Englander,

2019). The way in which one individual interprets a situation can often vary from person to person (Englander, 2019). Further, consciousness has to be present for one to perceive something, the transcendental approach to phenomenology (Eberle, 2015). With this consciousness comes pre-perceived notions and perceived notions, which is why it is essential to analyze both when using a phenomenological approach (Eberle, 2015). In considering each perspective on the approach, subjective experiences are being analyzed through phenomenology (Lee, 2015). Thus, it helps in using this concept to understand one's experiences, but there is no direct understanding of that experience by the researcher (Eberle, 2015).

Heidegger took a different approach from Husserl in that he emphasized the influences of the world on individual experiences. The hermeneutic approach of phenomenology focused on the relationship of an individual and the world they live in (Neubauer et al., 2019). In other words, this approach is used to consider an individual's personal history and the background of the way in which they have lived. Therefore, it is essential to obtain the narrative from individuals as it pertains to their underlying lifeworld that shaped other lived experiences. Additionally, researchers should bring awareness to their preconceptions and responsible for reflecting on those notions during the analysis process (Neubauer et al., 2019).

Within phenomenology, a more thorough aspect is interpretative phenomenological analysis (IPA). The use of IPA is beneficial to understand participant experiences in-depth when that personal experience is unable to be visually examined

(Dhanak et al., 2020). Additionally, IPA is used to consider the perspectives of not only the participant but values sensible making from the researcher as well (Smith & Osborn, 2015). According to this approach, human perception of things changes with each situation and experience, and therefore each participant experience should be treated differently than another.

The use of phenomenology with vulnerable populations is beneficial in various ways. It provides a platform for uncovering underlying phenomena that may not be actually visible (Day et al., 2017). Nevertheless, the overall purpose of this approach is learning directly from the experiences of others (Neubauer et al., 2019). Thus, obtaining an abundance of interpretation of such experiences from individuals, leads to more informative understanding of certain phenomena.

Literature Review

Trauma-Informed Care

Trauma-informed care (TIC) is a newly used term to describe the basis of gathering knowledge and treating overall trauma that an individual has endured (Ghafoori et al., 2019). Research pertaining to TIC started about 15 years ago and continues to be developed and defined distinctly among researchers for a justified meaning (Branson et al., 2017). Within the United States, children have experienced trauma more than adults, and adolescent minority populations are known as less likely to engage in treatment to address the trauma (Ghafoori et al., 2019). Furthermore, research shows that adolescents who do engage in some form of TIC often do not complete the recommended sessions to

fully address the trauma, which is usually a minimum of eight sessions (Ghafoori et al., 2019). The basis of determining the lack of engagement and completion of treatment among this population remains unknown. Though trauma is quite prevalent among the child and adolescent population, it is even more severe among adolescents who have engaged in criminal behavior, characterized as juvenile delinquents.

Approximately 75% of youth in the United States who have been incarcerated have experienced at least one traumatic event in their life (Pickens, 2016). The trauma experienced by these youth often leads to criminal behavior if not properly addressed. Consequently, while adolescents are incarcerated, efforts to address such trauma in a healthy manner to prevent re-traumatization in a facility are not being made (Pickens, 2016). It is evident that the importance of addressing trauma is essential to decrease potential ongoing offending behavior by youth. Thus, youth who do attempt to cope with trauma independently do so in unhealthy ways that leads to involvement in criminal engaging behaviors (Branson et al., 2017). This research also supports the need for youth to actively participate in trauma-informed services once released back into the community to prevent recidivism.

Recidivism

Defining Recidivism

Recidivism has been defined similarly across various research. It is the act of an individual sent to incarceration for a criminal offense, released back into the community, and returns to incarceration during a certain time period (Adekeye & Emmanuel, 2018).

Recidivism is also defined as a criminal offender who returns to incarceration due to committing the same act of behavior once released the first time (Adekeye & Emmanuel, 2018). Though the youth incarceration rates among the United States has decreased over the years, the recidivism rates for youth continue to drastically increase (Ruch & Yoder, 2018). The increase of these rates are even higher among the male populations, with at least 80% of males returning to incarceration after previous offending. The causes of recidivism continue to be researched and varies across different populations and areas but still remains unclear for successful resolutions on decreasing these rates across the country. There is some research that shows gang affiliation as a major cause, and others that show substance abuse, education, and criminal history (Adekeye & Emmanuel, 2018).

Reflection on additional factors such as a youth's family engagement, employment, and education have also been considered. Reviews of studies have indicated that youth have better outcomes once released back into the community with family support (Ruch & Yoder, 2018). Additionally, youth provided with opportunities to address educational and career goals are less likely to drop out of school, and therefore, the risk of engaging criminal behavior is less likely. Considering these factors of juvenile recidivism is essential throughout the research process, but it also shows the minimal research conducted on lack of trauma-informed care as a factor of recidivism.

Recidivism and Mental Health

There have been studies showing the prevalence of mental health diagnoses on children with delinquent history. Research confirms that juvenile delinquents are more likely to have a confirmed mental health diagnosis from childhood trauma compared to children with no juvenile delinquent background (Ezell et al., 2018). In fact, as many as 92% of delinquent youth have experienced trauma in their life, and about 32% of those youth have been diagnosed with post-traumatic stress disorder (Ezell et al., 2018). Thus, the implementation of trauma-informed care has been discussed in research as it pertains to practice within the juvenile justice systems, not after the youth is released back into the community. Research indicates that even though this type of practice is being discussed to initiate interventions within the system, there has not been much change, making the risks of recidivism even higher among the population (Ezell et al., 2018).

Restorative Justice

Current Restorative Justice Efforts

Restorative justice is a newer term used within the juvenile justice system. In recent years, harsher terms of punishment for criminal behavior were favored as opposed to taking the time to address underlying components of an offender (Hsieh et al., 2016). Today, restorative justice is being implemented more than before, but at a slow pace, and with many interventions failing to be acted upon by the system. Again, efforts are being made to address criminal behavior and trauma within the actual justice system, but no efforts to carry such interventions back into the community where youth are at higher risk

of engaging in criminal activity. Probation can impact juveniles in the community as it pertains to their needs, community partner engagement, and rehabilitation (Hsieh et al., 2016). However, those expected standards have not been known to be carried out by probation officers across the country.

Community Programs

Restorative justice has also not been as effective in community programming implemented for juvenile delinquents. For example, Beyond Scared Straight, the D.A.R.E. Program, and boot camps specific for kids were implemented based on perspectives that youth were troubled and ignored the underlying needs leading to such behavior as it pertains to their mental health (Sellers, 2015). These programs continue to be used with juvenile delinquents despite failure to restore youth for success and to reduce recidivism (Sellers, 2015). The lack of intention behind these programs shows that youth have less opportunities to address ongoing trauma once released into the community from incarceration. Thus, it is imperative to gather experiences from youth post-incarceration to determine additional efforts that can be made to address underlying traumatic challenges.

Family Functioning

Caregiver Engagement. In the state of Georgia, the age of a juvenile stops at the age of 17, meaning that parents and guardians are still ultimately responsible for their youth whether they are incarcerated or not. Though youth are punished for their criminal engagement by serving time in detention, it is essential to consider the engagement of

caregivers as it pertains to preventing further juvenile justice involvement. Thus parents have a legal responsibility to ensure the needs of their child are being addressed appropriately, and family functioning happens to be an important factor in reducing recidivism rates among this population (Stewart & Rapp, 2017). According to Burke et al., (2015), parental involvement with adolescents prior to incarceration has been questionable. Parents of these children, especially in which Child Welfare is involved are often experiencing their own trauma and stress. Therefore, potentially having an impact on helping to prevent their child from engaging in criminal behaviors, which ultimately becomes a major risk factor for youth (Stewart & Rapp, 2017). Research also shows parenting as a risk of delinquency, in that poor parenting behaviors and lack of effective discipline strategies has the potential to lead to more disruptive behavior, and eventually incarceration (Tapia et al., 2015). Some parents are even oblivious to their youth showing signs of mental and behavioral symptoms that has high risk of leading to incarceration (Burke et. al., 2015). It is not until the youth is actually arrested that a parent understands there are some underlying issues going on.

Caregiver Relationships of Incarcerated Youth. Upon a youth's involvement with the juvenile justice system, parent and child relationships are likely to be negatively impacted, and research has shown just that. According to Tapia et. Al., (2015), parents are likely to become more controlling and hostile, and less trustful of their children due to their involvement. Furthermore, research also shows that the relationship between sons and fathers are impacted in which attachment lessens significantly. These statistics were

more prevalent among African-American families, compared to Caucasian and Latino families. This separation of attachment rather from a father or mother, has the potential to lead to higher risks of delinquency (Tapia et. al., 2015). Additional protective factors that impacts ongoing delinquency involvement include, parent monitoring, inconsistent discipline strategies, and parental conflict (Stewart & Rapp, 2017).

Stress Related Impacts. As it pertains specifically to family functioning of the African-American community, adolescents have a much higher risk of ongoing juvenile delinquency compared to other ethnic groups (Voisin et. al., 2016). This in part is due to significant stress related factors that impacts parental ability to address their child's current mental health challenges. Examples of that stress in African-American households include, incarcerated parents, drug use, mental illness, and lack of financial supports (Voisin et. al., 2016). Families experiencing such stress are at higher risks of difficulty for addressing behavioral and mental health concerns with their youth, leading to risks of recidivism.

Mental Health as a Result of Trauma

Trauma-Related Impacts

Many studies have shown the relative impact of mental health as it relates to trauma experienced by children and adolescents. The research has shown that approximately 65-75% of youth involved with the juvenile justice system has at least one active behavioral and/or mental health disorder (Burke et. al., 2015; Kretschmar et. al., 2015). There are some children impacted by trauma who will go on to becoming juvenile

offenders, and some children impacted with little to no engagement in delinquent

behaviors (Malvaso et. al., 2017). Focusing on the population of children who do have

delinquent background and trauma history leads to further impacts on mental health.

According to Kretschmar et. al., (2015), some studies have shown at least 90% of

juvenile delinquents experienced one traumatic event. Additionally, within that one study,

one adolescent had experienced over 14 traumatic events in their life thus far. These

traumatic events are even more significant within the African-American community.

According to Voisin et. al., (2016), African-American males are exposed to higher rates

of homicide, and are 20% more likely to report psychological distress compared to other

cultures. Malvaso et. al, (2017), reported that traumatized children are likely to later

become diagnosed with attention-deficit hyperactivity disorder, conduct disorder, and

oppositional defiant disorder. This comes from a result of their lack of tolerance to cope

with stressful situations appropriately. Thus adolescents are also known to use anger as an

avoidance strategy after experiencing trauma, which leads to more unpredictable

delinquent behavior.

Conduct Disorder

Conduct disorder at the stage of adolescence is prevalent among individuals older

than the age of 10 and likely to be seen more in males than females; though that gap is

closer with adolescents (Tonyali et. al., 2019). Unlike childhood onset of conduct

disorder, at the adolescent stage, there are a variety of factors that play into the presence

of this disorder. Researchers suggest that these behaviors often initiate from peer group

association, educational challenges, depression, alienation, and peer pressure. Certain aspects of these stressors lead to intensive delinquent behaviors and initial engagement in detention. In considering the most effective way to address this disorder, specific psychosocial interventions are needed to decrease further delinquent involvement.

Attention Deficit-Hyperactivity Disorder

Attention Deficit-Hyperactivity Disorder (ADHD) significantly impacts adolescents academic and social functioning due to inattention, impulsivity, and hyperactivity (DuPaul et. al., 2020; Philipp-Wiegmann et. al., 2018). It is highly prevalent among 8-11% of adolescents and has the potential to lead to chronic behaviors if certain interventions are not in place (DuPaul et. al., 2020). Consequently, according to DuPaul et. al. (2020), only about 31% of diagnosed adolescents are receiving the behavior intervention treatment needed to address ADHD; while the remainder of individuals are prescribed psychotropic medication. Additionally, individuals with an ADHD diagnosis are more likely to experience behavior issues with adult figures such as parents and teachers, potentially leading to involvement with the justice system. According to Philipp-Wiegmann et. al., (2018), approximately 25.5% of incarcerated adolescents has a diagnosis of ADHD.

Though research showing the prevalence between ADHD and juvenile delinquency continues to grow, studies are beginning to present correlated data. One study for example conducted in 2018, showed that juvenile adolescents diagnosed with ADHD were more than likely to reoffend 2.5 times compared to adolescents without the

diagnosis (Philipp-Wiegmann et. al., 2018). Van der Put et. al., (2016) obtained similar research that shows high prevalence of ADHD among juvenile offenders, as well as high rates of recidivism compared to juvenile delinquents with no ADHD diagnosis. This ultimately suggests that children diagnosed with ADHD are at higher risks of becoming involved in the juvenile justice system compared to their counterparts.

Oppositional Defiant Disorder

Oppositional defiant disorder (ODD) is now an independent disorder in the DSM-V and associated with adolescents who display defiant, irritable, and rebellious behaviors towards authority figures (Aebi et. al., 2016). Research has shown that this diagnosis is very prevalent among juvenile delinquents and has the potential to lead into further issues in adulthood. According to Aebi et. al., 2016, ODD is diagnosed among 14-43.2% of adolescent males. The study found that adolescent males diagnosed with ODD due to subtype irritability, were more likely to return to incarceration than adolescent males without the diagnosis. A subsequent study showed that 40% of juvenile justice involved youth had a co-occurring disorder that included oppositional defiant disorder. Thus another study showed lack of adolescent service engagement by individuals diagnosed with ODD (Burke et. al., 2015). It is evident that ODD serves as major risk factor in criminalization and negative effect on adolescent's ability to address their behavior issues through intervention efforts.

Trauma-Informed Care Today

Prevalence of Current Trauma-Informed Care

The practice of TIC has become more prevalent in today's practice of mental health. The term of TIC was formulated by two individuals, Harris and Fallot to coin a description of services provided to people based off experienced trauma (Knight, 2019). Additionally, the American Psychological Association felt it necessary to incorporate a broader diagnosis of trauma in the DSM-V, known as Trauma and Stress Related and Dissociative Disorders (Knight, 2019). Since the relevance of this term, the significance of trauma per individual and experiences has been taken into consideration for appropriate care. According to Knight (2019), the aftereffects of trauma has the potential to impact one's social, psychological, psychiatric, and behavioral factors. However, identifying essential supports to mitigate the trauma on a short and long-term basis can decrease further trauma victimization. In relation to adolescents who have experienced trauma, risks of participation in criminal behavior has the potential to increase if those supports are not in place.

Secondary Traumatic Stress

The thought of trauma can often insinuate a person who has directly experienced a negative life-changing event. However, trauma can also be experienced indirectly, known as secondary traumatic stress. Herzog et. al., (2016) describes STS as one who carries emotional and behavioral symptoms due to a family member or friend experiencing trauma. Information heard by individuals from sources such as news outlets,

social media, and community conversations can lead to secondary traumatic stress.

Additionally, secondary trauma experienced by children has the potential to lead to

further trauma in adulthood (Herzog et. al., 2016).

Trauma Informed Care Versus Trauma Informed Practice

A difference also lies between the interchangeable terms of TIC and trauma

informed practice (TIP). While TIC focuses more on the services available to the

community to address trauma, TIP refers to the clinical approach used to process trauma

with individuals. Knight (2019) addresses the five core principles of TIP that should be

considered when working with clients including, safety, trust, empowerment, choices,

and collaboration. Safety is ensuring a client's comfort during the practice and sense of

understanding support to building a positive rapport. Trust is an important principle to

consider because without it, the practice is useless. Adolescents especially those with

criminal background will have a more challenging time building trust due to fear of

information being exposed elsewhere. However, this is where empowerment comes in,

which provides clients an opportunity to take control of their own goals as it pertains to

addressing the trauma. Thus providing such choices leads to a better client-professional

relationship to collaborate on the specific tools needed to fully process the trauma for that

individual client. Utilizing these five principles of trauma is essential to lessening the

negative effects and impacts of that experienced trauma later on. Unfortunately, research

shows that these principles are not being followed and victims of trauma lacks

appropriate care and services to address it. The other challenge is treating trauma in

adolescents in a timely manner. According to Meiser, et. al., (2014), implementing interventions within two weeks of the trauma occurring can decrease the severity of the symptoms.

Summary

Studies have been conducted confirming the increasingly recidivism rates among the adolescent population, especially for the black community. Despite multiple research that has been conducted, incarceration rates continue to be high. Trauma has been linked to Black males who have been incarcerated, yet there appears to be a lack of known opportunity to address trauma in the community. Youth are seldomly provided with guidance and resources to seek out help regarding trauma when released back into the community. This ongoing practice creates barriers for Black males to address underlying trauma that could be contributing to involvement with the justice system.

The justice system today has moved towards a more restorative approach; however, programs have not been as effective or successful in preventing youth recidivism. Though there are additional extenuating factors that can contribute to a youth's incarceration history, attention to trauma-informed care provides a different direction. Not only does this consider the amount of trauma that youth have been exposed to, but the age of onset as well. The prevalence of mental health among this population then becomes impacted, and youth remain at a standstill in which they lack opportunities to address it.

Past studies suggest the need for more preventative and intervention measures that are needed to be in place to reduce the number of Black male adolescents being incarcerated as juveniles. Though there have been efforts made to create programs to address recidivism among Black males, there remains a significant factor with the recidivism rates continuing to be high. Thus, exploring the post-incarceration experiences of Black males with little to no trauma-informed care, will provide knowledge on the guidance and tools needed to keep more black males outside of detention centers, while also ensuring safe spaces to address trauma.

In chapter 3, I will discuss the methods and methodology used to explore the experiences of young Black males, post-incarceration with little to no trauma-informed care, and diagnosed with a mental health disorder. Issues of trustworthiness and ethical considerations are also discussed.

Chapter 3: Research Method

Incarceration rates for Black male adolescents have continued to increase within communities like metro Atlanta. But there has been limited research on the mental health experiences of Black male adolescents once released from incarceration with a focus on trauma-informed care. For this qualitative study, I explored the experiences of young Black males who have received little to no trauma-informed care post-incarceration. I sought to obtain responses about participant experiences as it pertains to barriers of receiving mental health support and their thoughts and experiences on addressing trauma. The research question was "What are the lived mental health experiences of African American males between the ages of 18–25, at least 1 year post-incarceration, who received 0–2 months of trauma-informed care services?" In this chapter, I explain how the study was conducted, along with recruitment strategies and the way in which data were collected and analyzed. I also discuss issues of trustworthiness, conflict and biases, ethical considerations, and how data were treated throughout the process to ensure participant confidentiality.

Research Design and Rationale

A phenomenological qualitative study was used to explore the post-incarceration experiences of eight–10 young Black males. This approach benefits the idea of deeply understanding the lived experiences of each individual, which defines the purpose of a phenomenological approach (Urcia, 2021). Therefore, a semistructured interview format was used to allow participants to share experiences directly from their perspective.

Unlike other qualitative designs, the phenomenological approach does not lead to generate additional theories, rather it is used to understand the experiences of others (Urcia, 2021). Additionally, this approach of phenomenology forces researchers to be subjective by suspending their attitudes, values, and beliefs on a phenomenon to focus specifically on the perception of the individual who lived the experience (Neubauer et al., 2019). This allows the researcher to incorporate open-ended questions in which the participant plays a part in helping the researcher to create meaning to the phenomenon being studied (Urcia, 2021). A qualitative design also provides focus to multiple contributing factors to a certain phenomenon (Bhangu et al., 2023).

Additional qualitative research designs such as grounded theory, case studies, and a narrative approach could have been considered for this study. However, a phenomenological design emphasizes the concept of more than one reality of a phenomenon existing (Urcia, 2021). In this case, I was interested in gaining understanding of multiple experiences to better understand the phenomenon as a whole.

Role of the Researcher

For the study, I conducted semistructured interviews with each participant separately. Recruitment for participants included flyers provided to counselors to disperse to individual's that included follow-up contact information if interested in the study. Counselors pre-screened participants and provided flyers to those individuals who had a diagnosis and have received 0–2 months of trauma informed care. Participants referred by counselors were then able to complete the online screening and if qualified, set up a

virtual interview. I previously completed an internship at the Metro Regional Youth Detention Center in Atlanta, GA from 2015-2016; however, I did not know any of the individuals who completed the pre-screening for the study. Though I have not maintained further client relationships with those youth, and I no longer work at the juvenile detention center, being aware of biases is essential. It is important that my prior experiences in working with this population did not get in the way of me analyzing data. As mentioned, this was managed by ensuring none of the participants were individuals I knew. Additionally, being conscious of my personal biases as it relates to the study helped to prevent making conclusions off my perceptions.

Methodology

When it comes to gathering data from a phenomenological approach, interviewing includes exploring in-depth lived experiences (Englander, 2019). Semistructured interviews when conducting phenomenological research include a rough draft of questions to guide conversation with the participant while keeping questions open based on that individual's experience. As it pertains to the interviewer, the appropriateness of reflection is an important skill to utilize in a phenomenology study. The interviewer has to reflect the participant's response in a way that will not change the meaning of the initial context (Englander, 2019).

This study involved an initial screening process for eligibility of participants and the collection of data through virtual, individual interviews. The purpose of the initial screening process was to screen individuals for being selected as an active participant in

the interview to ensure they meet specific eligibility criteria. Participants were interviewed on their minimal to no experiences of trauma-informed care post-incarceration with the juvenile justice system.

Procedure, Recruitment, and Data Collection

Procedure

The study included a total of eight participants selected through purposive sampling with specific criteria including: African American, male, between the ages of 18-25, released from incarceration for at least six months, and diagnosed with a mental health disorder. Interviews are essential to obtain data directly from participants that have actually experienced the phenomenon of interest for the study (Palinkas et al., 2015). The total number of participants was determined based upon saturation being achieved to prevent conducting numerous interviews with the same obtained information (Palinkas, 2015). Participants were informed about the study from therapists, probation offices, and through social media after IRB approval was met. Contact information was listed on flyers for individuals to contact me if interested in the study. The participants were then contacted by email and a text message to confirm interview date, time, and additional instructions. Participants were required to sign a consent form to participate in the study, and was provided a gift card to their email once the interview was complete.

Recruitment

Qualitative data was collected from participants using semi-structured interviews. Recruitment included emailing flyers to local counseling offices in Atlanta, posting flyers

in local Atlanta probation offices, and posting the flyer to my personal LinkedIn page that allowed other professionals to share among their network of colleagues and clients. Individuals interested in taking part in the study contacted me through a Walden email address and was provided a link to their phone to complete a screening form. If they met requirements for the study based off responses on the screening form, they were contacted by phone to discuss next steps. During each phone call, expectations of the study were explained to participants, and a scheduled date and time was set for their interview. At the conclusion of the call, participants were sent a text message and email thanking them for their interest in the study, the date and time of the interview, and notified that the virtual zoom link would be sent twenty-four hours prior to their scheduled interview time. The email and text message sent twenty-four hours prior to each interview, included the virtual zoom link and asked the participant to confirm if they were still willing to complete the interview.

Surveys. Each individual who showed interest in participating in the study, was required to complete a participant screening form through Google. The purpose of the form is to ensure that participants were eligible for the study based on the requirements. The form inquires about basic demographic information and two study specific questions regarding the location of their prior incarceration and the last time they were incarcerated. This provided me an opportunity to know beforehand if any of the participants were incarcerated at a juvenile detention center that I had interned with during my masters

program. Additionally, I was able to confirm that each participant had been released within six months of the study taking place.

Data Collection

As the interviews were being conducted, data was collected using audio recorders for the purposes of transcribing participant responses. Questions were semi-structured and open-ended to allow for thorough responses from participants based on their individual experiences. The use of interview notes were also used for data collection. Additionally, participants were able to ask additional questions at the end of each interview, and were provided a list of counselors in their residential area. As it pertains to maintaining ethical procedures for participants, none of their names were used during the study, as well as any specific information that could make participants identifiable.

The interview guide (Appendix B) was used to obtain responses that will help in answering the research question. The start of each interview involved building rapport by providing participants an introduction and brief background of myself to help them feel more comfortable. I then lead with the same flow of information for each interview, including: a general overview of the study, notifying them that the interview was being audio recorded, and answering any questions they had before the interview begun. The participant consent form was also read and reviewed during that time. I watched each participant sign their name on the consent form, and they each sent it to me by text after taking a picture of the form with their phone. Each question formulated in the interview guide included 21 open-ended questions; however, close-ended questions was used when

needed for further clarity on responses. At the conclusion of each interview, participants were asked if they had anything else to add related to the questions asked, and was thanked for their participation in the study. Each participant who completed the full interview, was emailed a $20 visa gift card as indicated on the recruitment flyer as an incentive to their participation.

I transcribed each interview by hand to enter in a separate word document on my personal laptop. Each transcribed word document was labeled as "Participant 1, 2…8" and saved on my password protected computer, as well as on a USB flash drive that is kept locked in my home office desk drawer. I remain the only individual who has access to the key for the drawer to ensure participant confidentiality.

Data Analysis

Due to the large amounts of data obtained for a phenomenological study it is essential to become fully immersed in the data for a clear analysis (Urcia, 2021). In fact, qualitative data in general can be quite overwhelming and therefore, data must be simplified to understand and make appropriate use in the community (Meyer & Avery, 2009). The analysis for this particular approach involves coding and categorizing. More specifically, the Modified Van Kaam Analysis is utilized to analyze data in studies due to its association with the phenomenological approach (Sumskis & Maxzham, 2017).

I conducted this analysis by transcribing each interview by hand using Microsoft Word. This process allowed me to listen to each participant response repeatedly for a deeper understanding of the context to the interview questions. Additionally, once the

transcribing was completed, I went back to read through each document for the purposes of precoding, elimination, reduction, and theme identification based on quotes from participants. According to Sumskis & Maxzham (2017), this approach for analysis involves a series of steps including, horizonalization, individual structural descriptions, and textural descriptions to ensure each response is carefully considered and understood as it relates to the study. I created a Microsoft Excel document that helped to keep track of participant excerpts and quotes, and keep data organized throughout the process. This led to initially identifying 82 specific codes and narrowing down to four themes, which were used to answer the research question.

Analyzing the data was a long process but was useful to gain insight into each participant experience for thorough understanding (Younas, Cuoco, Vellone, Fàbregues, Escalante Barrios, & Durante, 2022). I used thematic analysis to manually code the qualitative data. Coding was an important step in the data analysis that allowed me to examine each response and make sense of the data by reducing it down according to its relevance to the research question. (Younas et. Al., 2022).

Issues of Trustworthiness

During the study, the following strategies to ensure trustworthiness were considered. Liao and Hitchcock (2018) suggested credibility as one of the essential indicators of qualitative studies. There are many techniques used for credibility, but for the purposes of this study, peer debriefing, triangulation, and member checking was utilized. Peer debriefing is useful to have further discussions with colleagues to analyze

data, which was also useful to ensure any personal biases I had during the research that could impact the results of the study. Triangulation involved field notes and interviews obtained to support the phenomenon of the study. Member checking provides an opportunity to obtain feedback from participants on the study, once data has been analyzed (Liao & Hitchcock, 2018). Throughout each interview, I addressed participant responses that were unclear, and provided participants the opportunity at the end of the study to share any additional information.

Transferability is a useful strategy that provides information to outside individuals about the study for them to associate the results to similar populations they may work with or for similar situations (Morse, 2015). Sharing these results and analysis of the study among other areas of Georgia and outside of the state in which incarceration among black, male adolescents continues to be a significant issue, incorporates the use of transferability. Dependability is one way to ensure the effectiveness of the study and its ability to be repeated by others, which involves having an inquiry audit conducted (Morse, 2015). This allows another researcher to thoroughly analyze the data process and research to ensure that everything is supported and was conducted appropriately. Lastly, confirmability is a way to implement additional aspects of triangulation. In this case, reflexivity is a strategy that is very useful for this type of phenomenological research to ensure researcher biases is not present. I kept a reflexive journal to document my personal opinions and biases throughout the research to promote this type of trustworthiness.

Conflict and Biases

There were a few conflicts and biases that I had to be mindful of throughout the study as I collected data. I have worked in a variety of settings that involves the population who participated in the study, specifically interning at one of the juvenile detention centers for a year in Atlanta. I also have approximately nine years of experience working in the mental health field and have participated in trainings and seminars focused on trauma and adolescent youth. I had to ensure that my views, experiences, and knowledge on these subjects did not interfere with collecting and analyzing data for the study. One benefit however, is my master's degree in Clinical Mental Health Counseling that allowed me to use appropriate interviewing techniques with participants such as active listening, empathy, building rapport, and awareness of non-verbal body language.

Ethical Considerations

Ethical considerations for this study involves the known fact of participants being criminals by law. Therefore, due to the young age of the participants and the criminal charges they had and currently carry, confidentiality is very important for the study. Confidentiality was discussed in depth and consent forms was signed with participants before they took part in the study. Participants were made aware that if they disclose information on a plan to engage in criminal activities or bring harm to others, then that information will be provided to the proper authorities. Participants were also notified that their names will not be used in the study. Additionally, it was made clear that

participation in the study does not provide any incentive to the participant's current

charges and involvement with the justice system.

Participants were made aware of legal risks as it pertains to participating in the

study and the possibility of self-incrimination. However, participants were notified that

discussing details of their criminal involvement was not necessary for the study. Thus,

questions pertaining to their criminal involvement only included the name of the

charge(s) and when it occurred. Lastly, participant interviews took place virtually

ensuring privacy, to prevent conflicts of safety. The study was submitted for review to the

Internal Review Board for Walden University prior to any parts of the study beginning to

ensure all ethical considerations have been addressed.

Treatment of Data

As previously mentioned, the names of participants were not used in any

documents of the study to ensure confidentiality and risks of exposure. It was my goal to

ensure participants were comfortable while sharing their personal experiences especially

due to their ages. Participants were notified that they had the option at their own free will

to end participation at any time. Participants were also notified that if they ended

participation, none of the information obtained will be used in the study; however, no

participant chose to leave the study early. The environment of the study was informal

through a virtual platform which included participants being dressed as they want, and

myself wearing casual clothes. Additionally, though participants were notified that the

interview was being audio recorded, the audio recorder was not shown through the video

to ensure more comfort. Due to discussing past trauma throughout the interview, the technique of empathy was used often, and participants were asked if they needed a break halfway through the interview. A document was also provided to participants by email after the study was completed, that included mental health resources in their community. Participants were treated with respect and provided a clear understanding of their rights.

All data, paper documents and the audio recorder is stored in my home in a secure location and will not be taken anywhere else. Data obtained on my computer and flash drive will also be secured in my home, and all of this information will be destroyed within 5 years through shredding and appropriate disposal.

Summary

A qualitative research design was useful for this study to explore the post-incarceration experiences of young Black males. This design helped to gain a deeper understanding of each individual experience from participants. Chapter 3 covered aspects of the research method including, procedures, recruitment, data collection, data analysis, trustworthiness, ethical considerations, and treatment of data. There were a total of eight participants interviewed for the study based off specific criteria in which participants were screened for. The participant criteria included: Black, male, between the ages of 18-25, incarceration history, past or current mental health diagnosis, and 0-2 months of experience with trauma-informed care. Selected participants completed a 30-60 minute virtual interview, and were provided an incentive for their participation. The use of open-ended questions was important to incorporate throughout the interview, to provide

participants an opportunity to share their own experiences. Chapter 4 will discuss the

findings of the study through the data collected.

Chapter 4: Results

This study was conducted on the lived mental health experiences of Black males, ages 18–25, post-incarceration who have received 0–2 months of trauma-informed care. Semistructured interviews allowed me an in-depth understanding of each participant's experience through their own lens to address the lack of trauma-informed care provided to this population. This chapter discusses the steps to addressing my research question by way of eight total participants. The sections include in-depth context on the setting of the interviews, demographics of participants, and specific steps used from the Modified Kaam Analysis tool that yielded four qualitative themes that answered the research question. Lastly, a discussion on trustworthiness is presented as it relates to collecting qualitative data.

Setting

The study was conducted in Atlanta, Georgia and included a total of eight virtual interviews. The decision to move forward with virtual interviewing was due to the COVID-19 pandemic to ensure the safety of myself and participants. Each interview was completed via a separate password-protected Zoom link. Participants were provided instructions via text message and email that included instructions on using the Zoom link.

Demographics

Participants involved in the study shared similar demographics due to the required screening process prior to being selected for an interview (see Table 1). Participants ranged in age from 18–25, and all described themselves as Black males. All the

participants had been diagnosed with a prior mental health disorder and had received less than 2 months to no trauma-informed care. Incarceration history played a big descriptor with each participant, as they all had been incarcerated at least once in their life and had been released at minimum, 6 months prior to the interviews taking place. Most participants had a primary diagnosis of attention deficit-hyperactivity disorder ($n = 4$). There were additional respondents ($n = 3$) who completed the preliminary screening; however, one of those individuals did not follow through on confirming the set interview date and time, and two prospective individuals were recently released from incarceration sooner than the minimum 6-month requirement.

Table 1

Participant Demographics

Participants	Age	Race	Sex	Mental Health Diagnosis
Participant 1	18-25	Black	Male	ADHD
Participant 2	18-25	Black	Male	ADHD
Participant 3	18-25	Black	Male	BIPOLAR
Participant 4	18-25	Black	Male	DEPRESSION
Participant 5	18-25	Black	Male	ADHD
Participant 6	18-25	Black	Male	BIPOLAR
Participant 7	18-25	Black	Male	PTSD
Participant 8	18-25	Black	Male	ADHD

Note. For confidentiality purposes, each participant is identified by a number. The number does not coincide to the order of when the participant completed the interview.

Data Collection

Qualitative data were collected from a total of eight participants using semistructured interviews. Recruitment included emailing flyers to local counseling offices in Atlanta, posting flyers in local Atlanta probation offices, and posting the flyer to my personal LinkedIn page that allowed other professionals to share among their network of colleagues and clients. Individuals who were interested in taking part in the study had to contact me through a Walden email address and was then provided a link to their phone to complete a screening form. If they met requirements for the study based off responses on the screening form, they were contacted by phone to discuss next steps. During each phone call, I explained and reviewed expectations of the study with participants and scheduled the date and time for their interview. At the conclusion of the call, participants were sent a text message and email thanking them for their interest in the study, the date and time of the interview, and notified that the virtual Zoom link would be sent 24 hours prior to their scheduled interview time. The email and text message sent 24 hours prior to each interview included the virtual Zoom link and asked the participant to confirm if they were still willing to complete the interview.

Surveys

Each individual who showed interest in participating in the study was required to complete a participant screening form through Google. The purpose of the form was to ensure that prospective participants were eligible for the study based on the requirements. The form inquired about basic demographic information and two study specific questions

regarding the location of their prior incarceration and the last time they were incarcerated. This provided me an opportunity to know beforehand if any of the prospective participants were incarcerated at a juvenile detention center that I had interned with during my master's program. Additionally, I was able to confirm that participants had been released within 6 months of the study taking place.

Interviews

All eight of the semistructured, virtual interviews took place between March 2021 to December 2021. The interview guide (Appendix) was used to obtain responses that helped in answering the research question. The start of each interview involved an introduction and brief background of myself to help participants feel more comfortable. I then led with the same flow of information for each interview that included a general overview of the study, notifying them that the interview was being audio recorded, and answering any questions they had before the interview began. The participant consent form was also read and reviewed during this time. I watched each participant sign their name on the consent form that was sent to me by text after they took a picture of the form with their phone and saved in a participant folder on my computer.

Each question formulated in the interview guide included 21 open-ended questions; however, occasional close-ended questions were used when needed for further clarity on responses. There were two additional questions that I added to the interview guide after conducting the first interview that I thought were meaningful and beneficial to the research question. Those questions included, "are you required to participate in

therapy or participating by choice?" and if their response included by choice, I asked

"what or who motivates you to continue therapy on your own?"

Before the conclusion of each interview, they were all asked if they had anything

else to add related to the questions asked and were thanked for their participation in the

study. All eight participants were emailed a $20 visa gift card as indicated on the

recruitment flyer as an incentive to their participation. Participants were also provided

with a list of therapy providers in the area of Atlanta for optional support and resources

that was sent to their email address.

I transcribed each interview verbatim in a separate word document on my

personal laptop. Each transcribed word document was labeled as "Participant 1, 2…8"

and saved on my password-protected computer as well as on a USB flash drive that I

keep in a locked cased in my home office desk drawer. Brief field notes were taken

during each interview on separate sheets of paper and were later typed up at the bottom of

each participant transcript.

Unusual Circumstances

There were a few unusual circumstances that occurred during data collection. Two

individuals who completed the screening for the study did not meet full criteria as they

had been more recently released from incarceration within the past three months, instead

of the minimum required of six months. The third individual met eligibility for the study

and scheduled their interview date and time; however, they did not confirm their

participation within twenty-four hours and did not respond to the confirmation reminder

text and email. Additionally, there were some connection errors that occurred during two

participant interviews in which myself and the participant had to log back on to the Zoom

link.

Data Analysis

The analysis phase of my study correlates with the phenomenological theory

behind my research question. Moustaka's Modified Kaam Analysis was used to

thoroughly analyze each participant interview separately. This approach allowed me to

delve in the participant lived experiences that was shared during the interviews. The

process was initiated by transcribing each semistructured interview verbatim in a word

document. For each transcribed document, I started with horizonalization by reminding

myself to treat every quote equally. This was achieved by highlighting each quote

relevant to the phenomenon of their lived mental health experiences. Those quotes were

then either reduced in meaning or eliminated based upon the importance of the quote to

the experience. Thematic analysis was incorporated after identifying relevant quotes to

begin exploring similar meanings among the data. Therefore, I took notes on observations

made during this step to highlight different patterns. There were 82 codes derived from

thematic analysis that were compared to the actual data collected. I spent time listening to

audio recordings multiple times to ensure a clear understanding of participant responses.

Since I asked clarifying questions during the interviews, as needed, there was no time in

which I had to contact a participant for further clarification during this analysis process.

After thorough review of the audio recordings, I found no discrepant cases within the study.

Evidence of Trustworthiness

Trustworthiness during this study included observations noted during each interview, field notes, and direct responses from participants. I brought awareness to any judgements or biases that came up during my approach to ensure subjectivity. At the very beginning of the interview, consents were reviewed with all participants in detail and I provided them an opportunity to ask any questions. Participants were also notified they could opt out of the study at anytime if they started to feel uncomfortable. Additionally, if there was a question that a participant did not want to answer, they had the option to skip it or question was asked in a different way that was more appropriate for them.

Credibility

Research suggests that credibility is evident in qualitative research when one can establish that the results are believable. Peer debriefing, triangulation, and member checking were three aspects of credibility utilized throughout the study for credibility. I was able to have discussions with colleagues once completing my study by going over some of the context of the interviews without providing transcripts for confidentiality purposes. Triangulation involved the use of field notes to cross check any discrepancies or lack of understanding while transcribing and analyzing data. If such discrepancies were still unclear, member checking allowed me to contact participants for clarity.

Additionally, for each participant response, open-ended questions were asked for thorough understanding of experiences.

Transferability

Transferability of this study includes aspects that can be associated with similar populations and situations of the phenomenon studied. Evidence is able to be provided to prove such assumptions based on the findings from the study (Nyirenda et. al., 2020). Those factors include the time and location the study took place, the specific population including cultural characteristics, and the number of participants interviewed.

Dependability

Qualitative studies have been associated with high interpretative perspectives based on personal values, beliefs, and prior knowledge (Shufutinsky, 2020). To achieve dependability in the study, sharing the process of the method with colleagues of mine for feedback was useful. Explaining the steps of the study to my chair and other professors within my educational network assisted to critique the research.

Confirmability

Reflexive journaling was utilized to achieve confirmability. This methods tool allowed me to engage in a deeper understanding of participant views and responses (Meyer & Willis, 2018). While analyzing data, a notebook was kept nearby to write down opinions and biases that I thought about during the process. Unknowingly, there were some concepts of thoughts that were questionable during analysis and shocking to my perspective.

Results

The purpose of this qualitative study was to explore the lived mental health experiences of African American males between the ages of 18-25, at least one year post-incarceration, who received 0-2 months of trauma-informed care services. I found commonality of shared struggles that individuals in this population experience. Among the data, there were four identified themes I discovered through thematic analysis, including: Societal Perceptions of Mental Health, Loss of Support and Resources, Programming Needs, and Unaddressed Trauma.

Theme 1: Societal Perceptions of Mental Health

I utilized the beginning of the interview to explore participant thoughts around their mental health diagnosis, and perception of mental health in general. Responses were shared in which participants talked about the role their diagnosis plays in their day-to-day life and challenges in managing the diagnosis. It was evident that participants shared some knowledge and awareness of mental health, but had difficulty sharing and expressing those challenges with other people. For example, participant 3 shared about struggles experienced in school, but discussed how those struggles were often mistaken for behavior issues:

> I don't try to let it define who I am, but I know the stuff I do sometimes is because of that. Like sometimes, sometimes I can't control my actions, but I try not to let it get to me. Back when I was in school I could never really like focus for real,

and I tried to tell my teachers like something is wrong with me…but, they didn't

believe me. They just went on about they stuff.

Participant 4 discussed how the topic of mental health was limited around family:

Um, it definitely plays a role in my life, probably more so with my family. I feel

like my whole family got problems, they just afraid to own it at times. I've tried to

talk to them about mental health and they don't want to hear it. They think it has

to deal with people being crazy, and I'm like naw that's not it.

Participant 7 pointed out the lack of knowledge others have when trying to help people

struggling with mental health: "I would say the biggest challenge is trying to get other

people to understand what I'm going through, yeah. I always felt misunderstood because

they don't know how to help me."

Participants were also asked "what does mental health mean to you," and

responses referenced what participants felt society thought about mental health.

Participant 1 stated,

I hear people talk about it like it's a bad thing. I don't know, I feel like other

people think it's something wrong with me sometimes. That's why I don't really

tell people. I don't like talking about it if I ain't got to

Participant 6 acknowledged not knowing a lot about mental health, but recalled hearing

about family talking about it:

I know I'm not the only one who got mental health problems. Everybody in my

family got something wrong with them. But they not going to get any help, I

know that. I wouldn't mind getting help though, because if that's what I need to

help me, then I want it.

Theme 2: Loss of Support and Resources

The second theme emerged from participants mention of the lack of support and

resources that were accessible to them after being incarcerated. All eight participants

denied being provided adequate resources prior to being released from incarceration.

Furthermore, participants shared that they lacked access to resources and had limited

people willing to help access resources that may have been available. Bauer et. Al. (2022)

mentioned barriers of black males utilizing mental health resources including, stigma,

masculinity, racial injustice, and inability to describe mental health symptoms and

challenges. Participant 1 stated,

> Naw, I didn't have any support, would've been nice to. I remember being asked
>
> questions about my diagnosis because I had to meet with a doctor to get my
>
> medication. After being released, it was a matter of doing the same thing.

Participant 3 stated, "What support? There wasn't anything or anyone trying to help me

out. I was on my own, just like now." Participant 4 stated, "Um, support. I would say

there were people who I could reach out to every now and then. Usually they would say

let me know if you need anything' but I think it was just to be nice." Participant 5 stated,

"I didn't hear from too many of my people when I was in. And after that, they-they really

didn't mess with me."

Participants were asked how they felt about having their mental health needs addressed. Though many participants insinuated that they would be open to addressing their mental health needs, they were unsure what that would look like. Participant 6 stated, "I have no idea where to start with that. Or who do I go to. I mean if the resources were out there, I would probably take advantage. I just know it's not much out there." Participant 8 asked if the question was referencing therapy and proceeded to state, "I'm going to be honest, I don't know about therapy. I would try it and see how it goes." Participant 8 also asked if I knew any therapists and how therapy works. Participant 3 asked, "where would I go" while trying to clarify how mental health needs would be addressed.

Theme 3: Programming Needs

The third theme emphasizes the need for accessible programs in the community that targets mental health for youth. Participants were asked what they feel is needed to address trauma in the community, and many mentioned programming areas that could increase support. Participants reflected on their own experiences as children and talked about needing to be exposed to people who could understand what they were going through, and provide help. Participant 1 stated, "They need to know what it is first. I mean I'm just realizing how everything I went through as a kid is affecting the way I am now. We need more programs focused around that." Participant 2 stated, "Mentors. A program where people could talk to others who share similar experiences."

Participants 4 and 8 talked about mental health programming in the schools. According to Baghian et. al., (2023), studies have shown that schools can no longer focus solely on academics, but should incorporate social, emotional, and cognitive focus to promote growth and positive well-being. Participant 8 stated, "Talking about this stuff in school is a start. Putting programs in the classrooms and the kids can learn about it there." Participant 4 stated, "There's so many things they make us learn in school, and half of that stuff we don't end up using. We need classes on buying houses, finances, and how to take care of ourselves mentally."

Each participant talked about the need for some type of program that need to be created for youth either in the community or schools that focuses on mental health. Participant 3 talked about tragic events youth continue to be exposed to, and often left without resources and support to talk about what happened. Participant 6 stated "we could all use help in some way. But we got to have people willing to help. I hope if I can eventually get myself together, that I can help somebody else out". Participant 2 emphasized the need for mentors in the community, so youth can have someone to talk to on the regular who understands more of what they are going through as it relates to mental health.

Theme 4: Unaddressed Trauma

The final theme addressed the last part of the research question pertaining to participants having 0-2 months of experience with trauma-informed care. None of the participants heard the term trauma-informed care prior to the study. Participants discussed

lack of opportunities to talk about past trauma they experienced. They all had a general

idea on the definition of trauma. Overall, participants associated trauma with some

negative life experience. For example, participant 1 stated "being involved in a bad

incident or losing someone close to you". Participant 8 stated, "going through something

bad that messes you up in the head". Participants spoke about the impacts trauma has

played in their life. Participant 3 stated, "I been through it all, so I'm always on edge

about stuff. I don't trust people, I'm always questioning stuff. I just know I'm messed up

in a lot of ways because of what I've been through." Participant 5 stated, "That's my

whole life. Everything filled with trauma. My teachers used to say I need to talk about it,

but I never did. It would be a lot to talk about because I been through a lot." Participant 7

stated,

> It's hard to say if the things I've experienced is trauma or just the way of life. I
>
> mean, everybody around me went through it so it's common for me. It's not
>
> something we talk about, you just keep going.

Participant 8 stated,

> Talking about the past isn't easy, so I don't know if I would. But I see the effects
>
> of it easily. I still get flashbacks from certain situations, but I put it behind me and
>
> act like I'm good.

> Though participants had not heard the term, trauma-informed care prior to the

study, they spoke significantly about the way trauma continues to impact their life.

Participants shared that processing trauma would be difficult because of having to relive

negative life moments. Participant 5 stated "I couldn't even imagine trying to unpack it, because it's been so much". Participants also acknowledged not doing much to address trauma, and mentioned barriers including, resources, finances, insurance, emotional readiness, and lack of guidance. Participants also shared their experiences on being asked questions about trauma they experienced during initial assessments once being incarcerated, but didn't talk much about trauma after that, or once being discharged.

Summary

Chapter 4 concluded findings of the research study that sought to explore the post-incarceration experiences of Black male adolescents as it relates to trauma-informed care. The chapter included details on the setting of the study, demographics, data analysis, data collection, and issues of trustworthiness. The participants in the study shared their experiences of the lack of trauma-informed resources and support provided post-incarceration, and barriers and challenges to receiving mental health support. Additionally, participants discussed their lack of knowledge and motivation to address trauma. There were a total of four themes created from the findings once data was broken down through transcription, including, societal perceptions of mental health, loss of support and resources, programming needs, and unaddressed trauma.

Chapter 5 will address the interpretation of findings as it relates to the literature identified in chapter 2. Additionally, I discuss limitations of the study and recommendations for things that could be conducted differently if the study were to be

replicated by another researcher. Lastly, I address the implications of the study and how

the findings can be applied to implementing social change in communities.

Chapter 5: Discussion, Conclusions, and Recommendations

This qualitative study provided a thorough look into the lived experiences of Black male adolescents. The study obtained participant responses to the populations way of life after being incarcerated with a mental health disorder and having little to no trauma-informed care. This study has the potential to address challenges related to increased recidivism among young Black males and the lack of attention to their mental health. This chapter discusses the interpretation, limitation, and implications of the study before concluding.

Interpretation of the Findings

In this section, I discuss the findings of the study as it relates to the conceptual framework and literature review. The results of the study align with information mentioned in the literature review as it relates to the experiences of young Black males diagnosed with a mental health disorder with less than two months of trauma informed care experience post-incarceration.

Confirming Past Research

Experiencing trauma has been a common factor among Black male adolescents with incarceration history. However, those experiences do not always lead to the trauma being addressed (Ghafoori et al., 2019). Each participant in the study talked about trauma they have indirectly and directly experienced in their lifetime. Peer-reviewed articles in the literature review show the high rates of youth who have been incarcerated and also exposed to at least one traumatic event in their lifetime. Each participant in the study who

had been incarcerated talked of one traumatic event they experienced, confirming some association between trauma exposure and incarceration.

The relevance of recidivism was also confirmed within the findings of the study. Research stated that 80% of males become incarcerated after prior offending charges (Ruch & Yoder, 2018). There were seven out of eight participants who had been incarcerated more than once, with majority of charges taking place prior to turning 18 years old. Additional areas of alignment from the findings include the impact of parent engagement and lack of programs accessible to young people in the community to address trauma. One participant talked in-depth while discussing how his life might be different if he were a part of a program as a child to help address things he experienced. Another participant stated, "it would've been nice to have someone that I could talk to, who knew exactly what I was going through at the time." Similar participant responses suggest that the experiences of Black males post-incarceration continue to be difficult in managing a mental health diagnosis.

Findings Related to Conceptual Framework

The conceptual framework used for the study was a phenomenological framework, which provided participants an opportunity to share meaning behind their individualized experiences as it relates to post-incarceration (Englander, 2019). The study considered participant cultural backgrounds and personal history to make sense of those experiences (Neubauer et. al., 2019). Additionally, as the researcher, a semistructured interview process allowed for more open ended questions and a less directive approach

that provided comfortability for participants to be open (Englander, 2019). Participants

answered questions using real experiences and talked in-depth about how those

experiences shaped other areas in their life. The findings of the study suggest that

obtaining insight directly from those that have experienced it is crucial. Furthermore, the

perceptions derived from participants during the study led to additional knowledge that

can be helpful in understanding the phenomenon.

Limitations of the Study

One limitation of this study is my experience working with this particular

population that could have led to research bias. There were preconceived thoughts I had

considered prior to conducting this study, which could have impacted my judgement and

interpretation of results (Johnson et al., 2020). Remaining consistent in utilizing my

reflexive journal throughout the research process was essential to adhere to participant

responses only and not my own interpretation.

Another limitation is the area of location that my study targeted. My study

focused on the inclusion of participants who resided only in the metro Atlanta area, which

is a small portion of the state of Georgia and limits the number of individuals who could

participate in the study. Findings from the study therefore are only applicable to that area

instead of other surrounding cities that may have shared similar characteristics.

Recommendations

Recommendations grounded in the strengths and limitations of this study evolve

around literature discussed in Chapter 2. Researchers have discussed TIC, which is still

being developed and studied today (Knight, 2019). Each participant in the study expressed in some way their lack of knowledge around TIC, never hearing the term prior to participating in the study. Once provided with an explanation of TIC, six out of eight participants agreed it would be beneficial to engage in to further address exposure to negative life events. Another recommendation generated by the data in this study is focused on sharing the education behind TIC with more licensed professionals in the community to increase the use of the approach. The more therapeutic professionals aware and knowledgeable on ways to incorporate TIC in treatment with adolescents, the more individuals are exposed to a different way of addressing trauma in a therapeutic setting (Knight, 2019).

An additional recommendation involves the experiences of youth mental health needs being addressed during times of incarceration. There is a need for incorporating structures of mental health within the juvenile justice system and the lack of successful initiatives (Esell et al., 2018). Participants mentioned a lack of recollection to engage in mental health services and programming. Lastly, recommending the initiation of conversations among leaders to make changes that considers youth background and circumstances prior to involvement with the justice system. Restorative justice remains a relatively new initiative that strives to consider alternative approaches for youth criminal behavior (Hsieh et al., 2016). Prior programs have not been successful; however, taking a deeper look into the strengths and challenges of those programs can help to create and implement stronger approaches to prevent recidivism.

Implications for Positive Social Change

Individual Level

Implications for social change on the individual level include an increased awareness of the role mental health plays in day-to-day lives. Trauma has been known to lead to later negative life experiences. This has been most evident among data from the adverse childhood experiences survey that concludes the impact of trauma on the lives of youth. The results from this particular study show that individuals would have been open to addressing trauma they experienced if the opportunity presented itself. The younger adults who become aware of how unaddressed trauma can shape lives suggests the need for more individuals engaging in therapy that addresses trauma early on.

Understanding that there are others who experience struggles as a result of being diagnosed with a mental health disorder is another implication for social change on an individual level. The findings in this study demonstrate that there continues to be a stigma of being characterized with having a mental health diagnosis that prevents people from seeking out treatment. Considering aspects of this study may show young Black males that they are not alone and decrease their negative perception of mental health.

Family Level

Implications for positive social change on a family level include emphasizing a higher level of family support for Black males diagnosed with a mental health disorder who have incarceration history. Family support post-incarceration has been viewed as a benefit to decrease recidivism rates among the incarcerated population. A few participants

in the study mentioned a lack of family support and understanding once released, which

they explained led to actions of isolation in their home environments. This study focused

on exploring those experiences further and has the potential for families to consider a

deeper perspective to supporting the young males in their lives applicable to this target

population.

Organizational Level

Implications for positive social change on an organizational level include leaders

in the justice system making beneficial structural changes to incarcerated programs.

There were similar responses among participants in the study that emphasized the lack of

mental health resources and programs offered while incarcerated. Earlier data has shown

a high percentage of incarcerated individuals who enter the justice system with a mental

health diagnosis; however, the system lacks supporting individuals with the help they

need during that time. Organizations like the justice system may realize the opportunity

they have to provide that assistance to individuals to help improve their well-being.

Additionally, these organizations may adopt consistent programming that is successful

enough to pass along to other surrounding areas.

Societal Policy

On a larger scale, implications for positive social change on a level of societal

policy could involve changing the way in which young Black males are released back

into the community after serving their time in detention. Ultimately, this could open jobs

for mental health professionals to become more involved in assisting individuals to

reintegrate into the community with attention to addressing mental health challenges. For example, the data from this study demonstrated that a focus on inquiring with participants changes in the community they would want to see to address trauma, and those responses narrowed down to access to mental health support from common-like individuals, therefore opening employment opportunities for Black mental health professionals. Another implication on the societal level can be increased training for mental health professionals on trauma informed care since it is still a fairly new concept. Expanding the number of professionals knowledgeable and experienced in leading this specific therapeutic approach could increase the number of individuals who have the opportunity to thoroughly address their trauma.

Conclusion

Research has been limited on exploring the mental health experiences of incarcerated Black males. Additionally, there has not been much attention given to specific mental health support, such as trauma-informed care, despite high rates of exposure to trauma among this population. I conducted this study to explore the lived mental health experiences of young Black males who continue to spend much of their life behind bars. Throughout the study, I observed frustration as participants discussed their experiences after being released from incarceration. Many participants discussed returning to the norm of things that failed to include family support, job opportunities, and access to mental health resources. Though there were no participants knowledgeable of trauma informed care prior to the study, participants verbalized an interest in

participating in programs focused around trauma as a start. Participants also stressed the need for creating such programs with younger kids in hopes of preventing involvement in the justice system as they had experienced.

The findings in this study provide a platform to show the importance of the need for mental health representation among young Black males. Considering the amount of trauma Black males are exposed to, they should not feel limited in gaining access to address that trauma therapeutically or within community programs. Furthermore, they should be provided with guidance and recommendations prior to being released from incarceration that includes community resources and support.

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Appendix: Interview Protocol

Do you have any questions before starting the interview?

Please state your name for the audio recording

Do you understand your participation in the interview?

Tell me about yourself

Tell me what mental health means to you

Tell me what your mental health diagnosis means to you

How has that diagnosis played a role in your life?

Talk to me about any help you've received pertaining to your diagnosis

How do you feel about having your mental health needs addressed?

Talk to me about any challenges you experienced in addressing your mental health

Tell me about some things you think are needed that could help you address your mental health diagnosis

What criminal charges did you get that caused you to become incarcerated?

What type of services or support were offered to you while incarcerated?

Talk to me about your experiences throughout the month after you were released from incarceration

What is your perception on what trauma means?

What effects do you feel your trauma has had on your life?

What type of things if any, have you done to address your trauma?

Have you ever heard the term trauma-informed care?

Based on what I just explained to you about trauma-informed care, what are your thoughts about it?

Talk to me about things you feel are needed to address trauma in your community

Do you have any questions or any statements you wish to add?