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Perspectives and Experiences of Clinicians who Treat Incarcerated Youth in Florida

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Walden University
2025

Abstract

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Rose-lissa Regnier

MSW, Barry University, 2006

BSW, Florida Atlantic University, 2003

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human Services

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August 2025

Abstract

This study explored the experiences and perceptions of social workers, human services professionals, and mental health counselors, psychologists, or psychiatrists who treat youth with mental health issues within the criminal justice system in Florida. Using a qualitative research method, this study was framed by relational theory. Ten participants were interviewed regarding the perspectives, challenges, successes of clinicians and how they incorporate the needs and perceptions of youth into their treatment approaches. After coding and thematic analysis, five key themes emerged from the data. First, systemic challenges and inefficiencies in service delivery were evident, highlighting gaps in execution, resource shortages, and rigid structures that fail to address the comprehensive needs of the youth. Second, while the effectiveness of program structures varied, issues such as brief therapy durations, inconsistent follow-ups, and barriers to accessing therapy based on therapeutic needs or behavior levels were identified. Third, challenges related to youth needs and services underscore the importance of individualized treatment plans and collaboration between clinicians and youth in developing effective strategies. Fourth, enhanced communication and collaboration among stakeholders were deemed crucial for promoting effectiveness, requiring comprehensive assessments and cooperative treatment plans. Lastly, the necessity for training and supervision intended for clinicians working with incarcerated youth was emphasized, with a focus on specialized training and ongoing education to ensure high-quality care. The findings highlight the need for a holistic, collaborative approach and social transformation to address the multifaceted challenges faced by incarcerated youth with mental health diagnoses.

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Dedication

This is dedicated to Mrs. Christiana Ermetide Codada. This is for you grandma. You once said, “I always knew you would be a doctor.” I know you are in heaven celebrating this accomplishment. To my mother, Mrs. Marie-Aude Prepty, and my father, Mr. Joseph G. Prepty, thank you for your continued love and support. I would not have been able to complete this journey without both of you. Lastly, to my beautiful daughter Hannah Xavier, may this be a testament to you that with God all things are possible.

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Throughout my dissertation journey, I've experienced numerous setbacks, disappointments and rejection; despite these circumstances, God's plan for me was to complete my research. With prayer, perseverance and resiliency, God has delivered on his promise, and I have won the battle.

My daughter Hannah Marie Xavier has been the driving force for this accomplishment. She has been my light in my darkest days. Her smiles, her hugs, words of encouragement all have contributed to completing this journey. She has been my pillar of support to continue to strive for self-improvement and success.

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Chapter 1: Introduction to the Study

Introduction

Poor collaboration between clinicians and youth, inconsistencies in treatment modalities, interventions and delivery, lack of trust, and rapport building have all contributed to the difficulties clinicians experience when treating incarcerated youth. There was a lack of research concentrating on the perspectives, challenges, and successes of clinicians providing mental health treatment to incarcerated youth. This study focused on the increased, demonstrated need for mental health treatment among youth entering the Florida Department of Juvenile Justice (FLDJJ). This study aimed to address research problems and to also create social change by increasing awareness on mental health treatment as a collaborative effort amongst clinicians and incarcerated youth in juvenile detention centers. Such collaboration may influence social change in reducing juvenile delinquency, possibly decreasing rates for reoffending and recidivism, change outlooks on mental health treatment, and increase participation and continuation of mental health services for youth to become productive members of society.

Chapter 1 detailed the background information regarding this research study. It described the need for more research and the absence of information obtained from previous research conducted. Thus, the necessity for continued research into the issue of mental health treatment for incarcerated youth would improve the way detained youth receive mental health treatment and work with clinicians. Focus was also placed on the purpose, nature of the study and on the theoretical framework, which could be used to bring about transformation when working with the youth in juvenile detention centers.

Background

Nationally, juvenile justice is an ongoing process. The Juvenile Justice Act (JJ Act) which originated in 2000 and was amended in 2015 focused on the "developmental well-being, including psychological well-being of juveniles coming in juvenile detention centers and their social reintegration and rehabilitation" (Snehil & Sagar, 2020, p. 304). Kumm et al (2019) concluded that clinicians working in juvenile detention centers play a significant role in ensuring the goal of the JJ Act is met by contributing to different areas pertaining to juveniles and mental health such as normalizing mental health treatment and treating youth detained in juvenile detention centers thus improving the rate of rehabilitation. Therefore, indicating the need for ensuring effective mental health treatment was provided to incarcerated youth.

For example, 45% of detained youth in a juvenile detention center have a mental health diagnosis and or substance use disorder and were two to four times more likely to have an attention-deficit/hyperactivity disorder (ADHD; Gagnon & Swank, 2021). Moreover, the authors detailed that 50% of youth entering the juvenile detentions centers have a diagnosis of conduct disorder while 95% of youth detained reported a traumatic experience with 25% of those youth meeting the criteria to be diagnosed with posttraumatic stress disorder (PTSD; Gagnon & Swank, 2021). In addition, past research revealed that youths detained in juvenile detention centers were three times more likely than their peers not involved with the juvenile system to show signs of a mental health disorder (Gagnon & Swank, 2021; Houchins et al., 2021).

Greater risk to oneself means greater risk to others as well. Incarcerated youth with mental health concerns were at a greater significant risk of harming themselves or others (Kim et al., 2020). Likewise, youth in JC are at risk of attempting suicide, with 20% of youth detained scoring in the caution or warning range for suicide risk on the Massachusetts Youth Screening Instrument (MAYSI-2;) an instrument used to screen for internalizing and externalizing problems among youth entering JC. In addition, youth detained in juvenile detention centers with mental health issues/diagnosis were less likely to want to engage in mental health treatment services despite all the attempts of the Department of Juvenile Justice to increase mental health treatment services in their facilities (Walker et al, 2022; Swank & Gagnon, 2017).

While youth crime rates have declined in the last twenty years in the United States, Martinez et al (2015) reported that the U.S. continues to put more children and teenagers in juvenile detention centers than any other developed country. Despite the decline in youth arrests, the severity and imminence of mental health needs have increased and have become a critical issue for incarcerated youth. Mental Health treatment in juvenile detention centers has seen an upsurge across all fifty states; however, it must be emphasized that these treatment services have been uneven (Hay et al., 2017).

According to the Florida Department of Juvenile Justice (FLDJJ) there was a need for mental health treatment for youth detained in juvenile detention centers in Florida, due to an increase of youth entering juvenile detention centers (JC) with mental health issues/diagnoses. Although recent reports indicated that arrests were on the decline (i.e.,

FLDJJ reported its lowest juvenile arrest rate in the past 46 years and the crime rate among juveniles in Florida declined by 51% since 2016), current data show 31, 612 youth were arrested in the year 2020-2021 compared to 64,919 arrests for 2016-2017 in Florida (FLDJJ, n.d.). However, DJJ showed that 73% of youth involved in the juvenile justice system required mental health and/or substance abuse treatment (FLDJJ, n.d.). Statewide, research on mental health among youth in Florida juvenile detention centers found as many as 12% to 17% of incarcerated youth reported seriously considering suicide and 4% to 8% reported attempting suicide (Houchins et al, 2021; Kim et al., 2019; Hovey et al, 2017).

Regarding juvenile justice and mental health in Florida, a study in Florida showed an estimated 75% of female juvenile offenders and 66% of male juvenile offenders met criteria displaying a mental health disorder (Oldakowski et al., 2022). Florida was unique in part because of the size of its juvenile justice system. Florida has over 75,000 juvenile cases referred each year making it one of the largest state juvenile justice systems in the country (Harris, 2021; Oldakowski et al., 2022). The state has established a process to ensure juvenile delinquent youth are rehabilitated in order to strive to become productive members of society (Harris, 2021). Data regarding juvenile mental health at the state level were not readily available; however, previous research at the national level has shown an increased emphasis has been placed on the issues surrounding juvenile mental health (Oldakowski et al., 2022).

Problem Statement

Florida has struggled with treating juvenile mental health in their juvenile detention centers. A review of recent research has highlighted how most youth incarcerated within the juvenile detention centers are more likely to suffer from one or more mental health problems believing that these issues tend to increase when they are arrested or sentenced to a juvenile detention center (Kim et al., 2020; Swank & Gagnon, 2017). Florida was delayed in creating, providing and ensuring detained youth receive effective mental health treatment. Kumm et al (2019) indicated a lack of oversight and training requirements, understanding of the clinical perspective, and ineffectiveness of current intervention contribute to the inadequate mental health treatments incarcerated youth received. A central element of mental health treatment services was ensuring the effectiveness of the services being provided and this remained an area of weakness in Florida juvenile detention centers (Hay et al.; 2017). Thus, the Florida Department of Juvenile Justice placed primary emphasis on identifying and treating youth entering JC with mental health diagnosis or mental health problems (Hay et al., 2017; Oldakowski et al., 2022).

The current literature pertaining to clinicians working with juveniles was skewed and remained unchanged as of recent work (Snehil & Sagar, 2020). Social workers, mental health providers and psychologists contributed fundamentally to the preventive, therapeutic and rehabilitative efforts required to meet the mental health needs of incarcerated juveniles (Snehil & Sagar, 2020). I found limited research conducted on the clinicians' providing treatment to incarcerated youth in Florida. Much of the previous

research focused on services provided to juveniles who are at risk and prevention services and have not focused on incarcerated youth nor the clinicians providing mental health treatment in juvenile detention centers (Kumm et al., 2019).

More research was needed to identify the effectiveness of current mental health treatment to juveniles and the perception and challenges faced by clinicians working in juveniles' detention centers, broadly speaking. Although the department of juvenile justice has contracted with clinicians to provide mental health treatment in their facilities there was insufficient researched evidence supporting its effectiveness or lack thereof (Fox et al., 2021). Thus, there was a need to understand the efficacy of programs implemented to address the mental health need of incarcerated youth (Fox et al., 2021). Therefore, not addressing these issues could lead to an increase in recidivism and poor social functional outcomes (Snehil & Sagar, 2020).

Subsequently, there was also a lack of research on the collaborative efforts of improving mental health treatment by incorporating the perception of the clinicians as well as the youth to bring about success in their treatment, in the broader literature as well as in Florida, specifically. Studies conducted by Harris (2021) and Hay et al. (2017) showed limited data exists on the number of youths who are currently involved in the juvenile justice system in Florida and who are receiving mental health treatment. Cannon et al (2021) placed emphasis on the need for continued research in Mental Health services in Juvenile Detention Centers. Although, research has been conducted on the overall effectiveness of services (case management, probation and mental health programming) provided by the Florida Department of Juvenile Justice (Mental Health Weekly Digest,

2016) no research had been conducted to explore the perspective, challenges, and success of clinicians who treat youth involved in the juvenile justice system in FL and had a mental health issue/diagnosis.

Purpose of the Study

The purpose of this qualitative study was to explore the experiences and perceptions of social workers, human service professionals, and mental health counselors/psychologists or psychiatrists who treat youth who are involved in the criminal justice system in Florida. Emphasis was also placed on understanding how incorporating the needs and perspectives of the youth into their treatment impacts treatment outcome. I conducted semistructured interviews with professionals who can speak to their experiences in treating these youth.

Research Questions

RQ1: What are the experiences and perceptions of social workers, human service professionals, and mental health counselors/ psychologists or psychiatrists who treat youth in the criminal justice system in FL with mental health issues/diagnoses?

RQ2: How do social workers, human service professionals, and mental health counselors/ psychologists or psychiatrists incorporate the needs and perspectives of the youth into their treatment?

Theoretical Framework for the Study

The theoretical basis for this study was relational theory (RT). Relational theory provided a perspective as to how marginalizing a vulnerable population, misinterpreting, misunderstanding this population, and devaluing them leads to missing important factors

pertinent to their wellbeing, such as their mental health diagnosis/issues (Comstock et al., 2008). Thus, the context of this theory provided a connection between clinicians and youth with mental health diagnoses/issues and mental health treatment received while incarcerated. Covington (2007) pointed out the need to understand the population being studied in order to place emphasis on the changes needed, especially when utilizing relational theory. This context would supply clinicians providing mental health treatments to incarcerated youth with competencies regarding the role of relationship building, affirming the importance of connection, and the difficulties encountered by disconnection play in service provision for disadvantaged groups (Covington, 2007; Comstock et al., 2008).

Relational theory is a theory and part of a movement to challenge and change from a culture of separation to one of connection (Jordan, 2017). Relational theory provided a framework from which juvenile youth may receive clinical services that can develop therapeutic skills to establish, recognize, and maintain healthy relationships (Kress et al., 2018). This theoretical framework allowed for change to occur within the clinical work in that relational theory built on the perspective that both the clinician and youth could formulate a treatment plan based on the youth's needs to be included in their treatment planning and investment in their therapeutic relationship. I believed therapeutic change occurred in treatment through healing relationships. A core process of relational theory was that it focused on relational dynamics and displaying mutual empathy (Jordan, 2017).

Relational theory stemmed from the work of Jean Baker Miller in the 1970s. Miller's work focused on working with the disadvantage population and the emphasis relationships have when working with these populations (Cait, 2016). Thus, when working with incarcerated youth the importance of relationship building between clinicians and youth is pertinent to delivering effective mental health treatment. Cait (2016) described the use of relational theory in mental health treatment as the clinician developing a warm, considerate, understanding, and open-minded stance with youth. The emphasis was placed on relationship building due to research indicating that success in mental health treatment participation is based on the youth being able to establish rapport and connection with their clinicians (Cait, 2016).

Many youths entering the juvenile detention centers received mental health treatment in the past, lack of trust and relationship building often hindered the clinicians' abilities to provide adequate mental health treatment to incarcerated youth. Thus, this theory would assist clinicians with gaining the knowledge required on applying relational theory in juvenile detention while incorporating the needs of the youth in their treatment development in order to deliver effective and efficient mental health treatment. The use of relational theory in this qualitative research helped in understanding clinicians' experiences and provided insight into how treatment is currently implemented in juvenile detention centers. It also helped explore how mental health services are developed and provided to incarcerated youth.

Nature of Study

The nature of this study was a generic qualitative approach. Pearse (2021) described qualitative research as the ability to construct or interpret research theory and adopt a form of naturalistic overview. The qualitative research method allowed for an exploration of mental health treatment in juvenile detention centers in Florida through the use of in-depth semistructured interviews of clinicians as a means for data collection and permitting an understanding of the perspective of the clinicians providing treatment services to incarcerated youth. Pearse (2021) emphasized that the value in qualitative research sits on the number of details the findings can show and allowing for a higher degree of descriptive information. This research focused on those experiences and descriptive information, not relationships among variables; therefore, the quantitative method or a mixed-method approach would not be appropriate (see Patton, 2005).

Within the qualitative method, I implemented a generic qualitative study. The application of this approach was to use the approach to derive stories from the clinicians in order to develop an understanding of the experiences and perceptions of those who provide mental health treatment to incarcerated youth (see Tenny et al., 2021). Limited research has been conducted on the mental health treatment services that youth detained in Florida's juvenile detention centers receive. Although previous research showed an increase in youth entering these facilities with mental health issues/diagnoses, minimal studies have been conducted to explore the perspective of the clinician. Thus, relational theory and a generic qualitative approach provided the opportunity derived from the external mental health delivery from the clinicians' understanding of their therapeutic

skills, professional expectation, relationship-building treatment to incarcerated youth, and overall perspective of mental health treatment in juvenile detention centers (see Tenny et al., 2021).

Definitions

The section outlined clarification on key concepts and constructs utilized in this study.

Clinicians: Referred to licensed and non-licensed social workers, mental health counselors, marriage and family therapists, psychologists, psychiatrists, and human service professionals who are identified as participants of interest for this study. The eligibility for clinicians was determined based on their experiences treating juvenile offenders experiencing mental health issues or working in a Juvenile Detention Center providing mental health treatment.

Incarcerated youth or *detained youth*: Youth who were previously or currently held in a juvenile detention center at the time this study was conducted.

Mental health treatment services (identified): Services specific to the clinicians providing individual/group counseling with the implementation of the theoretical framework to meet the needs of juveniles with mental health diagnoses or receiving mental health treatment.

Mental health (defined): Refers to the psychological, emotional, and social well-being of youth detained in juvenile detention centers.

Juvenile Justice System: Established to increase and promote public safety by reducing juvenile delinquency through the use of positive interventions, effective

preventative measures, and treatment services to strengthen families, nurture success, and create social change (http://www.djj.state.fl.us, n.d.).

Juvenile Detention Center: Secure facilities for youth who are detained under Florida laws for a period of time. It is a short-term placement utilized after youth have been arrested but prior to entering a plea and pending court outcome (http://www.djj.state.fl.us, n.d.).

Assumptions

In this study, several assumptions were implied. This study was initially based on the assumption that although clinicians need to adhere to the ethical standard of practice and competency within mental health treatment, they are able to practice within the scope of service and provide effective treatment to incarcerated juveniles. A primary assumption was the notion that all clinicians have the ability to work with incarcerated juveniles experiencing mental health problems and are experts in this subject area. Secondly, another assumption insinuated that the youth's ability to progress in their mental health treatment while detained in a juvenile detention center is connected to their involvement in their treatment planning. Furthermore, a third assumption surrounded the effectiveness of mental health treatment while incarcerated, which would decrease recidivism, increase participation in community mental health services, and create social change. Thus, incorporating the theoretical foundation was believed to be fitting as it would increase awareness of the effects of mental health treatment as a collaborative effort amongst clinicians and incarcerated youth in juvenile detention centers. In addition, it was also assumed that individuals who volunteered for this study had the expertise

needed and fit the criteria for the study. Lastly, it was assumed that participants would answer honestly and openly.

Scope and Delimitations

The goal of this study was to gain insight into the perceptions and experiences of the mental health providers and the treatment being provided to youth incarcerated in juvenile detention centers. Through conducting this qualitative study, I explored the perspective of the clinicians providing mental health treatment to youth incarcerated as a catalyst that could be the transformative difference in providing therapeutic services to juveniles in juvenile detention centers. I focused only on the providers and their experiences, not on the juveniles themselves or other individuals involved in the process. Also, I focused solely on those who provide these services in Florida. The study included licensed or non-licensed (registered intern) clinicians; social workers, human service workers, family counselors, clinical counselors, psychologists, and psychiatrists; actively practicing in Florida; and had experience working with incarcerated youth in juvenile detention centers with at least 1 year of experience.

Limitations

There were several limitations to conducting this research study. Although the research aimed at gaining the perspectives of the clinicians and incorporating the perspective of the incarcerated youth, the youth were considered a protected group and required IRB approval. Not having the ability to interview the youth and analyze their narratives about the impact of receiving mental health services was a great limitation of this study. Furthermore, the Florida Department of Juvenile Justice does not allow

researchers to interview any of their employees without first acquiring approval from their research department (http://www.djj.state.fl.us, n.d.). Gaining the perspective of DJJ employees on the effectiveness or ineffectiveness of treatment services to youth would have been beneficial to the research. Gathering the stories of the DJJ staff as it pertains to the impact observed or perceived of youth receiving mental health treatment while incarcerated would have been instrumental for creating transformative change in clinician interaction and service provision.

Another limitation of this research could have been the ability to gather accurate information. Although the intended interview questions were based on information obtained about mental health treatment and incarcerated youth, the responses from participants may have reflected an inaccurate depiction of treatment provision in juvenile detention centers. In addition, there was the possibility that participants provided responses based on the policy and procedures of the Department for providing treatment to incarcerated youth, therefore not providing a precise explanation of clinicians' assessment, treatment planning, treatment delivery, and youth engagement.

Significance

This study was significant in that its intention was to analyze the perception of clinicians providing mental health treatment in juvenile detention centers. A narrative inquiry was utilized to better capture, understand, and bring awareness surrounding mental health issues, diagnosis, and treatment regarding incarcerated youth. This study was distinctive due to its focus on clinicians incorporating youth perspectives of their treatment needs as the catalyst for transformative change in providing mental health

services, obtaining successful outcomes, and bringing about meaningful change in juvenile offenders. Such research was needed to develop an understanding of the clinicians' perspective and experiences to determine the usefulness of current mental health treatment to youth in juvenile detention centers.

Summary

The goal of the Department of Juvenile Justice was to ensure that the experience of an incarcerated youth is more transformative than punitive. Despite research conducted to invest in preventive services by the Department, the increase of mental health issues/diagnoses in detention centers and implementation of aftercare services for incarcerated youth continue to present a greater need. Swank and Gagnon (2016) document that mental health screening and assessment were crucial within juvenile detention centers. Nevertheless, Washburn et al (2015) reported that although research demonstrated that most of the youth in the juvenile justice system have been diagnosed with psychiatric disorders, reports issued by the Surgeon General and the President's New Freedom Commission on Mental Health showed that juvenile detainees often do not receive the treatment and services they need. This research aimed to illustrate mental health treatment with detained youth through the process of using relational theory, which demonstrated a connection with youth and examined their reactions during the process of going through the therapeutic journey.

Chapter 2 focuses on literature regarding youth being incarcerated in juvenile detention centers with mental health issues, improving mental health treatment in juvenile detention centers, and key components of mental health treatment. Additionally, it

addresses perceptions of mental health treatment and recidivism as they pertain to current literature. The chapter includes research about juvenile offenders, the juvenile justice system, mental health treatment as it relates to the clinicians working with juveniles, and the psychosocial well-being of incarcerated youth. Lastly, the chapter focuses on relational theory as the theoretical foundation to promote relationship building and growth, fostering connections (Kress et al., 2018).

Chapter 2: Literature Review

Introduction

The specific research problem addressed through this study was the increased, demonstrated need for mental health treatment for youth entering the Florida Department of Juvenile Justice Detention Facilities. The purpose of this qualitative study was to explore the experiences and perceptions of social workers, human service professionals, and mental health counselors/psychologists who treat youth who are involved in the criminal justice system in Florida with mental health issues/diagnosis and to understand how they incorporate the need and perspective of the juvenile offender into their treatment. Limited research has been conducted on the mental health treatment services that youth detained in Florida's juvenile detention centers received and the clinicians who provided treatment services to these youth. Although previous research showed an increase in youth entering juvenile detention facilities with mental health issues/diagnoses, minimal studies have been conducted to explore the perspective of the clinicians treating incarcerated juvenile offenders. There was a need to comprehend the efficacy of treatment programs implemented in juvenile detention centers to address the mental health issues of incarcerated youth (Fox et al., 2021; Harris, 2021).

Kumm et al (2019) reported that 70% of youth in juvenile detention centers met the criteria for a mental health diagnosis. The increase of juvenile offenders entering juvenile detention centers with prior mental health histories and requiring treatment once incarcerated was significant. Yet, research on the effectiveness of evidence-based mental health treatment in juvenile detention centers is lacking. The current literature pertaining

to clinicians working with juveniles was skewed and remained untouched (Snehil & Sagar, 2020). This allowed for more research to be conducted on the clinician providing mental health treatment in the juvenile detention centers and the efficacy of the treatment.

Chapter 2 focuses on literature regarding youth being incarcerated in juvenile detention centers with mental health issues, improving mental health treatment in juvenile detention centers, and key components of mental health treatment. Additionally, it addresses perceptions of mental health treatment and recidivism as they pertain to current literature. The chapter includes research about juvenile offenders, the juvenile justice system, mental health treatment as it relates to the clinicians working with juveniles, and the psychosocial well-being of incarcerated youth. Lastly, the chapter focuses on relational theory as the theoretical foundation to promote relationship building and growth, fostering connections (Kress et al., 2018).

Literature Search Strategy

The literature search was specific to the Florida Department of Juvenile Justice and the following factors: juvenile offenders, social workers, human service professionals, mental health counselors/psychologists, mental health/substance abuse treatment, and provider experiences. The following databases were used from 2014 to 2023: Thoreau multi-database, Google Scholar, and SAGE Journals. The following keywords were used*: juvenile offender, juvenile detention centers, mental health treatment/services, clinician, provider, therapist, perspectives, mental health treatment for incarcerated youth,* and *relational theory* and *relational cultural theory*.

This study was conducted to explore the experiences of social workers, human service professionals, and mental health counselors/psychologists providing mental health treatment services to incarcerated youth in Florida. Given the need for mental health treatment in juvenile detention centers, I found limited research conducted on the clinicians' providing treatment to the youth. Much of the previous research performed had been surrounding services provided to juveniles who are at risk and prevention services and not focused on incarcerated youth nor the clinicians providing mental health treatment (Kumm et al., 2019). Minimal research studies focused on the perception, challenges, and successes of the clinician providing mental health treatment in juvenile detention centers.

Theoretical Foundation: Relational Theory

Relational theory (RT) evolved from the work of Baker Miller in the 1970s. Miller's work focused on working with the disadvantaged population and the emphasis relationships have when working with these populations (Cait, 2016; Miller, 1976). When working with detained youth, the importance of building relationships between clinicians and youth is pertinent to delivering effective mental health treatment. Relational theory supported juvenile offenders experiencing mental health issues, given that the basis of the theory focuses on connectedness, empathy, understanding, and forming a therapeutic alliance (Haskin, 2017). Researchers described relational theory as a theory that focused on interconnectedness. RT is not a theory that only focuses on culture and social issues; rather, it is a theory and part of a movement to challenge and change a culture of separation to one of connection (Jordan, 2017). The use of this theoretical perspective

challenged the clinicians' therapeutic relationship with the incarcerated youth they are providing mental health treatment services to shifting the notion of a relationship of power and inequality to a relationship of empowerment and inclusivity (Lertora & Croffie, 2019).

Relational theory (RT) provided a framework in which mental health treatment strived to develop therapeutic skills, establish, recognize, and maintain healthy relationships (Kress et al., 2017; Miller, 1976). This theoretical framework allowed for change to occur within clinical work as it focused on the use of empathy. Jordan (2017) described a core process of relational theory as the clinicians' ability to demonstrate empathy and mutuality where the client feels responded to, understood, and that they matter. Thus, relational theory indicated therapeutic change occurred in treatment through demonstrating an understanding of emotions, developing a therapeutic alliance, and therapeutic relationships (Boschulte, 2022; Kress et al., 2017). Furthermore, relational theory is a theoretical foundation established on client perspectives and experiences while highlighting the complexity of social and cultural characters (Boschulte, 2022; Frey, 2013). RT focused on the notion that individuals sought out connections and that establishing meaningful connections led to a healthy sense of self (Boschulte, 2022; Frey, 2013).

Relational theory is grounded on the assertion that therapeutic healing occurred through establishing mutually empathetic growth-fostering relationships (Irvin et al., 2021; Jordan, 2017). Thus, this theory provided a framework to teach juvenile offenders receiving mental health treatment how to recognize, form, and maintain relationships

(Kress et al., 2017). Due to many juvenile offenders' history of traumatic experiences and interpersonal difficulties resulting in limited practices with establishing healthy relationships, relational theory has been used to conceptualize and promote healthy relationships and foster healing and recovery (Kress et al, 2017; Banks, 2006). Therefore, the use of this approach with incarcerated juvenile offenders allowed clinicians to focus on relational connections, making this approach useful in establishing therapeutic relationships (Kress et al., 2017). Relational theory focused on creating a supportive therapeutic context to include the clinician displaying authenticity and presence during treatment sessions, even when disconnection arises (Hasking & Appling, 2017).

Advocates of RT recognized that disconnecting is an unavoidable part of relationships. However, proponents of relational theory believe it is what is done when disconnection occurs, which is crucial when providing mental health treatment (Dale, 2020). The fundamental principle of relational theory indicates that individuals grow and develop through relationships (Dale, 2020). The theory places emphasis, suggesting that damage to a therapeutic relationship most impedes recovery and healing (Dale, 2020; Banks, 2006; Comstock et al., 2008; Jordan, 2010). More research is needed on relational theory and juvenile offenders in order to understand the importance of the therapeutic alliance in treatment provision. Significance in relational theory is placed on relationship building due to studies indicating that success in mental health treatment participation is based on the client's ability to establish rapport and connection with their clinicians (Cait, 2016).

This theoretical framework allowed for change to occur within the clinical work in that relational theory builds on the perspective that both the clinician and juvenile offenders can formulate a treatment plan that includes the youth's needs in their treatment planning and invests in the therapeutic relationship (Lertora & Croffie, 2019). Researchers believed that the therapeutic change occurs in treatment by healing relationships and changing the perception of mental health treatment (Jordan, 2017). The use of an approach such as relational theory would provide a framework from which juvenile youth receive clinical services while developing therapeutic skills to establish, recognize, and maintain healthy relationships (Kress et al., 2017). Cait (2016) described the use of relational theory in mental health treatment as the clinician developing a warm, considerate, understanding, and open-minded stance.

Literature Review Related to Key Concepts

Juvenile Delinquent Youth Across the United States

The Juvenile Justice system (JJ) was established on the basis of rehabilitating juvenile delinquent youth (Ruiz et al., 2017). It was first recognized in the 1960s as a means to combat the rising crime rate in the United States. The intention of this system was to navigate juvenile crimes through a community-based system that included local policing, juvenile court, and correctional participation (Chhaba, 2017). Progressively, it has since shifted from a community-based system to a more punitive system. Over the years, the tough-on-crime approach concerning juveniles led to an increase in arrests and incarceration of juvenile offenders (Chhaba, 2017). While the juvenile courts' purpose was initially to rehabilitate, they saw an influx of youth being transferred to criminal

court, receiving lengthier and harsher sentences, and more juvenile delinquents being prosecuted as adults (Ruiz et al., 2017).

The Juvenile Justice system in the United States has come under scrutiny and faced numerous legal challenges due to reports of maltreatment, overcrowded detention centers and rehabilitation programs, poor conditions, extreme violence, and a high rate of suicide (Ruiz et al., 2017). This has led to legislative reforms, policy changes, and the return of a more rehabilitative focus. Since the inception of the Juvenile Justice system, recent reports have shown a decline in youth arrests nationwide. Despite the decline in juvenile delinquent arrests, the United States continues to arrest and incarcerate more juveniles than any other country (Martinez et al., 2015). Over 60,000 juvenile delinquents continue to be detained daily in the United States (Houchins et al., 2021). Many of the juvenile offenders are often arrested on charges stemming from assault, domestic violence, rape, burglary, theft, and selling and purchasing of illegal substances (Chaurasia & Ali, 2019). Simultaneously, the juvenile justice system began to experience an influx of youth offenders entering the criminal justice system with mental health-related issues. Therefore, it prompts a systemic change within the juvenile system while diligently striving to address the mental health needs of incarcerated youth (Chhabra, 2017).

Mental Health & Juvenile Justice System Across the United States

Mental health plays a distinctive and important role in the ability to manage a range of emotions and cope with stressors. It is viewed as a form of well-being where a person recognizes their ability to manage issues that arise in their lives. Mental health is believed to be the core determinant of the quality of life a person may possess (Chaurasia

& Ali, 2019). This included an individual's emotional, psychological, physical, and social well-being and how it affects their ability to think, feel, and act (Chaurasia & Ali, 2019). As awareness surrounding the high prevalence of youth entering juvenile detention centers with mental health problems has increased, the demand for effective mental health treatment has become a primary focus (Gagnon et al., 2021; Hillege et al., 2017; Chhabra, 2017).

The severity and imminence of mental health problems have perpetuated a critical issue for incarcerated youth. More recent research studies have shown that most incarcerated youth faced a high prevalence of mental health challenges or met one criterion for one or more psychiatric disorders (Kim et al., 2019). The challenges surrounding mental health problems further intensify when juvenile offenders are arrested or sentenced to a juvenile detention center (Kim et al., 2019; Swank & Gagnon, 2017).

Data obtained from statewide studies revealed high percentages, identified trends, and issues surrounding mental health issues/diagnosis for youth involved with the Department of Juvenile Justice (Kim et al., 2019). Common mental health diagnoses of juvenile offenders include conduct disorder, depression, anxiety, post-traumatic stress disorder, attention-deficit hyperactivity disorder, substance abuse disorder, personality disorder, and learning disability (Chaurasia & Ali, 2019; Cook et al., 2018). Similarly, research conducted by Robost et al (2017) disclosed that 31 % of incarcerated youth in juvenile detention centers received some form of mental health treatment services prior to incarceration, and approximately 68% met the criteria to be diagnosed with a mental health disorder.

Mental Health Treatment & Juvenile Justice System Across the United States

More research was needed to identify the effectiveness of current mental health treatment for juveniles and the perceptions and challenges faced by clinicians working in juvenile detention centers. Although the Department of Juvenile Justice has contracted with clinicians to provide mental health treatment in their facilities, there is no research evidence supporting its effectiveness or lack thereof (Fox et al., 2021). Examining treatment services for juvenile offenders, Swank and Gagnon (2017) indicated that a lack of community and school-based mental health services has contributed to incarcerated youth not receiving adequate mental health treatment prior to incarceration. Thus, once detained making the juvenile detention centers the primary providers of mental health care for juvenile offenders.

Furthermore, research showed youth detained in juvenile detention centers were less likely to want to engage in mental health treatment services despite clinicians' attempts to increase mental health service provision (Walker et al., 2022; Swank & Gagnon, 2017). Poor collaboration between clinicians and youth, inconsistencies in treatment interventions, evidence-based strategies and delivery, lack of trust and rapport building are some identified factors contributing to difficulties clinicians experienced when treating incarcerated youth, and a low youth participation rate (Wolf et al., 2016; Swank & Gagnon, 2017). Mental health treatment requires the utilization of core treatment modalities, interventions and components and implementation of therapeutic strategies. Yet, monitoring specification and evaluation of the clinicians providing evidence-based treatment to incarcerated juveniles is relatively rare (Wolf et al., 2016).

Currently, there are no national or state laws regarding the utilization of any mental health treatment models for clinicians treating juveniles involved with the justice systems, depicting a void in the lack of information and uniformity of treatment services in juvenile detention centers (Kumm et al., 2019; Aalsma et al., 2015).

Multiple research studies showed that coordination between clinicians and treatment service delivery to incarcerated youth is essential to the success of mental health treatment (Wolf et al., 2016; Scott et al., 2019). Despite this awareness, research primarily focused on the clinicians providing mental health treatments in juvenile detention centers remains untouched. Ajmani and Webster (2016) placed emphasis on specific areas of concern regarding the delivery of mental health treatment to incarcerated youth with mental health issues/diagnoses. This research highlighted the lack of youth involvement and engagement in their treatment with clinicians and the contribution of the juvenile justice system's failure to meet the mental health needs of youth in their care. Swank and Gagnon (2017) indicated that mental health screening, assessment, and treatment are crucial within juvenile detention centers. Therefore, addressing mental health issues/diagnoses and needs of incarcerated youth represents an issue prioritized for juvenile justice reform and health care reform (Barnert et al., 2016).

Improving juvenile mental health treatment services and engagement of incarcerated youth is considered a difficult task for the juvenile justice system. Despite being legally mandated to provide mental health treatments to incarcerated juveniles, the justice system is unable to determine the effectiveness of such treatment being provided by clinicians (White, 2019). Conducting research in juvenile detention centers presents

numerous challenges due to detained youth with mental health problems being labeled a protected class by the Institutional Review Board (IRB), thus prohibiting interviews and assessment of the youth while detained (Kumm et al., 2019; Wolbransky et al., 2013). Additionally, although best practices and evidence-based interventions have been identified to be effective when working with juvenile offenders, there was limited research on the incorporation of these interventions in mental health treatment by clinicians working within juvenile detention centers (Kumm et al., 2019; Swank & Gagnon, 2016).

Psychosocial Wellbeing of Incarcerated Youth

Mental wellbeing was defined as the effect of the cognitive and emotional assessment of a person's life, involving a high level of contentment in multiple areas of their lives (Konaszewski et al., 2021). It consists of two different dimensions: the first dimension consists of the state of happiness and satisfaction with life, while the second dimension consists of positive psychological performance, positive relationships, and self-acceptance (Konaszewski et al., 2021). Mental well-being goes beyond the pursuit of satisfaction but encompasses how well individuals are able to function. Thus, research showed that youth generally rate the need for overall life satisfaction as high, resulting in their inability to adapt when suffering mental health problems and involvement with the juvenile justice system (Ruiz et al., 2017; Konaszewski et al., 2021). Concerns that juvenile incarceration is being used as a de facto mental health care within the justice system remain concerning. Preventative methods remained a crucial approach in addressing juvenile mental health and treatment and intervention (Ruiz et al., 2017).

The number of studies primarily focused on juvenile mental health is staggering; however few research had been designated to assess the psychosocial wellbeing of juveniles. Research showed it is possible for youth to develop the capacity to change overtime with adequate care further indicating the importance in understanding resilience as it pertains to juvenile offenders. Resilience is a relatively stable resource that centers around positive personality competence and acceptance of self, all which enable personal adaptation and coping with change, traumatic experiences, and personal difficulties (Houchins et al., 2021; Konaszewski et al., 2021). Resilience is a process that involves positive change within the face of adversity. It is recognized as a competence and a capability to handle substantial life changes and to assume responsibility by recovering from hardship, uncertainty, and negative experiences (Konaszewski et al., 2021). Thus, the focus on juvenile offenders' psychosocial wellbeing in conjunction with mental health treatment was likely to produce self-motivation and positive change.

Research has indicated the use of resiliency as a coping mechanism in mental health treatment eliminates symptoms of anxiety and depression while increasing self-esteem, gratitude, optimism, and positive psychosocial wellbeing (see Russel et al., 2017, Houchins et al., 2021; Konaszewski et al., 2021). When implemented in treatment with juvenile offenders, resiliency has shown to inspire inner strength, decrease overall mental health problems and reduces risk of delinquent behaviors. Nevertheless, studies regarding the importance of implementing resiliency as a treatment intervention for incarcerated juveniles have yet to be explored. The promotion of resiliency is an important resource in

working with youth involved in the justice system to assist with mitigating risk factors, improving overall mental health and preventing recidivism (Konaszewski et al., 2021).

The Role of Mental Health Treatment Providers Across the United States

Social workers, human service professionals, and mental health counselors/psychologists are primarily employed as mental health service providers in juvenile detention centers. The juvenile justice system largely contracts with private providers to provide mental health services to youth in the detention centers (White, 2019). Almost all clinician providing mental health treatment are master's level clinician (93%), bachelor's level clinician (54%), doctorate level clinician (36%) and psychiatrist 54% (Scott et al., 2019). In addition, clinician turnover is estimated to be at 30% due to stress associated with working in a secure facility and concerns for clinician safety (Wolff et al., 2016).

Limited research on clinicians providing mental health treatment has been conducted. Research surrounding mental health problems in juvenile detention centers has primarily focused on the needs of the juvenile offenders, prevalence of mental health problems in juvenile detention centers and overall mental health services (see White, 2019). The effectiveness of treatment services provided by clinicians in juvenile detention centers has not been examined as a variable of interest thus far (White, 2019). Prior studies did not provide a clear examination and evaluation of clinician providing mental health treatment to incarcerated youth. Therefore, there are discrepancies in determining if mental health treatment in juvenile detentions centers is being adequately provided by clinicians (Cook, 2018; White 2019). Moreover, there was a lack of research

assessing various outcomes of juveniles who received mental health treatment while detained in a juvenile detention center (Walker et al., 2022). Juvenile offenders detained in the juvenile detention centers had at least had some contact with a clinician during their incarceration. Thus, it was an indication on the crucial role clinicians play in the representation of mental health treatment and establishing a therapeutic alliance with juvenile youth (Cook et al., 2018).

Despite the growing awareness and concerns surrounding the increase of juvenile offenders entering juvenile detention centers with mental health problems, their continues to be scarce data on the clinicians proving therapeutic treatment to incarcerated youth. Social workers, mental health providers & psychologists contribute fundamentally to the preventive, therapeutic and rehabilitative efforts required to meet the mental health needs of incarcerated juveniles (Snehil & Sagar, 2020).

Multiple factors contributed to a successful treatment outcome despite barriers faced when working with juvenile offenders. These factors included clinicians developing an understating of juvenile youth's culture, behavioral and educational issues (Hovey et al., 2017). Hence, requiring clinicians to incorporate a more culturally competent approach in their treatment delivery. Emphasis on the role clinicians demonstrate in bringing about social change by spreading awareness in local communities to reduce stigma, marginalization, and deprivation of social support and re-integration (Snehil & Sagar, 2020). In summary, the lack of such support to juveniles experiencing mental health problems delayed their rehabilitation and increased the frequency of institutionalization.

Recidivism

Studies showed that juvenile offenders at risk for recidivism were often lacking problem solving and social skills which may increase the probabilities of turning to inappropriate or illegal solutions to solve problems they are unable to resolve themselves effectively (Zeola, 2017). While the contributing factors for recidivism can be disputed, previous studies have shown a significant link between mental health problems, substance use and future criminal behaviors (see Sullivan & Gummelt, 2017; Bonnie et al., 2013; Sussman et al., 2004). Further exploration of the literature revealed an increase in recidivism for juvenile offenders with identifiable mental health problems and substance abuse problems. These youth were deemed at a higher risk of recidivism particularly within the first three years of involvement with the juvenile justice system (Sullivan & Gummelt, 2017, Elkinton et al., 2015; Hoeve at al., 2013).

There are many identifiable reasons for juvenile recidivism. These reasons include family adversity, poor parenting, parental criminality, parental psychiatric disturbances, abuse, neglect, abandonment, violence, and low socioeconomic status (Zeola et al., 2017). However, persistent juvenile delinquency has been linked to continued substance use and persistent mental health problems (Zeola et al., 2017).

A commonality found among several studies is that recidivism is associated with conduct issues, psychiatric and psychometric factors. Recidivism was described as a repetitive criminal delinquent behavior linked to rearrest, reconvictions and reincarceration of juvenile offenders (Poyraz Findik et al., 2018). Although fewer youth are being arrested yearly, those who have been arrested were re-offending at the same or

higher rate than previous years (Wolff & Baglivio, 2017). In addition, recidivism was also linked to juveniles with low IQ, truancy, and poor school success (Poyraz Findik et al., 2018). While studies on juvenile delinquency were extensively explored, the cause of recidivism in juvenile offenders remained minimally researched. Continued debated focused around risk factors for recidivism, with some researchers arguing that no single risk factor can clearly predict behaviors that are attributed to delinquency and recidivism (Sullivan & Gummelt, 2017).

Sullivan and Gummett (2017) investigated the differences in recidivism in juveniles as it pertains to substance abuse, probation, and mental health history. Both research studies identified one commonality within the juvenile justice system in which the focus on specialized and intense interventions was identified as a need to decrease reoffending behaviors (Sullivan & Gummett, 2017). Baglivio et al (2017) emphasized the need to focus on mental health planning, targeting intervention and increasing preventative efforts in order to reduce recidivism. Similarly, authors Wylie and Rufino (2018) concluded that past research has linked youth with prior history of mental health problems/diagnosis and history of victimization to recidivism while placed on juvenile probation or history of incarceration in juvenile detention centers.

Untreated mental health problems coupled with family difficulties were also deemed contributing factors for recidivism. Previous studies have shown that lack of mental health treatment, prior mental health diagnosis, family difficulties, poor parenting skills, and history of abuse and neglect place juvenile delinquents at a greater risk for recidivism (Zeola et al., 2017; Sullivan & Gummelt, 2017). Research showed that 62.6%

of youth with a prior criminal history and mental health problems were likely to have been rearrested within 95 days of initial arrest (Robost et al., 2018).

An analysis into the effectiveness of mental health treatment when examining recidivism determined there is a potential effect on decreasing recidivism when mental health treatment is received. Hence, research has shown there is considerable evidence that suggests mental health treatment can be effective in reducing recidivism if initiated after the initial arrest (Robost et al., 2018). The juvenile justice system aimed to reduce recidivism by implementing a multidisciplinary treatment modality leading to a more effective outcome (Sullivan & Gummett, 2017). Additionally, past research showed mental health treatment for juvenile offenders reduced the recidivism rate due to treating their underlying psychopathology and focusing on their unmet psychological needs (Zeola et al., 2017). A study analyzing the differences amongst first time juvenile offenders with prior mental health history who were referral for mental health treatment to their counterparts who were not referral for mental health treatment indicated juvenile offenders who were referred for mental health treatment were less likely to reoffend. Thus, the recidivism rate for juvenile offenders who received mental health treatment was significantly lower and the time to recidivate was significantly longer (Robost et al., 2018; Sullivan & Gummett, 2017).

Although many factors contribute to juveniles reoffending, persistent recidivism was frequently associated with continual maltreatment, substance misuse, mental health problems (Zeola et al., 2017). Similarly, another study conducted by Barrett et al (2022) identified mental health diversion programs as an effective manner to delay juvenile

recidivism. The authors indicated involvement in community program services, diversion programs with follow-through from juvenile offenders posed a higher outcome for reducing recidivism (Barrett et al., 2022).

Research showed that pre-compliant diversion programs for juvenile offenders that include behavioral health components can improve participation in services that can focus on reducing recidivism (Barrett et al., 2022). A study conducted in the Northeast region of the United States implementing a safety net collaboration showed success in reducing juvenile delinquency. The safety net collaboration consisted of youth involvement, public school, human services involvement, and local community health care system involvement that fosters positive youth development and limited involvement with the juvenile justice system through prevention, intervention, and diversion services. This method has been shown to reduce juvenile recidivism as well as increasing and promoting behavioral health services to juvenile offenders (Barrett et al., 2022, Barrett & Janopaul-Naylor, 2016, Janopaul-Naylor et al., 2019).

Recidivism Trends and Juvenile Justice in the State of Florida

In recent years, the importance of ensuring youth safety and psychological well-being while incarcerated has taken precedence by the Department of Juvenile Justice (FLDJJ, n.d). The Department of Juvenile Justice in Florida strived to collaborate with providers to treat youth mental health problems to motivate social change with the intent to decrease youth criminal activity, deinstitutionalization, and recidivism (FLLDJJ, n.d). Statewide, FL research on mental health among youth in juvenile detention centers found

as many as 12% to 17% of youth incarcerated reported seriously considering suicide and 4% to 8% reported attempting suicide (Kim et al., 2019).

Recidivism was defined by FLDJJ (n.d) as "youth who committed a new law violation after being adjudicated, adjudication withheld and convicted of a new offense within a certain time frame." The Florida Department of Juvenile Justice (FLDJJ) reported a continued decline in juvenile delinquency and arrest in the state. Recent reports from FLDJJ showed the recidivism rates range from as low as 6 % for youth involved in diversion and certain preventative programs to as high as 35 % for youth with prior arrest and post commitment programs releases (FLDJJ, n.d). Simultaneously, recidivism rates for juvenile offenders completing probation supervision in Florida remained steady for the past 8 years ranging from 18% to 20 % (FLFJJ n.d). Despite the decline in juvenile arrest, an examination into the rate, indicators, and factors of recidivism in juvenile detention centers is pertinent to this study. Such measures provided a link between mental health problems, mental health treatment and risk factors for recidivism.

Therefore, addressing the mental health needs of incarcerated juveniles have various implications. Such implications not only reduce recidivism but also lessen the financial strain on the communities they reside in (Zeola et al., 2017). Similar to other juvenile detention centers across the country, the Florida Department of Juvenile Justice identified intervention efforts that are sensitive to the development and social problems faced by juveniles that are tailored to educate and promote positive behaviors and are consistent with the needs of the juvenile offenders to decrease the rate of recidivism

(Sullivan & Gummet, 2017). Past research conducted on juveniles and recidivism shows a need for continued research on this topic. Such research may reduce future incarcerations, decrease involvement in the legal system and bring about personal and social change (Zeola et al., 2017).

Further exploration was needed to investigate the perspective, challenges, and success of clinicians who treat incarcerated youth in juvenile detention centers. The prevalence of incarcerated youth with prior mental health history continues to rise, however previous research studies have not focused on the clinicians providing mental health treatment. Such study is vital in order to gain more knowledge on the effectiveness and challenges of current treatment modalities and improving the overall deficits of providing mental health treatment to incarcerated youth in juvenile detention centers, reducing recidivism and promoting social change.

Summary and Conclusions

The review of the literature revealed many pertinent aspects into juvenile mental health, the clinicians providing mental health treatment, mental health services in detention centers and the role the Florida Department of Juvenile Justice plays in ensuring the mental health needs of incarcerated youth are met. The research highlighted the prevalence of youth entering juvenile detention centers with mental health diagnosis or experiencing mental health problems while incarcerated. It recognized the lack of research conducted on the clinicians providing mental health treatment in detention centers, the effectiveness of such services and the need to incorporate the youth in their

treatment. Hence, the research validated the need for further exploration regarding this subject area.

The literature review implied the need for further exploration into the issues of mental health treatment for incarcerated youth in juvenile detention centers and the clinician providing mental health treatment. It placed emphasis on the role the Department of Juvenile Justice (DJJ), clinicians and service providers play in ensuring youth's incarcerated receive adequate mental health treatment. It also aimed to address different areas contributing to the issues surrounding juvenile mental health, the role theoretical framework plays in bringing about change, identified the impact of juvenile recidivism, the barriers surrounding navigating change through DJJ while ensuring incarcerated youth received the mental health treatment required.

Chapter 3: Research Method

Introduction

The purpose of this qualitative study was to explore the experiences and perceptions of social workers, human service professionals, and mental health counselors/ psychologists who treat youth who are involved in the criminal justice system in Florida, focusing on those with mental health issues or a diagnosis and to explore how they incorporate the need and perspectives of the youth into their treatment. The data collected in this study included individual, semistructured interviews. The participants were both licensed and non-licensed clinicians, providing mental health treatment in juvenile detention centers in Florida, and/or had experience working with incarcerated youth in juvenile detention centers. The participants had to have a history or experience in working with incarcerated youth for at least one year. Furthermore, the participants in this study were licensed or non-licensed clinicians or registered interns in Florida.

Florida statewide research on mental health among youths in juvenile detention centers found that as many as 12% to 17% of youth incarcerated reported seriously considering suicide, and 4% to 8% reported attempting suicide (Kim et al., 2019). Swank and Gagnon (2017) found that 27% of youth in juvenile detention centers had mental health concerns at admission that were so severe that they required immediate treatment. Kumm et al. (2019) concluded that clinicians working in juvenile detention centers play a significant role in ensuring the goal of the JJ Act is met by contributing to different areas of juveniles and mental health, such as normalizing mental health treatment and treating youth detained in juvenile detention centers thus improving the rate of rehabilitation.

Seventy percent of youth in juvenile detention centers met the criteria for a mental diagnosis.

This study is significant because it sought to analyze the perception of clinicians providing mental health treatment in juvenile detention centers while also investigating how clinicians incorporate youth perspectives of their treatment needs as the catalyst for transformative change in delivering mental health services, obtaining successful outcomes, and bringing about meaningful change in juvenile offenders. This study was needed to further develop an understanding of the participating clinicians' perspectives and experiences to determine the usefulness of current mental health treatment to youth in juvenile detention centers. Chapter 3 provided a discussion regarding research design. A detailed explanation of the population and how the population was acquired was presented in this chapter. In addition, the methodology, concerns regarding trustworthiness, and ethical considerations were identified.

Research Questions

This qualitative research study had the following primary research question. Two research questions were considered to describe the perception of clinicians providing mental health treatment in juvenile detention centers in Florida. The research questions addressed the problem statement of this qualitative descriptive study.

RQ1: What are the experiences and perceptions of social workers, human service professionals, and mental health counselors/ psychologists or psychiatrists who treat youth in the criminal justice in FL with mental health issues/diagnoses?

RQ2: How do social workers, human service professionals, and mental health counselors/ psychologists or psychiatrists incorporate the needs and perspectives of the youth into their treatment?

Research Design and Rationale

This qualitative study focused on investigating the subjective opinions, challenges, successes, and limitations of clinicians providing mental health treatment services in juvenile detention centers. I used a general qualitative research approach (see Tenny et al., 2021; Patton, 2005). Qualitative research is a descriptive method aiming to understand how individuals make meaning of a phenomenon or a situation (Tenny et al., 2021; Patton, 2005). This was processed through structured interviews with clinicians in an FLDJJ system to evaluate the effectiveness of providing mental health services to incarcerated youth. As discussed in Chapter 1, my research questions were not focused on examining relationships among variables; they were focused on experiences and perceptions. Thus, quantitative research or mixed-methods research would not be appropriate (see Patton, 2005) as my focus was not on exploring relationships among variables. My focus was on understanding experiences.

In this qualitative study, I implemented a generic qualitative approach, as my study was exploratory in nature. This study was based on inductive reasoning to gather data through the process of interviewing, analyzing the data by looking for patterns through developing a thematic analysis, and creating a general focus. The purposes for using an inductive approach are to (a) condense raw textual data into a brief, summary format; (b) establish clear links between the evaluation or research objectives and the

summary findings derived from the raw data; and (c) develop a framework of the underlying structure of experiences or processes that are evident in the raw data (Thomas, 2006). As a researcher, using inductive reasoning, a bottom down process, helped me complete what Sauce and Matzel (2017) highlighted as a logical process in which multiple premises, all believed true or found true most of the time, are combined to obtain a specific conclusion or to supply evidence for the truth of a conclusion. Inductive reasoning also encompasses most cases where a general principle was derived or where categories are formed based on specific observations (if they were probabilistic in nature). Thus, in practice, inductive reasoning is the logical foundation of science, and all fields (from physics to sociology) that share the inductive method at their core (Sauce & Matzel, 2017), and this was the process I applied in this study.

Pearse (2021) described qualitative research as the ability to construct or interpret research theory and adopt a form of a naturalistic overview. The qualitative research method allowed an exploration of mental health treatment in juvenile detention centers in Florida using in-depth structured interviews of clinicians as a means for data collection and permitting an understanding of the perspective of the clinicians providing treatment services to incarcerated youth. Pearse (2021) emphasized that the value of qualitative research lies in the number of details the findings can show and allows for a higher degree of descriptive information. This approach is intended to derive stories from clinicians to understand the perspectives, challenges, and successes of mental health treatment for incarcerated youth.

Role of The Researcher

The role of the researcher was to try and access the perceptions and thoughts of the participants, analyze them, and present them in an unbiased manner. In this study, my role was that of the researcher, interviewer, observer, and data analyzer as I hoped to comment and interpret the narrative of the professionals whom I interviewed (see Patton, 2005). The participants were clinicians (social workers, human service professionals, and mental health counselors/ psychologists or psychiatrists) who worked with incarcerated youth in juvenile detention centers. The goal of this study for me, as a researcher, was to examine how the participating clinicians I interviewed would narrate their stories or perspectives of their experiences regarding mental health services are for incarcerated youth in juvenile detention centers and to understand how these clinicians perceive and make sense of their experience providing successful mental health services to these youth.

I was employed as a clinical director for the mental health department in a juvenile detention center in Southwest Florida and supervised two staff members. As a director, I worked collaboratively with the psychiatrist, major, the captains, the medical team, the teachers, and the officers at the juvenile detention center within my facility. Because I had a supervisory role and professional relationship with the staff in the detention center where I worked, they were not interviewed for this study to eliminate any conflict of interest or any biases in power or authority such as to avoid any scrutiny of the data to be skewed with participants telling the researcher what they think believe the researcher wanted to hear. However, the participants who were randomly selected to

participate in this study were working in the remaining 20 detention centers in the state of Florida and were elected through random sampling. I upheld a professional relationship or a working relationship with some of the participants who will voluntarily choose to participate in the study.

Due to my previous role as a clinical director, I managed research biases by avoiding interviewing any clinicians with whom I had worked, supervised, and trained. Bergen & Labonte (2020) indicated researchers should acknowledge the potential for biases when conducting research, as opposed to ignoring or denying the issues. The lack of consideration of research bias in the initial phase of the research has the potential to affect the quality of the data, weaknesses, barriers, and incomplete study (Bergen & Labonte, 2020). Maintaining such restraint in the study will address ethical issues that may have arisen due to interviewing clinicians who are employed by the same company as I but are not supervised by me, and there is any conflict of interest or power differentials and justification for the use of incentives. I used bracketing to reflect on my own perspective and assumptions.

Methodology

Population Selection

The population for the study consisted of licensed and registered intern clinicians who were employed to work in a juvenile detention center. For this study, the participants chosen were licensed and non-licensed clinicians. The study specifically focused on clinicians who reside and practice within the state of Florida. A purposive sampling was used for the study with the intention to focus on the characteristics of a population that

are of interest, such as what best facilitates the process of having my research questions answered (Rai & Thapa, 2015). I also include snowball sampling, where individual participants were able to refer other professionals that fit my criteria and are eligible to participate.

Participants needed to have a background in or be currently working with incarcerated juveniles who had been diagnosed with mental health issues or possessed symptoms of mental disorders. The participants had a total of 1 year plus history or experience of working with incarcerated youth in a juvenile detention center. To be qualified as a registered intern in the state of Florida, a participant had to complete two semesters of internship working in the field before graduation; moreover, they have to complete another set of 2 years of externship, which included 100 hours of supervision and one-thousand hours of face-to-face contact with clients before they can become a licensed clinician. I believed this justified a participant to be a qualified expert for this study.

Procedures for Recruitment and Participation

I recruited participants by posting flyers via social media, posting flyers in local coffee shops, and local colleges and universities. Once a participant reached out to me, an email invitation with information was sent, including a demographic questionnaire, informed consent, and the criteria of inclusion. I verified the inclusion criteria through the demographic questionnaire via email prior to scheduling an interview.

Once eligibility was confirmed and a date/time was set for the interview, the participant voluntarily responded with “I consent” to me via email as their indication of

being interested in participating in the study. Eligible participants were scheduled for an interview at their convenience upon agreeing to the informed consent. I set up a time to meet via teleconference, such as Zoom, FaceTime, or Google Meet, with each participant. To ensure confidentiality, I encouraged participants to place themselves in a secure space. I was in a private office space to ensure the confidentiality and privacy of each participant. Participants did not need to follow up with me because only one interview was needed. I took field notes immediately after each interview. Each interview was recorded and then transcribed verbatim. The notes acquired from the interviews were stored in a locked cabinet and will then be shredded after the research is completed to ensure confidentiality (see Ethical Protection).

Criteria For Participation

The following criteria were maintained for participation in this qualitative descriptive design study. The participating clinicians were:

- licensed or non-licensed (registered intern) clinician
- social worker, human service workers, family counselors, clinical counselors, psychologist, and psychiatrists
- actively practicing in Florida, and
- had experience working with incarcerated youth in juvenile detention centers with at least 1 year of experience.

Interviews are one of the richest sources of gathering data on human phenomena (Lambert & Lambert, 2012; Yuen et al., 2016). The primary source of data was semistructured interviews. This data source provided meaningful descriptions of how

clinicians narrated their perceptions of how they provide mental health treatment to incarcerated youth in detention centers in Florida. Researchers found that using interviews to collect data for a qualitative study is appropriate when the researchers want to describe the challenges of human experiences (see Anjum et al., 2020). Semistructured interviews enabled the participants of this study to describe the challenges clinicians face in providing mental health services to incarcerated youth in juvenile detention centers in Florida.

Sample

The sample in this qualitative descriptive design study included non-licensed and licensed clinicians in Florida who worked with incarcerated youth in juvenile detention centers. A minimum of ten participants for a descriptive qualitative study is generally acceptable. Mocănașu (2020) reported that the adequacy of sample size is a key marker for the quality of qualitative research. Aguboshim (2021) concluded that various strategies employed to ensure the rigor of the work and data saturation may include triangulation, member checking, audit trials, reflexivity, peer debriefing, and reaching data saturation. Also, assuming a working sample size before data collection based on assessment facilitated by past related qualitative studies may be expedient, as there are no correct absolute measurements to form a construct. As such, I recruited ten potential participants for this study. This number was chosen as a predicted method of reaching saturation. Thus, if data saturation were not reached, I would conduct more interviews to reach saturation. Hence, Aguboshim (2021) purported:

> The concept of data saturation is hard to define and inconsistently assessed and reported in literature possibly because it has diverse meaning to many researchers. Qualitative researchers are unlikely to agree on the exact sample size required or one style procedure to reach saturation because study designs are not universal. However, researchers do agree on some general principles and concepts to reach data saturation: no new data, no new themes, no new coding, and ability to replicate the study. (p. 184)

The semistructured interviews lasted about 30 to 45 minutes. Researchers revealed that virtual meetings are becoming a useful way to conduct interviews and conferences (Flynn et al., 2018). I decided between Google Meet, Microsoft Teams, and Zoom as a forum for the interviews.

In addition, I used member checking to reflect the objective that the interviews exhibited, transcribe accurately, and confer the participating clinicians' intentions to provide a true description of the participants' experiences during the interviews (Anjum et al., 2020). Member checking strategies allowed the researcher to ensure that the transcriptions and the codes from the interviews are accurately written (Anjum et al., 2020) and related to how clinicians provide mental health services to incarcerated youth in juvenile detention centers. In my own words, I submitted a summary of each of the participants' response of their interviews for member checking after their completion of the interview.

Data Collection

Data for this research was collected through in-depth, open-ended semi-structured interviews with clinicians providing mental health treatment in the Juvenile Detention Centers in Florida, questionnaires, and document reviews. Semi-structured interviews are important to ensure that the researcher asks all participants the same questions to begin, probing when needed. Maximum sampling from the twenty juvenile detention centers benefitted this research as it varied the narratives and the participants' selection and allow for identifying themes and/or patterns.

Subedi (2021) reported that researchers are autonomous to select the participants in qualitative research, and they can choose from a single to twenty participants that can be varied depending on the depth of the information required and the nature. Aguboshim (2021) also highlighted that it is possible to reduce the number of interviews by collecting data from other sources like observations/open-ended survey and such. Buttina (2015) referred to sampling size as "ambiguous" and determined it should reflect the answer being sought through research conducted. Therefore, used an interview guide to ensure structure and consistency in the interview with participating clinicians, as indicated by Buttina (2015); this process assisted in soliciting narratives that were rich (high quality) and thick (enough quantity) in the data (Gentles et al., 2015; Visser et al., 2016).). Interview questions (open-ended) were curtailed to allow the participating clinicians to share detailed information about their stories, followed by probing questions to explore and further process the participating clinicians' responses. Thematic analysis was

conducted to pull out themes that derive from each of the narratives of the participating clinicians.

Instrumentation

The interview questions were developed to acquire an understanding of how clinicians perceive the effectiveness of the therapeutic services they provide to incarcerated youth in juvenile detention centers and to highlight any impact such service makes by lessening their mental health symptoms or lack thereof. I also explored how various therapeutic orientations clinicians implemented in their practice when working with juvenile offenders with a diagnosis of, or symptoms of mental health diseases. The questions were specific to various aspects of how clinicians engaged incarcerated juveniles in therapeutic services. The use of recorded interviews allowed for effective data retrieval specific to participants' perceptions, emotions, and experiences (Clark & Veale, 2018). The researcher was a key instrument, as the researcher participated in the study as the interviewer to acquire the needed information from participants' positions of working with incarcerated youth in juvenile detention centers.

Data Analysis Plan

Qualitative research helped generate hypotheses and further investigated and identified quantitative data. Qualitative research gathered participants' experiences, perceptions, and behavior. It answered how and why instead of how many or how much. It could be structured as a stand-alone study, purely relying on qualitative data, or it could be part of mixed-methods research that combines qualitative and quantitative data (Tenny et al.2022). As a researcher, it was important to understand the true experiences of the

participants. As such, this determination forced me to also investigate the perceptions, challenges, and successes of participating clinicians who were interviewed for this study to obtain a deeper meaning of what it means to provide effective mental health services to incarcerated youth in juvenile detention centers; and through the narratives of the clinicians draw out themes and critical principles that other clinicians can utilize to show positive outcomes on how these youth respond to receiving efficacious mental health services.

Authors Tenny et al. (2021) highlighted that qualitative research, at its core, asks open-ended questions whose answers are not easily put into numbers such as ‘how’ and ‘why.’ Due to the open-ended nature of the research questions, the qualitative research design is often not linear like the quantitative design. One of the strengths of qualitative research is its ability to explain processes and patterns of human behavior that can be difficult to quantify. Phenomena such as experiences, attitudes, and behaviors can be difficult to capture accurately and quantitatively (Percy et al., 2015). In contrast, a qualitative approach allowed participants to explain how, why, or what they were thinking, feeling, and experiencing at a specific time or during an event of interest. Quantifying qualitative data certainly is possible, but at its core, qualitative information is looking for themes and patterns that can be difficult to quantify. It was vital to ensure that the context and narrative of qualitative work were not lost by trying to quantify something that is not meant to be quantified (Tenny et al., 2021).

A thematic synthesis was used when conducting this qualitative research study. With this analysis process, coding and sorting were necessary components (Clark &

Veale, 2018). Field notes provided me with the opportunity to recognize patterns provided by each interview. Since there needed to be more research concentrating on the perspectives, challenges, and successes of clinicians providing mental health treatment to incarcerated youth, this method reviewed the sequence of thoughts and interview transcripts to describe the most prominent influences that could be used to reduce juvenile delinquency, clinicians felt affected incarcerated youth.

Subsequently, this study sought to create social change by reducing juvenile delinquency, decreasing rates of reoffending and recidivism, changing the outlook on mental health treatment, and increasing participation and continuation of mental health services for youth to become productive members of society, analyzing the study through a narrative approach assisted the researcher to narrate themes and formulated a thicker description of how meaningful and impactful participating clinicians interpreted their perspectives of providing mental health therapy to incarcerated youth.

Using a qualitative research method, such as thematic analysis, I outlined how to perform accurate thematic analyses on qualitative data to draw interpretations from the data (Castleberry & Nolen, 2018). This study explored participating clinicians' perspectives and experiences with incarcerated youth in juvenile detention centers through semi-structured interviews to understand how their perspectives of each youth are structured and how they counsel incarcerated youth in juvenile detention centers.

I utilized a thematic analysis based on Saldaňa's (2012) approach (see more in the following discussion) to interpret patterns and themes from the narrative of each participating clinician who consented to participate in this study. The themes and patterns

in this descriptive qualitative research were the center of how I plan to answer the research questions sifting through the data in this study.

As such, I applied Saldaňa's (2012) conceptualization of coding methods which was the representative of either the first cycle or second cycle, with one hybrid method lying in between them. According to Saldaňa (2012), First Cycle methods was a coding strategy that occur during the initial coding of data, and which was sub-divided into the following seven subcategories. The Second Cycle methods was a coding strategy that "require such analytic skills as classifying, prioritizing, integrating, synthesizing, abstracting, conceptualizing, and theory building" (p. 58), as follows: Pattern coding, Focused coding, Axial coding, Theoretical coding, Elaborative coding, and Longitudinal coding. Finally, Theming the data, which included eclectic coding lies in between the first and second cycles.

Issues of Trustworthiness

The research questions were developed for this study. The participants were not provided with interview questions before their interview. This allowed the participants to be genuine to provide initial answers instead of having had the opportunity to think in-depth, rehearse their responses, conduct any research, or ask others for input. In qualitative research, obtaining genuine and authentic feedback from participants is essential (Marshall & Rossman, 2016). I refrained from expressing any biases that could be interpreted by the participant through communication or actions during the interview process. It should be highlighted that I am a licensed clinical social worker in the state of Florida who've held an administrative position for the past seven years. I withheld from

providing any thoughts or opinions to participants on any aspect of the research study. I maintained an open mind when coding and sorting through the data to minimize the effect of trustworthiness in the study.

When performing qualitative studies, authors (Watts & Finkenstaedt-Quinn, 2021) claimed that researchers must demonstrate the trustworthiness of their analysis so researchers and practitioners consuming their work can understand if and how the presented research claims and conclusions might be transferable to their unique educational settings. In fact, Rose and Johnson (2020) contextualized that researchers should attend to the overall trustworthiness of qualitative research by directly addressing issues that are associated with reliability and/ or validity that are aligned with larger issues of ontological, epistemological, and paradigmatic affiliation. They believed trustworthiness can be established in qualitative research study by involving multiple aspects, understanding and having full knowledge of what is being researched, and the depth of the literature that is reviewed.

Credibility, according to authors Stahl and King (2020) sought to answer how congruent the findings are with reality. Credibility is a construct on the part of the reporters and the subsequent readers. Credibility is promoted through the various processes of triangulation. I, following Stahl and King (2020), hoped to establish credibility through the process of using several sources of information or procedure from the field to repeatedly establish identifiable pattern through data triangulation, through the use of my own notes as well as the interview transcripts.

Transferability is a second element factor established by Lincoln and Guba in (1985). Transferability proposed that design in qualitative research does not aim for replicability. However, qualitative researchers maintained that patterns and descriptions from one context may be applicable to another. If one cannot learn from study extension that might fit with a subsequent set of circumstances, the impact from the original study is limited. Transfer is only possible when a thick description provides a reach enough portrayal of circumstance for application to other situations, and usually at the behest of the local constituents. Transfer applications such as these rely on the researcher's thick description that included contextual information about the field work site organization and other influential participant in the original study had been stipulated and described in detail. To illustrate transferability in this study, I sought to understand each participant's perceptions of working with incarcerated youth and recognized my own therapeutic approaches as that of my ability to engage the youth and not illuminate my experience working with incarcerated youth as the bottom-line formula to work with all incarcerate youth. That transfer in qualitative research is not a recipe but rather a suggestion that must itself be researched for its applicability to in new contexts (Stahl & King, 2020).

Dependability is a third perspective on trustworthiness offered by Lincoln and Guba (1985), and it is the trust and trustworthiness of a study. In qualitative research, (Stahl & King, 2020), in which researchers, both producers and consumers, actively built their trust and the events as they unfold, there are a few concrete research practices that not only produce trust but also feel trustworthy when they are executed. For example, peer debriefing or peer scrutiny are solid communication habits that create trust. My

intent as a researcher after completing the interview and post interview survey was to gather the participants to inform them of the finding of the study. I choose a colleague who has a Ph.D. to review my findings and my interpretation to help eliminate or to bring to the surface any biases that I may have formulated. Nevertheless, Stahl and King (2020) accentuated using another researcher to read and react to field notes with my embedded researcher's interpretation is confirmation that creates a tacit reality for me.

Another approach of dependability had to do with the researcher's anticipation of review by a peer in the sense not unlike the review process of a journal like the journal of development education of journal of basic writing presumably awareness that the work and the products from the works are to be inspected by a peer will cause the researcher to be careful with what is recorded as facts and as what is set aside as researchers' interpretative comment about the data

Confirmability meant getting as close to objective reality as qualitative research can get. Rather than constructing a reality in findings, qualitative researchers who believe and pursue objectivity rely on constructs like precision and accuracy in their research practice and the involvement of other researchers. In these qualitative circumstances it makes sense to aim for non-involvement, least researchers contaminate pristine, natural environments. As such, the use of confirmability was a small, circumscribed intent within qualitative research, especially concerning emerging design positivism (Stahl & King, 2020). I intended to provide rich descriptions that may help future researchers review my study, analysis, and results, as well as provide a potential to replicate this work.

Ethical Procedures

Ethics remained a main concern while completing this study. I provided each participant with an informed consent before the interview. The role of the informed consent was to notify the participant of the purpose of the study. The procedures of the study were identified in the informed consent to ensure that the participants were made knowledgeable of the requirements by accepting to participate in the study and when they agreed to be interviewed. This included the approximate time commitment needed to engage in the interview as well as an agreement to be audiotaped.

The informed consent outlined the expectations of me as the researcher regarding confidentiality and privacy. I maintained the utmost confidentiality. This meant assigning individual participants unique identifiers so that their interview data and any reference to them in the text did not use their name or any other identifying information. No incentives were used to promote participant involvement in the study, which was outlined in the informed consent. Finally, all data was securely stored using a password protected computer and will be kept for approximately 5 years; then all data will be destroyed.

Summary

The purpose of this qualitative study was to describe the experiences and perceptions of social workers, human service professionals, and mental health counselors/ psychologists who treat youth who are involved in the criminal justice system in FL with mental health issues or a diagnosis and to explore how they incorporate the need and perspectives of the youth into their treatment. More specifically, the research aimed to gain insight from the clinicians' narratives working with incarcerated juvenile youth that

there are no biases toward treating incarcerated youth with symptoms of mental health/ illnesses. To acquire this, the use of a qualitative research design through interviewing a small sample of participants who specialized in working with juveniles in detention centers was needed. Safety measures were taken to ensure that ethical aspects of research were implemented. Chapter 4 contained the research study itself. The demographics of the participants were identified. Data collection methods were described, along with data analysis procedures. Trustworthiness evidence and the study results were provided.

Chapter 4: Results

Introduction

The purpose of this qualitative study was to explore the experiences and perceptions of social workers, human service professionals, and mental health counselors/psychologists or psychiatrists who treat youth who are incarcerated in juvenile detention centers in Florida. This study focused on the increased, demonstrated need for mental health treatment among youth entering the Florida Department of Juvenile Justice (FLDJJ). It aimed to address an identified research problem by increasing awareness of mental health treatment as a collaborative effort amongst clinicians and incarcerated youth in juvenile detention centers. The qualitative research study had two primary research questions:

RQ1: What are the experiences and perceptions of social workers, human service professionals, and mental health counselors/ psychologists or psychiatrists who treat youth in the criminal justice system in FL with mental health issues/diagnoses?

RQ2: How do social workers, human service professionals, and mental health counselors/ psychologists or psychiatrists incorporate the needs and perspectives of the youth into their treatment?

This study was designed to examine the experiences and perceptions of clinicians who treat youth who are involved in the criminal justice system in Florida with mental health issues/diagnoses and to understand how they incorporate the needs and perspective of the juvenile offender into their treatment. The interviews were intended to derive stories from the participants to understand mental health treatment provision for

incarcerated youth. Chapter 4 details the various aspects of this study including the setting, demographics, data collection, data analysis, evidence of trustworthiness, and the results are provided.

Setting

The population for the study consisted of licensed and registered intern social workers, mental health therapists, marriage and family therapists, and a psychologist employed at a Florida juvenile detention center. In total, I had ten participants. For this study, the participants chosen were licensed and non-licensed clinicians. Participants needed to have a background in or be currently working with incarcerated juveniles providing mental health therapy. Recruitment occurred by posting flyers via social media, posting flyers in local coffee shops, and local colleges and universities. Once the participant reached out, an email invitation with information was sent, including a demographic questionnaire, informed consent, and the criteria of inclusion. Eligible participants were scheduled for an interview at their convenience upon agreeing to the informed consent. Interviews were conducted via teleconferences like Zoom, Teams, or Google Meet.

Participants were selected based on signed consent forms returned and availability. They received email and text reminders about their appointments, followed by a phone call thirty minutes before the scheduled interview. Some participants needed more time to schedule due to illness, extending the study timeline. Flexibility was required as many clinicians had personal commitments, especially during the summer. Scheduling back-to-back interviews and transcribing them verbatim was particularly

time-consuming. To ensure confidentiality, participants were encouraged to utilize a secure space, and I used a private office space to ensure confidentiality for each participant.

Demographics

The participants were both licensed and non-licensed social workers, mental health therapists, marriage and family therapists, and a psychologist. To be included in this study, the participants were required to be currently providing mental health treatment in juvenile detention centers in Florida for at least one year, and/or have experience working with incarcerated youth in juvenile detention centers. In total, ten participants were interviewed for this research study. Out of the ten participants, six were female clinicians and four were male clinicians. Eight participants were licensed in the state of Florida, and two were registered clinical interns working towards licensure. Those who were licensed clinicians ranged from two years to fourteen years of licensure experience. Nine participants held a master's degree, and one participant held a doctoral degree. Additionally, the participants had been providing mental health services to incarcerated juveniles for between one to ten years. All ten participants provided mental health therapy services to incarcerated juveniles in the Florida juvenile detention centers with mental health problems/diagnoses.

Data Collection

Data for this research was collected through in-depth, open-ended, semistructured interviews with participants providing mental health treatment in juvenile detention centers in Florida. Semistructured interviews were conducted to ensure that all

participants were asked the same questions throughout the interview process. An interview guide was utilized to ensure structure and consistency in the interviews with participants. Interview questions (open-ended) were applied to allow the participants to share detailed information about their stories. The responses were followed by probing questions to explore and further process the participants' responses. The interview questions used were developed to attain an understanding of the participants' perceptions of the therapeutic services they provided to detained youth in juvenile detention centers.

The interview guide consisted of eleven open-ended questions that allowed the participants to further explain if necessary (see Appendix B). Ten participants were interviewed for this research study before data saturation was reached. Participants were recruited by posting flyers via social media, posting flyers in local coffee shops, and local colleges and universities. After participants initiated contact, an email invitation with information was sent to include a demographic questionnaire, informed consent, and criteria of inclusion. Verification for inclusion criteria through the demographic questionnaire was sent via email before scheduling participants' interviews.

Data Analysis

This qualitative study was focused on investigating the subjective opinions, challenges, successes, and limitations of clinicians providing mental health treatment services in juvenile detention centers. The research questions I wrote were intended to acquire an understanding of how clinicians perceive the effectiveness of the therapeutic services provided to incarcerated youth and to highlight any impact such services had on individuals. The questions were specific to various aspects of how clinicians engage with

incarcerated juvenile youth in therapeutic services. The results of the study included both the primary research questions and subordinate themes.

I applied the conceptualization of coding methods, which were representative of either the first cycle of coding or the second cycle of coding. I used Saldaña's (2012) step-by-step process of coding. Before I started the coding process, I took time to familiarize myself with the transcribed interviews. I noted each keyword I encountered and carefully read the transcripts alongside my interview notes. I created a Word document where I highlighted significant words and phrases from each participant's interview. I incorporated simple terms to describe the codes while including notes on their meaning for future reference. During this cycle, I initially identified approximately forty-five codes by completing a line-by-line analysis of the transcriptions. Additionally, I made a table with two columns: on the left side, I listed key codes related to the transcribed interviews, and on the right side, I included corresponding notes. As I worked through the material during the second cycle of coding, I re-coded, rearranged, and synthesized initial codes, thus coding similar terms while also identifying unique thoughts expressed by the participants. I completed the coding phase with twenty-three codes to include: *training, systems, planning, effectiveness, consistency, continuity, individuality, delivery, modality, support, fear, rapport, bias, trust, experience, intervention, challenges, policy, effectiveness, therapy, treatment, collaboration,* and *success*.

Following Saldaña (2016), I used descriptive coding to summarize primary topics and In Vivo Coding to use participants' own words as codes. I also used analytic memos

to document my thoughts, insights, and reflections throughout the process to develop themes from the interviews. In order to categorize the codes identified during the second cycle, I listed the codes and grouped them by similarity. Then, I identify a suitable category for each group. Thus, six categories were identified as a result of this activity. The categories included: *service delivery, youth treatment, systemic issues, clinical perspective, programming, efficacy of treatment,* and *detention challenges.*

With this analysis process, coding and sorting were necessary components implemented and completed manually. The method reviewed the sequence of thoughts and interview transcripts to describe the most prominent impacts within the interviews. I utilized a thematic analysis to interpret patterns and themes from the narrative of each participating clinician who consented to participate in the study. Field notes assisted me in recognizing patterns provided by each interview. Additional exploration of the transcription's categorization identified five emergent themes.

Overview of Research Question 1: The Clinicians' Understanding

The Department of Juvenile Justice (DJJ), in connection with the provider contracted to provide mental health treatment to incarcerated juveniles, faces supervision challenges due to its hiring practices. The notion that hiring clinicians who are presumed to understand and can work effectively with incarcerated youth has shown to be difficult. The participants reported lacking proper training, leading to difficulties in connecting and building rapport with the youth. This lack of preparation is problematic, as the conditions and experiences for working with incarcerated juvenile youth require specialized care that some participants stated they were not adequately equipped to provide.

Social workers, human service professionals, and mental health counselors/ psychologists or psychiatrists are often presumed to be competent in their roles, but this is not always the case. Supervisors may neglect to provide adequate oversight, assuming education, experience, and licensure equate to proficiency. However, many clinicians lack the necessary training and experience to effectively work with incarcerated youth, particularly those with trauma, severe mental health issues, or behavioral challenges. This lack of supervision and proper training leads to significant issues, as participants recalled struggling to connect with and support the youth they serve. Despite participants' educational backgrounds, years of experience, and licenses, their inexperience with working with incarcerated juveniles often results in inadequate care for the youth experiencing chronic mental health issues or with complex mental health needs.

Overview of Research Question #2: Youth Treatment Planning

This question aims to determine how clinicians working with incarcerated youth can incorporate the youth's voices, treatment goals, and objectives in their treatment planning to create a more inclusive therapeutic relationship rather than to allow youth to feel excluded in their own treatment needs. Participants noted that treatment plans often lack individuality and are based solely on symptomatic issues such as depression, anxiety, substance use, or trauma. Effective treatment plans should not be templated but should focus on the specific goals the youth want to achieve. Collaboration between clinicians and youth in creating these plans is essential to address their unique needs.

The lack of training and supervision for clinicians results in their inability to incorporate the voices of the youth in their treatment planning. Consequently, several

participants believe the youth often feel misunderstood, resulting in their disengagement in treatment services, as their input is not considered. This leads to minimal interaction and enthusiasm from the youth, as the treatment goals and objectives are not tailored to their specific needs. Instead, they are based on the participants' assumptions of their needs. For example, if a youth is arrested for substance abuse or has a previous substance abuse diagnosis, the treatment plan may focus solely on substance abuse issues, ignoring other underlying factors that contribute to their behavior. This approach fails to address the root causes and does not provide comprehensive support for the youth.

Additionally, the lack of understanding of how trauma impacts youth incarcerated in juvenile detention centers further exacerbates the problem. Participants shared stories of youth striving to improve, only to be re-traumatized by the system through probation violations, lack of community support, and other punitive measures. This perpetuates a cycle of trauma and hinders the youth's progress. The trauma experienced by incarcerated youth is often overlooked. When faced with trauma, individuals can either move forward, regress, or remain stagnant, akin to the fight, flight, or freeze response. Their brains are in this state, yet no one is addressing the root causes that lead these youth to be incarcerated and the cycle of arrest. The system fails to self-regulate, resulting in repeated incarcerations, which is not something any youth desires. This re-traumatization perpetuates their return, and it seems no one is examining this process. This is a significant implication for the study.

Most of the youth in detention, regardless of their mental health history, encounter mental health clinicians for the first time. If these clinicians are not well-trained, they can

inadvertently cause the youth to shut down, making it difficult for them to open up to anyone. Additionally, when discussing the incorporation of youth needs and perspectives in treatment, those already receiving community mental health services face similar issues. Upon entering detention, they experience a continuation of the same problems, leading to a sense of futility in participating in treatment. They feel voiceless and believe that no one cares about their actual needs or goals. This ongoing trauma from the community to detention highlights the lack of difference in their experiences.

Youth often feel that clinicians do not incorporate their perspectives, instead assigning meaning to their experiences without truly understanding them. The dominant narrative labels them as criminals who deserve to be in detention, and many clinicians do not genuinely believe these kids have mental health issues. In treatment planning, most assessments result in participants diagnosing youth with conduct disorder, despite the various issues the youth may express. This is problematic and indicates a lack of training and supervision. Supervisors should guide clinicians in providing proper interviewing skills to communicate therapeutically with the youth. However, many clinicians still diagnose conduct disorders and create generic treatment plans outlining objectives and action plans for the youth to follow. Regardless of the youth's experiences, such as drug addiction, depression, or trauma, they are often labeled with conduct disorder. This issue extends beyond the clinicians' ability to conduct a comprehensive evaluation. The stigma associated with conduct disorders makes it difficult for youth to receive adequate care. Consequently, treatment plans often reflect conduct disorders, even when it is not the primary issue.

Table 1

Educational Background and Experiences

	Educational Background	Years of Experience
P1	BSW, MSW, LCSW, Doctorate in LMFT	10
P2	MFT	5
P3	BSW, MSW, LCSW	6
P4	BSW, MSW, LCSW	2
P5	MSW, LCSW	8
P6	Masters in Mental Health	7
P7	MSW, LCSW	3
P8	MSW	4
P9	Masters in Mental Health, LMHC	6
P10	MSW	1

Evidence of Trustworthiness

The research questions were developed specifically for this study. The interview questions were not disclosed to the participants before their interviews to ensure credibility. This allowed the participants to be genuine in providing their answers instead of having had the opportunity to think in-depth, rehearse their responses, conduct any research, or ask others for input. I refrained from expressing any biases that could be interpreted by the participants through communication or actions during their interview process. To illustrate dependability in this study, I sought to understand each participant's perceptions of working with incarcerated youth and not illuminate past experiences working with incarcerated youth as a comparison in service provision. Transferability was safeguarded through my commitment to providing sufficient context regarding the data acquired from the interviews. To ensure transferability in this study, I sought to understand each participant's insight of working with incarcerated youth and recognized my own therapeutic approaches as those of my own past experiences with working with incarcerated youth by not allowing my experience to be utilized as the bottom-line

formula for work with all incarcerate youth. To safeguard conformability for trustworthiness, I avoided offering any views or judgments to participants on any aspect of the research study as I too am a licensed clinical social worker who has worked in the juvenile detention centers.

Results

I had five emergent themes. In this section, I first present an overview of each theme and then follow up with an in-depth discussion of the theme, results, and experiences of the participants.

Overview of Themes

Systemic Challenges and Inefficiencies are Evident in Service Delivery

This theme addresses systemic issues in service execution, highlighting gaps in delivery, resource shortages, and inflexible structures that do not meet the comprehensive needs of the youth.

Effectiveness of Program Structure is Both Effective and Ineffective

This theme examines the program structure's dual aspects, highlighting its effective and ineffective components. It addresses the brief duration of therapy, inconsistencies in follow-up, and the obstacles to accessing therapy determined by therapeutic need or behavior level.

Challenges with Youth Needs and Services

This theme addresses the challenges in meeting the needs and providing services for young individuals. It highlights the significance of developing individualized

treatment plans and emphasizes the necessity for collaboration between clinicians and youth to formulate effective treatment strategies.

Enhanced Communication and Collaboration Promotes Effectiveness

This theme underscores the importance of enhancing communication and collaboration among all stakeholders involved in the treatment and rehabilitation of incarcerated youth. It also emphasizes the need for more comprehensive assessments and collaborative treatment plans.

The Importance of Training and Supervision

This theme underscores the importance of adequate training and ongoing supervision for clinicians working with incarcerated youth. It focuses on the requirement for specialized training and continuous education to maintain high-quality care.

Table 2

Categories and Themes

Categories	Themes
Service Delivery	Systemic challenges and inefficiencies are apparent in the execution of services.
Effectiveness of Program	Program structure is both effective and ineffective.
Youth Treatment	Challenge with youth needs and services.
Systemic Issues	Enhanced communication and collaboration promote effectiveness.
Clinical Perspective	The importance of training and supervision.

In-Depth Theme Discussion

Theme 1: Systemic Challenges and Ineffectiveness are Evident in Service Delivery

The current system of mental health treatment provision is seen as ineffective and rigid, failing to meet the comprehensive needs of the youth. There are significant gaps in services, especially for those exiting detention. Based on the responses of participants, a

significant challenge is the lack of engagement from youth, leading to reoffending and probation violations. Environmental factors, such as family dynamics and parental involvement, often hinder progress. Youth require more than just therapy; they need housing, food, jobs, and life skills to reintegrate successfully into the community. It was very clear from participant statements that linking incarcerated youth with these resources is crucial. The participants identified significant systemic challenges, particularly the lack of resources for youth after their release from DJJ. Here are some excerpts from their interviews.

P1 shared:

> I just hope there will be more services for the youth when they are excited to keep out from returning because the only time I hear from probation officers, for example, is when they need to know if the youth attend therapy. It is so rigid. It is almost like they are checking out somebody. So, in one word, the treatment does not meet the needs of the youth. These youth, when they are out, sometimes need housing, food, jobs, and life skills to be productive in the community.

P2 noted the following:

> You know I have seen girls coming in there pregnant and when they are leaving, they have nowhere to go---they still need therapy they still need services---they need transportation they have nowhere to go----um, **no resources**. I feel that I do case management work along with therapy work---.

Finally, P4 added the following:

P4: I think it's the discharge planning because it is such a short stay in those detention centers overall. I mean, on average, you get one to three. The discharge planning and communication is what is not working well. Exactly. That is what is not working. Yes. Yeah. I feel as if because. One, again, to the resources, but maybe the communication of that, you know, I feel like there's more maybe.

This highlights the need for better support systems to assist incarcerated youth integrating into society and their community. The short duration of therapy (21 days) limits the ability to address deep-seated issues, leading to a cautious approach to avoid opening unresolved issues ("Pandora's Box"). Participants 2, 4, 6 and 7 implied referrals to other clinicians often result in cultural disconnects, impacting the continuity of care for most juveniles. Despite the challenges and feelings of fighting a losing battle, the participants passion for working with incarcerated youth drives their commitment. Personal rewards come from making a difference in the youth's lives and knowing that important conversations are remembered. The job and processes are heavily influenced by policies made by individuals without clinical experience, leading to unrealistic expectations and a disconnect between policy and practice. Corporate influence further complicates the focus on profit over effective mental health care as described by the participants:

P2 noted:

It is not good, or great. It is not bad. It is mediocre at its best because, and my reasons for saying that is that they put these rules involved and these policies

> involved that hinder you from doing your actual services that you can do because they have those quotas for you to meet, or they must be complying in timely fashion.
>
> P3 shared their thoughts:
>
> We do have, you know, certain policies that are put in place to make sure, that you know, the kids are not –hmm that services are not withheld from the kids and that and they are receiving the services. But nobody is really following up on what we are doing or ensuring that we are providing quality care or quality services or mental health treatment to the kids.

There is a significant lack of support from colleagues, management, and the broader system, leading to frustration. Despite these challenges, the commitment to the youth and the personal accountability of the participants drives continued efforts to provide support. The system presents numerous challenges, including the need for additional services while youth are incarcerated and the issue of "dead time" where youth wait for program placement without receiving credit for time spent incarcerated in a juvenile detention center. These delays and systemic inefficiencies contribute to the overall frustration with the treatment process. All the participants concurred on the current mental health treatment services in juvenile detention centers having significant shortcomings, including a lack of aftercare services and a tendency to view youth as mere numbers on caseloads. These issues highlight the need for a more holistic and continuous support system for you. There is a need for open dialogue among participants and policymakers to reform policies that are currently reactive rather than proactive.

Listening to participants who are on the front lines can lead to more effective and realistic policies.

Participants 2, 3, 4, 6 and 7 highlighted the limitations of the detention setting, including resource constraints, policy restrictions, and the short-term nature of detention, which hinder effective treatment. There is significant frustration among participants due to the systemic issues and lack of resources. This frustration, however, can be a driving force for advocating change and improving the system for the benefit of the youth. Providing mental health support to incarcerated youth is challenging due to the lack of specific guidelines and the need to use varied techniques. The diverse mental health needs of the youth add to the complexity of delivering effective treatment. While there are policies in place to ensure that mental health services are provided, there is a significant gap in follow-up on the quality of care. Audits tend to focus more on policy compliance rather than the quality of clinical work, which can impact the effectiveness of the treatment provided. The presence of officers during therapy sessions and concerns about privacy and confidentiality (HIPAA) create additional barriers to effective treatment.

Short detention stays can also affect the therapeutic process, making it harder to build trust and rapport. Establishing trust and ensuring confidentiality are critical components of effective therapy. Youth need to feel confident that their conversations with therapists will remain private and not be shared with probation officers or other authorities. Participants 7 and 8 stressed the notion that the detention setting is supportive but presents challenges due to its short-term nature on average. This makes it difficult to

address unresolved trauma fully, necessitating the use of Cognitive Behavioral Therapy (CBT), Relational Theory (RT) and coping strategies to manage immediate issues. Systemic factors, such as recidivism trends, increased census, and judicial decisions, significantly impact the treatment process. Variability in practices across different circuits and the diverse population mix add complexity to providing consistent care.

Retention of staff in detention centers is a persistent issue, affecting the stability and quality of care. More comprehensive training and support for staff could help address these retention challenges and improve overall treatment outcomes. Participant 4 values the importance of private practice while recognizing the need for systemic change to improve access to mental health care and support for clinicians. The current system lacks follow-up on mental health services once youth are discharged from detention centers. This gap in continuity of care can undermine the progress made during their stay. Policies and procedures can hinder the provision of true mental health services, but the participant focuses on being present, attentive, and supportive to overcome these challenges. There is a need for systemic changes, including better communication from judges to officers and revamping the entire system to provide more effective services to incarcerated youth. Policies and procedures should be reevaluated to align with true mental health services.

Theme 2: Effectiveness of Program Structure is Both Effective and Ineffective

The short duration of therapy limits the ability to provide long-term solutions, resulting in temporary fixes. Inconsistent follow-up and barriers to accessing therapy based on therapeutic need or behavior level further hinder effective treatment. The treatment provided was described by several participants as mediocre due to policies and

quotas that hinder effective service delivery. These constraints as reported by participants prevent them from fully addressing the needs of the youth. Participant # 6 described the treatment process as not meeting the youth needs at all while indicating they are not getting therapeutic treatment; they should get most of the time and the structure is mainly focusing on therapist following more of DJJ's policies and procedures rather than really focusing on addressing the therapeutic event that is taking place in the youth' lives.

Furthermore, participants indicated family issues significantly impact the effectiveness of treatment. The inability to provide family or group therapy exacerbates these issues, leading to frustration. There is a clear need for family sessions to address underlying problems. The current treatment approaches are limited and need fine-tuning. There is an over-reliance on diagnostic evaluations and specific therapeutic methods, which may not always be effective. More flexible and creative approaches, like relational theory, can better connect with youth.

Participants often found themselves performing case management tasks to fill these gaps. Greater community involvement and support are needed to help at-risk youth. This includes finding funds and resources to provide comprehensive support and prevent recidivism. There is a significant gap in follow-up care for youth after they leave detention. Participants are unable to check on youth or ensure they are receiving the necessary support and services upon their release, leading to inadequate care and a lack of continuity in treatment. Recidivism occurs because the root problems are not addressed. Incarcerated youth are often labeled as criminals rather than being seen as children, which leads to their treatment as criminals. This perception overlooks the fact

that they are still children, and it perpetuates the cycle of criminal behavior. Recognizing them as children rather than criminals is crucial to addressing the underlying mental health issues, reducing recidivism and creating social change. An aftercare plan is crucial for youth leaving incarceration.

The current lack of resources and support systems, including transportation and ongoing therapy, hampers their reintegration into society. Probation officers often focus on violations rather than providing support, contributing to a repeated cycle of youth returning to detention. The system fails to provide the necessary resources and support, exacerbating the challenges faced by these youth. Identifying the causes of youth's behaviors is crucial for effective treatment. Youth in detention tend to be open and honest, which helps in setting up beneficial plans. However, the short stays and lack of follow-up complicate the discharge planning process. There are significant gaps in resource availability and communication, particularly regarding discharge planning. Clearer communication and better resource allocation are needed to improve the continuity of care for youth' post-detention. There is a need for regular treatment team meetings that include all youth with mental health issues, not just those on medication. Wraparound services and community treatment teams could help ensure that mental health services continue to be provided and updated post-discharge.

Emphasizing the importance of reducing recidivism by exploring root causes of criminal behavior and providing community activities and skill training to keep youth engaged and out of trouble. Highlighting the educational challenges faced by youth in detention centers, including inadequate assessment and missing dynamics in education,

and the need for proper educational support and assessment. Participants 1, 2, 6, 7 and 9 highlight the limitations of the detention setting, including resource constraints, policy restrictions, and the short-term nature of detention, which hinder effective treatment. The participants discuss the impact of policies and ethical standards on the ability to provide comprehensive treatment, particularly regarding sensitive topics like sexuality. There is a need to explore the roots of trauma, address core issues, and implement an internal program for assessment. Understanding environmental and parental factors is essential for improving treatment outcomes and reducing recidivism.

The participants view the job as providing temporary solutions, especially for youth with serious charges, due to the limited timeframe and lack of understanding of mental health by staff. Effective practices include a nonjudgmental and relational approach, providing tools for coping, and meeting youth where they are, which help in building trust and relationships, especially in long-term facilities. Quick band-aid solutions and the lack of mandatory therapy in DJJ facilities are seen as ineffective, leading to untreated issues and the need for consistent group sessions and mandatory counseling services. Treatment effectiveness varies based on the level of conscious interaction, consistency, and the impact of home environments. Consistent engagement and activities help in building rapport and trust. Challenges include declining services, lack of mandatory therapy, influence of peers, and manipulation for attention. These factors hinder the effectiveness of treatment and require a more structured approach. Empowering clients through a strength-based and relational approach is essential.

Showing clients the possibilities and helping them understand that they are not beyond redemption fosters hope and motivation for change.

Theme 3: Challenges with Youth Needs and Services

The term "continuity of care" has various definitions. Some definitions imply care is continuous within the same healthcare organization or Organized Health Care Arrangement, while others extend the definition to multiple healthcare settings. For example, a patient's journey may progress from a physician's office to a hospital, then to a care home, and finally to a home health service (Alder, 2023). Incarcerated youth experience significantly higher morbidity and mortality rates compared to the general adolescent population. Their dental, reproductive, and mental health needs are particularly high due to limited access to care, engagement in high-risk behaviors, and underlying health disparities. Exposure to violence and injury further exacerbates these health disparities. Additionally, juvenile incarceration is a critical determinant of health, likely correlating with worse health and social functioning throughout life (Barnert, Perry, & Morris, 2015) to the general adolescent population. Their dental, reproductive, and mental health needs are particularly high due to limited access to care, engagement in high-risk behaviors, and underlying health disparities. Exposure to violence and injury further exacerbates these health disparities.

Additionally, juvenile incarceration is a critical determinant of health, correlating with worse health and social functioning throughout life (Barnert, Perry, & Morris, 2015). Mental health services should be mandatory and integrated into the overall care plan, rather than being seen as an add-on. A proactive approach is needed to address

issues before they escalate. Talk therapy alone is insufficient; clients need additional services like job placement, housing, and training to support their rehabilitation and prevent reoffending. The short minimum twenty-one day detention period poses significant challenges in developing trust and achieving meaningful progress. Youth often remain guarded for the initial weeks, limiting the effectiveness of the therapy. Participant #6 depicted the treatment plans "are a joke" and it is primarily a template that most clinicians in DJJ follow however does not accurately address the youth's mental health need. Participants described the treatment planning process as not including the youth's voices due to the emphasis being placed on ensuring the paperwork is well written and completed for the detention center to pass the annual State audit requirement. All ten participants conferred that the current treatment provision does not meet the needs of the incarcerated youth.

Youth often remember significant conversations with their therapists, indicating the lasting impact of these interactions. This highlights the importance of meaningful engagement, even within the constraints of brief therapy. Consistency and engagement with the youth are crucial for building rapport and providing effective support. The personal approach of being present and involved with the youth is a key factor in successful treatment. The flexibility and lack of session limits are seen as positive aspects by participants of receiving mental health treatment while incarcerated, allowing for long-term engagement and access to various resources. Continuous training and supervision for staff working with incarcerated youth are essential to ensure they are equipped to handle the complexities of their roles effectively.

Some participants reported negative impact on youth through labeling them in harmful ways, which can worsen their mental state. Recognizing and fostering the youth's potential and growth is crucial for their development and self-esteem. Additionally, the presence of negative individuals within the system, including officers who forget their roles and fail to respect the youth, creates a challenging environment. Addressing these issues is essential for creating a supportive and respectful atmosphere. Different therapists have varying styles and approaches, leading to inconsistencies in the treatment provided. This lack of uniformity can result in some therapists struggling to establish rapport, which may lead to negative behaviors such as self-injury and aggression among the youth experiencing mental health issues/problems. Throughout the interview process, I heard over and over how lack of training is a problem in working with the youth. There is a critical need for specific training for clinicians working with incarcerated juveniles. Proper training can help clinicians understand how to connect with the youth effectively and address their unique needs, leading to better outcomes. The treatment is not working effectively due to the lack of formal training for clinicians on how to work specifically with incarcerated juveniles. Providing specialized training is crucial for improving the quality of mental health services in juvenile detention centers. Youth often push back against treatment due to the stigma associated with mental health. There is a need for more education to help youth understand and accept mental health services. Avoiding labels and gradually building trust are essential strategies for engaging youth in therapy.

Based on the responses of participants during my interviews, treatment has both positive and negative aspects. While it exposes parents and youth to the benefits of mental health support, it also faces challenges such as resistance from youth who feel forced into treatment by probation. Treatment plans are often created based on diagnoses without incorporating the youths' perspectives or needs. Involving youth in the treatment planning process can make the plans more meaningful and effective. Current policies dictate treatment plans based on diagnoses and do not allow for updates or reevaluations, even after extended periods. There is a need for policy changes to ensure treatment plans are responsive to the evolving needs of the youth. Participants placed emphasis on the need for clinicians to listen to the youth and provide a safe space for them to express themselves in therapeutic sessions. This can help address their frustrations and prevent extreme behaviors. Several participants identified a significant gap in post-discharge support, including the lack of a continuation of care plan and discharge planning. Wraparound meetings involving all parties can help ensure a comprehensive support system for the youth.

Participants reported the need for more training to effectively work with juveniles. Treating youth with respect and showing genuine care can make a significant difference in their treatment outcomes. Using creative and flexible therapeutic approaches such as Relational Theory that is tailored to individual needs can help engage youth and address their specific issues, such as traumatic experiences. These methods can build trust and facilitate meaningful progress. Participants 2 and 4 believed identifying the causes of youth' behaviors and setting up plans based on this information is working well. Youth

tend to be open and honest, which facilitates this process. Encouraging youth to take responsibility for their own treatment is crucial. However, this can be difficult to achieve within the current system, where many youths feel they have no choice but to comply with probation requirements.

Youth often resist treatment and are typically in the contemplation stage of change. They can identify what needs to be done but struggle with transitioning from planning to action, requiring significant encouragement and support. Emphasizing self-efficacy is crucial, as youth often view therapists as cure-alls. Re-educating them about the role of therapy and encouraging them to confront uncomfortable thoughts can facilitate meaningful progress. Adolescents face unique challenges due to their brain development and require more support than adults. Understanding these developmental needs is essential for providing effective mental health treatment.

Participants accentuated youth wanting to be actively involved in their treatment planning, including having choices and taking responsibility for their treatment. Providing education about available options and involving them in follow-up meetings can help empower them and make the treatment more effective. Treatment plans need to be individualized and based on accurate assessments. Identifying triggers and understanding their impact is crucial. Proper documentation and rationale are important for ensuring that treatment plans are tailored to the youths' specific needs and conditions. Mental health conditions are complex and often require more nuanced diagnoses than what is typically provided. Recognizing this complexity and ensuring that treatment plans reflect the true nature of the youths' conditions can lead to better outcomes.

There is a need for cultural understanding and consistency in treatment approaches. Youth respond better when they feel understood and see representation in their caregivers. Bias and judgment from adults lead to negative reactions from youth. Respect and consistency are essential for effective treatment, as contradictory approaches can undermine trust and provoke negative behavior. Trust is built through frequent and meaningful interactions. Youth are more likely to open up and engage in treatment when they see mental health professionals regularly and feel a sense of familiarity. Participant #9 reflected on challenges in addressing environmental factors, past traumas, high-profile cases, and emotional regulation, highlighting the complexity of treating incarcerated youth.

Mental health treatment often does not meet the youth's needs due to a focus on DJJ policies and procedures, lack of the youth's voice in treatment plans, and template-based approaches as indicated by participants. Consistency and genuine connection from therapists are crucial. Effective treatment requires therapists to connect genuinely with youth and provide consistent support. The focus should be on understanding service goals and objectives, gaining awareness and insight, and addressing the youth's therapeutic needs. Improvements should include understanding the goals and objectives of the service, focusing on short-term awareness and insight, and ensuring genuine connection and consistency in treatment. This relational theory approach can help address the youth's needs more effectively. Understanding the objectives of treatment, whether it is to bring about change or provide awareness and insight and ensuring that these objectives are clear and aligned with the desired outcomes for the youth.

Effective practices include being present and attentive, conducting group sessions, providing psychoeducation, and building rapport and relationships with the youth as identified by participants. Shifting perspective to see youth as children, building therapeutic alliances, maintaining rapport, and understanding each other in sessions are identified as effective practices for providing treatment and support to incarcerated youth.

Theme 4: Enhanced Communication and Collaboration Promotes Effectiveness

Better communication and collaboration among all partners involved in the treatment and rehabilitation of incarcerated youth are necessary to ensure a cohesive approach. There is a need for better assessments (biopsychosocial) and collaborative treatment plans that involve all partners working with the incarcerated youth. Referrals for further services upon discharge are essential. The participant's ability to relate to the youth through casual attire, shared interests, and a down-to-earth approach helps build strong relationships. Consistent presence and engagement are key factors in gaining the youth's trust and attachment. Youth often push back against authority figures, testing boundaries through various behaviors, including extreme actions like suicide threats. Participants' persistence and consistent interaction help build respect and manage these challenges. As an authority figure, the participants must navigate the complex dynamics of maintaining authority while building rapport and trust with the youth. This involves standing firm in the face of pushbacks and demonstrating commitment to their well-being. The effectiveness of treatment largely depends on the clinician's approach, including individualized care, active listening, and engaging with beyond formal sessions.

Participants who are motivated to make an impact rather than being non-engaging tend to provide more effective support. Despite systemic challenges, participants strive to build strong relationships with the youth. This relationship-building is crucial for effective support and treatment, highlighting the importance of personal engagement in the therapeutic process. Establishing rapport and trust with the youth is crucial for effective therapy. Listening and engaging with them consistently, even beyond formal sessions, helps in building meaningful relationships and achieving productive sessions. Discharge planning and communication are significant issues.

The short stays in detention centers make it difficult to ensure continuity of care, and there are gaps in communication with parents and probation officers. There are significant gaps in communication and education. Youth and their families need better education about mental health, and there needs to be more effective communication in treatment planning and psychoeducation to address stigma and build understanding. Wraparound services and regular check-ins are essential for maintaining engagement and providing comprehensive support. These practices can help ensure that all parties are on the same page and that youth receive the attention and care they need.

Treatment effectiveness varies based on individual engagement and circumstances. Some youth respond well, while others do not, regardless of the duration of their stay. Bias and judgment from adults lead to negative reactions from youth. Respect and consistency are essential for effective treatment, as contradictory approaches can undermine trust and provoke negative behavior. There is a need for cultural

understanding and consistency in treatment approaches. Youth respond better when they feel understood and see representation in their caregivers.

Consistent interaction and engagement with youth are crucial for building trust and effective treatment. Regular visits and presence help in establishing rapport and making youth feel supported. Trust is built through frequent and meaningful interactions. Youth are more likely to open up and engage in treatment when they see mental health professionals regularly and feel a sense of familiarity. The participants' experiences with incarcerated youth highlight the importance of addressing environmental factors, limited resources, and the need for restorative justice and reform. The need for workshops, training, supportive supervision, and case consultation is crucial for clinicians, especially new ones, to address imposter syndrome and effectively replicate therapeutic interventions across demographics. Providing culturally competent therapy, understanding and learning from other cultures, and continuous learning and adaptation are essential for effective therapy.

Theme 5: The Importance of Training and Supervision

Proper training and ongoing supervision are essential for mental health clinicians working with incarcerated youth to provide high-quality, culturally sensitive care tailored to the specific needs of this population. As clinicians gain proficiency in providing clinical care, it is evident that supervision and training must be continuous. Licensing alone is not sufficient for treating clients. Interviews conducted for this research study revealed that most participants highlighted the need for additional training and supervision due to the lack of support they receive in working with incarcerated youth.

The researcher focused on the participants' educational background and training in questions one and two. A primary theme identified was the necessity for ongoing supervision support and developmental training. This training is crucial for effectively addressing the issues faced by incarcerated youth and ensuring that clinicians feel adequately prepared to work with them daily. The importance of participants' educational background and training was emphasized, underscoring the need for ongoing supervision support and developmental training to address the challenges encountered by incarcerated youth. Consequently, several themes were identified from each participant's interview. This theme is crucial as many of the clinicians and participants interviewed emphasized a common issue: the lack of training or supported supervision. Some even described the administration's practice as merely filling positions without adequate qualifications. There is an urgent need for specialized training for therapists working with juveniles. Proper training would enable therapists to connect effectively with young individuals and address their specific needs, ultimately leading to improved outcomes.

All ten participants expressed the notion that mental health treatment is not working effectively due to the lack of formal training for clinicians on how to work, specifically with incarcerated juveniles. Providing specialized training is crucial for improving the quality of mental health services in juvenile detention centers. Clinicians need more training to work with juveniles effectively. Treating youth with respect and showing genuine care can make a significant difference in their treatment outcomes. Retention of staff in detention centers is a persistent issue, affecting stability and quality of care. More comprehensive training and support for staff could help address these

retention challenges and improve overall treatment outcomes. Improved education and clinician training are essential for effective mental health treatment. Continuous learning is crucial to avoid complacency and ensure high-quality care. There is a strong need for improved education and training for clinicians working with incarcerated youth. Continuous learning is essential to avoid complacency and ensure clinicians are well-equipped with the latest knowledge and skills.

Table 3

Subordinate Theme: Training and Supervision

Categories	Themes
Subordinate Theme 1	Specialized Training and Effective Treatment
Subordinate Theme 2	Need for Training and Supervision in the Clinician Approach
Subordinate Theme 3	Staff Retention and Training Needs
Subordinate Theme 4	Importance of Education, Training, and Continuous Learning
Subordinate Theme 5	Need for Improved Education and Continuous Learning

During data analysis, I identified training as an unexpectedly prominent theme. The participants emphasized the significance of training and supervision as essential supportive tools for clinicians. This theme underscores the importance of adequate training and ongoing supervision for clinicians working with incarcerated youth. It focuses on the requirement for specialized training and continuous education to maintain high-quality care. For example, P7 noted the following:

> And so I think they're just, to your point, yes, there needs to be more workshops. And I think more training and empowerment for therapists to understand like, you know, you are the expert. Once you graduate and get a master's and get an internship, an intern license, or a professional license, you have done it because you have the skills. You now just have to take them. And I do think to your point,

> sometimes they do not get enough supportive supervision. And I do not know if that's on the supervisor or on them not using their supervision adequately, or maybe some of both. But I think supervision space should also be a time that they really get to process and understand that they do have the skills or how to utilize those skills in that space.

The participant emphasized the importance of training for clinicians working with juveniles, as it equips them with the necessary knowledge and skills to effectively manage their responsibilities. P3 added the following:

> Everyone comes in with their own expectations, and their own styles, for some, it works and for some, it does not. Training is a major thing for clinicians working with juveniles. Training helps you in knowing what it is you have to do and how to do it.

In question six, I examined how the participant perceives the effectiveness of the treatment that incarcerated youth are receiving. I wanted to understand what they think should be done differently during the youth's stay. While most juvenile detention centers employ licensed and registered intern clinicians, the Department of Juvenile Justice (DJJ) must ensure that these clinicians receive proper training to work effectively with juveniles in detention centers. This would enhance the services provided to the youth. P3 noted the following:

> I will say this treatment is not working because clinicians are not equipped to work with juveniles. No formal training is provided to the clinicians on how to specifically work with juveniles. working at Detention centers. Training is a

> major thing for juvenile detention centers to provide to clinicians in order to equip them to provide better mental health services to the youth. But, there is a stigma that is associated with mental health, where they, once they hear that you're mental health, they will say to you that "I am not crazy!" So, hmm, I think that there is an education—that needs - more education that needs to be done regarding mental health.

This participant underscored the importance of providing training for young people about mental health. Youth need to grasp the concept of mental health and understand how to access available services. Furthermore, clinicians should be trained to effectively connect with incarcerated young individuals who may need assistance but are unsure of how to seek help.

In question number eight, I asked the participants to share their thoughts on what is something that they think the youth want to see differently as a change in how mental health treatment is provided to them. I believe this particular response from this participant focused on the pivotal response for human resources to focus on providing more professional development and administering more training and supervision to assist mental health clinicians in understanding diverse ways that education and support can be provided to the youth.

In the eighth interview question, participants were asked to share their views on the changes they believe young people want regarding mental health treatment. One participant highlighted the essential need for human resources to focus on professional development, training, and supervision for clinicians to improve their ability to

effectively support adolescents. Furthermore, the participant emphasized the crucial role that training plays in creating treatment plans. Comprehensive training initiatives would better equip mental health practitioners to understand and apply a variety of educational methods and supportive strategies tailored to the needs of young individuals.

P4 noted the following:

> Oh, hey, you know, you are anxious and depressed. This is what we are going to work on. Okay, you're anxious and depressed. What do you want to work on about this? What have you seen? You know, and giving them more of that sense of responsibility, but I think sometimes providing them maybe, again, the education piece and also options to support their thoughts, I think will allow them to make those decisions for them. Because sometimes I feel like they don't make their own decisions because I'm not sure about what is offered to them and what's provided for them. So if we were able to have some type of like literature to the extent of what we're able to do, what we are not able to do, have them read it, review it, and then meet back up for a treatment team, maybe like a few days after we do the initial to see if anything does need to change, then they play more of a part in their treatment planning and their goals and objectives overall.

Supervision serves as a necessary guide for clinicians. P4 added

> …when I was a probation officer, we oversaw the assessment center. And even though a lot of them are self-administered, how are bachelor's level criminal justice degree employees administering, you know, self-reported assessments and suicide screenings and determining their level of risk? I did not mean to laugh.

> No, but it is true though. It's true. The first time I grabbed it, I was like, why am I determining this person's level of suicidality? Like I was like, I do not have credentials for that. And they are like, oh, it is part of our screening. I was like, I get that. But this is a very clinical aspect of that. Right. So, I would think, you know, maybe having somebody on board, you know, in-house and actual state position to verify you those forms, you know, prior to placement to ensure appropriate placing that I think would be the first start. I would say there needs to be somebody reviewing those in its entirety in a clinical position. So that needs to be changed.

Interview question number ten, I asked each participant what changes they believe are necessary for enhancing the exploration of thoughts, perceptions, and opinions regarding the provision of mental health treatment for incarcerated youth. Participant 7 provided a response to question ten that was particularly striking. This participant was the only one to emphasize the significance of cultural competence and the necessity of hiring minority clinicians. Furthermore, he highlighted the importance of compensating these clinicians equitably in comparison to their white counterparts. There is a critical need for cultural competence training to address the adverse effects on marginalized communities. Representation of black and brown clinicians and addressing wage disparities are also important. P7 shared

> Um, so I think the biggest one has to be a lot more training as it pertains to cultural competence. Um, you know that it is very obvious that brown and black people are being adversely affected by the justice system. And when I look at the

> clinicians that work with black and brown people, it is to clean out black and brown conditions because there are not too enough of them. And on the other hand, it is even sad because, although there are not enough of us black and brown clinicians, there is usually a difference in the wages that we are offered, you know, then our competitors' white counterparts. And so, I think, there at least has to be cultural competence and understanding, and not just tell this very, very quick slap of the end.

Participant ten responded by emphasizing the importance of offering clinical supervision and training to clinicians working with incarcerated youth, which he noted would help decrease retention issues and improve professional development. P8 noted the following:

> For starters, I think clinical supervision must be offered to support the clinicians working in detention because it is not an easy job. It does not matter that clinicians are licensed, but we need to discuss and process the cases. Just think about every clinician who is new and has no experience working with incarcerated youth who quit after two weeks or three months. We need to also provide ongoing training for the clinicians.

Participant 8 discussed her initial challenges working with incarcerated youth due to insufficient training and supervision, which nearly led her to resign. She confidently explained how she independently developed her skills, emphasizing that her passion for this work enabled her to effectively understand and address the needs of the youth. She

guided them on a learning journey, teaching them new skills to better manage their emotions. P8 added the following:

> It was extremely stressful. I had zero training and the supervision was lacking. At the beginning, it was work, seeing the youth, and going home. However, over the 20 years of working with these youth, I have developed a few skills such as listening to them no matter how aggressive, belligerent, or angry they are. When you do not feel heard, you explode, and you do things that you regret. So, I have learned to give them my undivided attention by listening well to them. Paraphrasing, and asking them to explain to me their emotions and how they can influence it instead of the emotions controlling their lives (like their impulses…). I also make it my mission to build rapport with them by focusing on building a relationship with them.

"Are we looking for training?" Participant one talked about training her in the sense of what the incarcerated youth in the detention center needs. Furthermore, he adds in question 11, "They also need to provide ongoing training and supervision to the staff that are working with incarcerated youth."

P3 noted

> One of the things in detention is that they hire therapists because you are therapists…. but there is no formal training that is provided to these therapists on how to specifically work with juveniles. Everyone comes in with their own expectations, their own styles, for some it works and for some, it does not. Training is a major thing for clinicians working with juveniles. Training helps you

> in knowing what it is you have to do and how to do it. No formal training is provided to the clinicians on how to specifically work with juveniles working at Detention centers. Training is a major thing for juvenile detention centers to provide to clinicians in order to equip them to provide better mental health services to the youth.

Participant 4 in question eleven responded to the importance of training and supervision for clinicians working with incarcerated youth by underscoring the following.

> No, I agree with you. Yeah, I think education can be improved across the board in any way, whether that is, you know, on-the-job training or prerequisite or credentials needed before those positions. I think I think when we stop learning is when we stop, you know, we start dying, right? You know, because if we are trying to better ourselves and learn different aspects of our job, then we get complacent. That is when mistakes happen. And when we are in the service industry, so to speak, or this is people's lives, this isn't just another day, you know? But I think the education piece, I would say personnel.

Participant four's response not only highlighted ongoing training and supervision, but it also inferred the consequences of the lack of them and pointed back to the lack of it as a personnel or Human Resources issue to provide the necessary education for staff.

Summary

Chapter 4 provided specific details pertaining to the results of the research study. It detailed the various aspects of the study to include the setting, demographics, data collection, data analysis, evidence of trustworthiness, and the results. The study focused

on the increased, demonstrated need for mental health treatment among youth entering the Florida Department of Juvenile Justice (FLDJJ). It addressed the research problem while simultaneously increasing awareness of mental health treatment as a collaborative effort amongst clinicians and incarcerated youth in juvenile detention centers.

The study had two primary research questions. The research questions acquired an understanding of how clinicians perceive the effectiveness of the therapeutic services provided to incarcerated youth and highlighted any impact such services showed. The questions were specific to various aspects of clinicians' engagement with incarcerated juvenile youth in therapeutic services. Thus, the results of the study included both the primary research questions and subordinate themes:

The first theme addressed systemic issues in service execution, highlighting gaps in delivery, resource shortages, and inflexible structures that do not meet the comprehensive needs of the youth.

The second examined the program structure's dual aspects, highlighting its effective and ineffective components. It addressed the brief duration of therapy, inconsistencies in follow-up, and the obstacles to accessing therapy determined by therapeutic need or behavior level.

The third theme addressed the challenges in meeting the needs and providing services for young individuals. It highlighted the significance of developing individualized treatment plans and emphasizes the necessity for collaboration between clinicians and youth to formulate effective treatment strategies.

Moreover, theme four pointed out the importance of enhancing communication and collaboration among all stakeholders involved in the treatment and rehabilitation of incarcerated youth. It also emphasized the need for more comprehensive assessments and collaborative treatment plans.

Lastly, theme five underscored the importance of adequate training and ongoing supervision for clinicians working with incarcerated youth. It focused on the requirement for specialized training and continuous education to maintain high-quality care.

Based on participants interviews, it became apparent that there is a significant lack of support from colleagues, management, and the broader system, leading to frustration. Despite these challenges, the commitment to the youth and the personal accountability of the participants drives continued efforts to provide support. The system presents numerous challenges, including the need for additional services. The current system of mental health treatment provision is seen as ineffective and rigid, failing to meet the comprehensive needs of the youth.

Overall, Chapter 4 permitted a viewpoint into the experiences and perceptions of clinicians who treat youth who are involved in the criminal justice system in Florida with mental health issues/diagnosis and an understanding into how they incorporate the needs and perspective of the juvenile offender into their treatment. Both research questions were answered and proven based the responses from the participant interviews. Chapter 5 will detail information on the interpretation of the findings, limitations of the study, recommendations, implications and study conclusion.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this qualitative research study was to explore the experiences and perceptions of social workers, human service professionals, and mental health counselors/psychologists or psychiatrists who treat youth who are involved in the criminal justice system in Florida. This study was significant as its core purpose was to probe and acquire insight into clinicians providing mental health treatment in juvenile detention centers. This study also focused on the increased and demonstrated need for mental health treatment among youth entering the Florida Department of Juvenile Justice. Additionally, emphasis was placed on recognizing how integrating the needs and perspectives of the youth into their treatment impacts the treatment outcome.

This study was distinctive due to its concentration on clinicians incorporating youth perceptions of their treatment needs as the substance for transformative change in providing mental health services, finding successful outcomes, and creating meaningful change in incarcerated juveniles. The use of relational theory in this research offered an explanation and provided insight into how the implementation of the approach would impact treatment currently executed in juvenile detention centers. Furthermore, relational theory in this research study allowed for the consideration of the theoretical foundation to encourage relationship building and growth fostering connections when working with incarcerated youth. Relational theory and this qualitative research provided an opportunity to dissect mental health delivery from the clinicians' understanding of their therapeutic skills, professional expectations, relationship building, and overall

understanding of the use of theory for mental health treatment in juvenile detention centers (see Tenny et al., 2021).

Chapter 5 details the interpretation of the findings as well as the incorporation of the theoretical framework as it relates to this study. I addressed discussions about the limitations and recommendations for the study. Lastly, the implications of the study as it relates to social change and the conclusion of the study are also addressed.

Interpretation of the Findings

Theme 1: Systemic Challenges and Inefficiencies are Evident in In-Service Delivery

The study revealed that current mental health treatment is perceived as ineffective rather than effective, in part due to failing to meet the comprehensive needs of youth incarcerated in the juvenile detention centers in Florida. This study found significant gaps in mental health treatment services, especially for those exiting detention. In Chapter 2, I discussed the need for additional studies on this subject matter to obtain a clear examination and evaluation of clinician providing mental health treatment to incarcerated youths in order to dismantle the inconsistencies in determining if mental health treatment in juvenile detentions centers were effective verses ineffective (Cook, 2018; White, 2019). The research study identified the length of mental health treatment provided to incarcerated youth as a significant challenge. The participants conveyed that the short duration of therapy (approximately twenty-one days) limited the ability to address deep-seated issues, leading to a cautious approach of avoiding processing unresolved issues with youth. Thus, specifying that talk therapy alone was insufficient and that incarcerated

youth required additional services to support their rehabilitation, preventing reoffending and decreasing recidivism.

The study discovered that the research participants faced numerous challenges and issues working with incarcerated youth, difficulty consulting with other professionals, staying up to date with best treatment modalities, highlighting the need for continuous learning, and adaptability when working in juvenile detention centers. Despite the challenges encountered, the mental health clinicians interviewed for this research study expressed their passion for working with incarcerated youth guided their commitment to working in juvenile detention centers. The notion that personal reward was a result of making a difference in the life of a youth and knowing important conversations were remembered served as an encouragement to continue the work.

Furthermore, the results of the study indicated that incarcerated youth required additional support in addition to mental health therapy. The youth were also in dire need of shelter, food, employment, and life skills training to reintegrate into the community. It was evident from participant statements that linking incarcerated youth with these resources was crucial for their economic and social growth and mental health. The study concluded that participants' experience with providing therapy to incarcerated youth highlighted the importance of addressing environmental issues, limited resources, and the need for restorative justice and social reform.

Theme 2: Effectiveness of Program Structure is Both Effective and Ineffective

The study demonstrated the flexibility to provide therapy frequently, and the lack of session limits was observed as a positive aspect of treatment to incarcerated youth,

allowing for more meaningful engagement during court-ordered sentences. The research was indicative of the use of strength-based approaches, such as relational theory, to empower and foster positive connections that allowed youth the opportunity to take charge of their treatment and collaboratively plan their treatment goals.

The study displayed that such an application fosters a sense of ownership and investment in the treatment process by both the youth and the clinician. Thus, the clinician's ability to relate to the youth through shared interests and a relatable approach improved the likelihood of developing effective relationships and successful treatment outcomes. Consistent presence and engagement were identified as key factors in gaining youth trust and connection, leading to effective results.

Treatment provision and processes were heavily influenced by numerous factors created by individuals without clinical experience and expertise, leading to unrealistic expectations and a disconnect between policy and practice. The research identified time constraints, high caseloads, and systemic issues encountered in juvenile detention centers render it difficult for clinicians to provide individualized care, allowing for ineffectiveness in program structure. These challenges highlighted the need for more resources and support for clinicians to deliver quality treatment. Additionally, there is a critical need for cultural competence training to address the adverse effects on marginalized communities, therefore, increasing the representation of black and brown clinicians in juvenile detention centers.

Theme 3: Challenges with Youth Needs and Services

The research study showed that while mental health treatment can meet the various needs of incarcerated youth, it is often limited in juvenile detention centers by the constraints of the detention environment. However, having some form of therapeutic intervention is seen as purposeful as opposed to not receiving any interventions. Positive outcomes were noted, particularly when youth could articulate their needs and engage in their treatment planning. The study participants uncovered that youth have varied perceptions of juvenile detention centers and mental health treatment, with some not taking it seriously and others viewing it as a deterrent.

Resistance to treatment was common, yet displaying empathy and relatability can gain compliance. Initial resistance to mental health treatment from incarcerated youth was expected; nonetheless, building trust through persistence and allowing the youth to participate in identifying therapeutic goals could help overcome this barrier, making the therapeutic process more effective. Hence, several participants emphasized the importance of adaptability and creativity in mental health treatment for youth to receive effective and efficient treatment.

The research study demonstrated that despite the supportive approach, the participants acknowledged that policies and procedures for juvenile detention centers often hindered the provision of authentic mental health services. Some clinicians negatively impact youth by labeling them in harmful ways, which can worsen their mental state. Recognizing and fostering the youth's potential and growth is crucial for

their development and self-esteem. Placed emphasis on the importance of tailoring interventions to each youth's needs and cues, leading to more successful outcomes.

The current mental health treatment delivery is limited and requires modification. There is an over-reliance on diagnostic evaluations and specific therapeutic methods, which may not always be effective. More flexible and creative approaches, like relational therapy, may improve therapeutic alliance. The system has significant shortcomings, including a lack of aftercare services and a tendency to view youth as mere numbers on caseloads. These issues highlight the need for a more holistic and continuous support system for young people. The effectiveness of treatment primarily depended on the clinician's therapeutic approach, including individualized care, active listening, and engaging with young people beyond formal sessions. Clinicians who were motivated to make an impact rather than conform to standard practices tended to provide more effective treatment.

Furthermore, this research study revealed that the need for aftercare plans is essential for youth leaving juvenile detention centers. The current lack of resources and support systems, including referrals for ongoing therapy, hampers their reintegration into society. Clinicians often find themselves performing case management tasks to fill these gaps. Therefore, greater community involvement and support are needed to assist incarcerated youth during incarceration, particularly after their release from juvenile detention centers. This includes finding resources to provide comprehensive support to manage their mental health problems while reducing recidivism.

Theme 4: Enhanced Communication and Collaboration Promotes Effectiveness

Effective communication and collaboration among all stakeholders involved in the treatment and rehabilitation of incarcerated youth are critical for ensuring a cohesive approach and achieving positive outcomes, as highlighted in this study. Participants indicated that treating incarcerated youth presents unique challenges due to the context of their incarceration and the limitations inherent within the juvenile detention center environment. Furthermore, effective follow-up and wraparound services are deemed essential for the successful rehabilitation of these youth.

There is a pressing need for enhanced clinical supervision, ongoing training, and the development of tailored treatment plans. Additionally, this study advocates systemic reforms, which include improved communication among stakeholders and a reevaluation of existing policies to expand mental health services available to incarcerated youth.

A notable gap exists in follow-up care for youth post-release from juvenile detention centers. Clinicians often face restrictions that prevent them from ensuring that youth receive necessary support and services, leading to inadequate care and a lack of continuity in treatment. Participants expressed concerns that probation officers tend to prioritize violations over providing essential support, further contributing to a cycle of repeated arrests and reincarceration within juvenile detention facilities.

Effective communication and collaboration among all stakeholders involved in the treatment and rehabilitation of incarcerated youth are critical for ensuring a cohesive approach and achieving positive outcomes, as highlighted in this study. Notably, deficiencies in discharge planning and interagency communication at the point of release

emerged as critical areas requiring further investigation. The short duration of detention stays further impedes the development of consistent, long-term care strategies, while significant communication gaps among parents, probation officers, and community-based service providers hinder the continuity and effectiveness of post-release support.

Theme 5: The Importance of Training and Supervision

There is an obvious need for more comprehensive training for clinicians working with incarcerated youth. The brief orientation provided as indicated by research participants is believed to be insufficient to prepare clinicians for the challenges they face when working in juvenile detention centers. The participants identified several systemic issues, including the need for more qualified clinicians and enhanced training. Addressing these issues is essential for improving the effectiveness of mental health support for incarcerated youth. Therefore, clinical supervision and ongoing training for clinicians are essential to support them in their challenging roles. The research study also showed that new clinicians, in particular, need guidance and support to handle the complexities of working with incarcerated youth. The need for workshops, training, supportive supervision, and case consultation is crucial for clinicians, especially new hires working with incarcerated youth, to address imposter syndrome and effectively replicate therapeutic interventions across demographics the research study exhibited.

The preliminary results showed the need for cultural competence training to address the adverse effects on marginalized communities incarcerated in juvenile detention centers. Representation of Black and Brown clinicians is also important. Providing culturally competent therapy, understanding and learning from other cultures,

and continuous learning and adaptation are essential for effective therapy in juvenile detention centers. Thus, effective treatment requires clinicians to connect genuinely with youth and provide consistent support. The participants emphasized the importance of understanding youth treatment objectives, acquiring knowledge and insight, and effectively addressing their therapeutic needs. This method can help address youth needs more accurately.

Efficient practice methods in juvenile detention centers should include being present and attentive, providing psychoeducation, and building rapport and relationships with the youth. Emphasizing the importance of reducing recidivism by exploring root causes of criminal behavior and providing community activities and skill training to keep youth engaged and out of trouble. While there are positive aspects to the current delivery of mental health treatment in juvenile detention centers, such as a decreased suicide rate, the participants believed the current delivery approach requires a major overhaul to address training issues, overlooked details and improve overall effectiveness of treatment in juvenile detention centers.

Limitations

One of the main limitations of this research study was that the semistructured interview process utilized solely focused on clinicians self-reporting based on their perception and interpretation of their experiences and may not have captured the actual manner in which mental health treatment is delivered, clinician and youth interaction and overall clinical behavior. This would require additional research focusing on studying the observation of mental health treatment delivery in juvenile detention centers. Another

limitation to this study was in part due to the participants voluntarily contributing in this research. This may have resulted in participants providing selective information to the researcher in order to be viewed in a positively and be seen as competent and knowledgeable in their respective profession. A final limitation to this study was the researcher's past involvement as a clinician in the juvenile detention center which may have held biases toward the participants reporting of their experiences and interpretation of mental health treatment delivery to incarcerated youth.

Recommendation

More research is needed regarding the issues of social workers, human service professionals, and mental health counselors/psychologists or psychiatrists collaborating with juveniles. Proper training can help clinicians understand how to connect with the youth more effectively and address their unique needs, leading to better outcomes in treatment. The current treatment delivery method is not working cohesively nor effectively due to the lack of formal training for clinicians on how to work together specifically with incarcerated juveniles. Thus, providing specialized training is crucial for improving the quality of mental health services in juvenile detention centers. Recognizing this complexity and ensuring that treatment plans reflect the true nature of the youths' conditions can lead to positive results.

The use of relational theory in juvenile detention center requires further research to study its benefits as it relates to therapeutic change which may occur in treatment delivery through demonstrating an understanding of emotions, developing a therapeutic alliance and relationships building (Boschulte, 2022; Kress et al., 2017). Relational

theory is grounded on the assertion that therapeutic restoration happened through establishing mutually empathetic growth-fostering relationships (Irvin et al., 2021; Jordan 2017). Thus, this theory may provide a basis to teach juvenile delinquents receiving mental health treatment how to recognize, develop and maintain therapeutic relationships (Kress et al., 2017).

Additional research is required to better understand the impact of the gap in post-discharge support for youth being released from juvenile detention centers, including the absence of a continuation of care plan and discharge planning. Wraparound meetings involving all service providers can assist with ensuring a comprehensive support system is implemented for the youth upon release. Clearer communication and better resource allocation are needed to improve the continuity of care for youth post-detention. Moreover, wraparound services and continued follow-up care are essential for maintaining engagement and providing comprehensive support. These practices can help ensure that all service providers work cohesively, and that youth receive the necessary assistance required to prevent further engagement in criminal activities, arrest and decrease recidivism. This gap in continuity of care can undermine the progress made during their incarceration, most importantly regarding the mental health services received. There is a need for systemic changes, including better communication from judges to probation officers and revamping the current system to provide more effective services to incarcerated youth. Policies and procedures should be reevaluated to align with true mental health services.

Connection of the Results to the Framework

The results of this study are consistent with the principles of Relational Theory, which emphasize the importance of mutual empathy, genuine connection, and growth-fostering relationships in therapeutic settings. Across all five themes, the results highlighted the critical role of relationship-building in effective mental health care for incarcerated individuals. For instance, systemic inefficiencies and structural challenges in service delivery underscore the inadequacy of short-term, impersonal interventions in addressing the complex emotional needs of youth; the needs that, relational theory, are most effectively met through sustained empathetic engagement. The mixed effectiveness of program structures further highlighted how relational approaches, such as strength-based and youth-centered planning, empowering youth and fostering therapeutic alliances. Furthermore, the challenges with youth needs and services demonstrated that resistance to treatment can be mitigated through relational strategies such as empathy, adaptability, and shared goal setting. Enhanced communication and collaboration among stakeholders reflected the connectional emphasis on interconnectedness and mutual responsibility in care. Finally, the theme of training and supervision emphasized the need for clinicians to be equipped with relational competencies, such as cultural humility, emotional attunement, and reflective practice, to create meaningful therapeutic relationships. The study's results do not only demonstrate the relevance of Relational Theory in juvenile detention settings but also advocate for its wider integration into mental health service delivery models to promote healing and reduce recidivism.

Implications

There are myriad implications for this study. This research study may impact social changes within various aspects. This research has the benefit to educate and train both clinicians and juvenile detention staff as a means to reduce future incarcerations, decrease involvement in the legal system and bring about individual and social transformation for youth through enhancing the delivery method of mental health services in juvenile detention centers. This study was vital in gaining knowledge on the effectiveness and challenges of current treatment delivery and improving the overall deficits of providing mental health treatment to incarcerated youth and establishing a foundation for success.

The Department of Juvenile Justice in Florida endorses collaboration with providers to treat youth mental health problems to promote and motivate social change with the intent of decreasing criminal activity, deinstitutionalization, and improving overall mental wellbeing. Thus, emphasis placed on the role clinicians play is pertinent in spreading awareness to local communities to reduce stigma, marginalization, and deprivation of social support and re-integration upon release from juvenile detention centers. The study revealed a need for continued research on this topic. Future research is needed to understand the potential impact of mental health treatment to incarcerated youth and social reintegration.

Subsequently, this study brought additional insight in the efficacy of mental health treatment through the lenses of the clinicians through changing the outlook on mental health treatment by addressing the increase for additional training, participation

and continuation of mental health services for incarcerated youth to become productive members of society. Analyzing this study through a relational approach assisted with narrating themes and formulating a description on how meaningful and impactful mental health treatment while gaining an understanding into their perspectives of providing mental health therapy to incarcerated youth. This perception labels juvenile offenders as children to diminish the stigma surrounding their incarceration and focusing on the cycle of criminal behavior rather than their mental health needs. The implementation of this theoretical framework would allow for change to occur within the clinical building on the perspective that both the clinician and youth could formulate their treatment planning, hence improving the therapeutic relationship.

Recognizing incarcerated youth as children rather than criminals is crucial to addressing the underlying mental health issues, reducing re-offense and preparing the youth for positive social reintegration. An aftercare plan is crucial for youth leaving incarceration to increase prosocial behavior and improving the efficacy of treatment. These findings suggest that clinicians working in juvenile detention centers require additional training to improve the delivery of mental health treatment services to incarcerated youth. This study increased the understanding of how existing clinicians may use relational approaches with incarcerated juveniles resulting in positive treatment outcome for youth to pursue healthier resolutions and coping strategies. Thus, creating a manual on mental health treatment protocol with theoretical perspective would have future benefits.

Conclusion

Chapter 5 detailed information on the research results of the qualitative study. The research study explored the experiences and perceptions of social workers, human service professionals, and mental health counselors/psychologists or psychiatrists who treat youth who are incarcerated in Juvenile Detention Centers in FL. The research findings derived from response from the participants to acquire an understanding into the experiences and perceptions of those who provide mental health treatment to incarcerated youth. This study was significant as it analyzed the perception of clinicians providing mental health treatment in juvenile detention centers to capture, understand, and bring awareness surrounding mental health issues, diagnosis, and treatment delivery concerning incarcerated youth.

Emphasis was placed on the increased, demonstrated need for mental health treatment among incarcerated youth in the Florida juvenile detention centers. This research study provided an understanding of the clinician's perspective and experiences to determine the usefulness of current mental health treatment to youth in juvenile detention centers. This study also focused on clinicians incorporating youth perspectives of their treatment needs as the catalyst for transformative change. The participants agreed there is a strong need for improved education and training for clinicians working with incarcerated youth. Continuous learning is essential to avoid complacency and ensure that clinicians are equipped with the skills set required to treat incarcerated juveniles with mental health problems.

The goal of this study was to gain insight into the perceptions and experiences of the mental health providers and the treatment being provided to youth incarcerated in juvenile detention centers. The use of relational theory and a qualitative approach provided the opportunity to combine the external mental health delivery from the clinicians understanding of their therapeutic approach, treatment delivery, relationship building treatment to incarcerated youth and overall perspective of mental health treatment in juvenile detention centers.

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Appendix A: Demographic Questionnaire for Eligibility Screening

Date of Completion: _____ Participant #/Pseudo Name: _____

_____

Participant First Name Participant Last Name

1. Are you 18 years of age or older?

   ☐Yes ☐ No

2. Are you currently working in a Juvenile Detention Center as a non-licensed/registered intern or a license clinician?

   ☐Yes ☐ No

3. Have you worked for one-year years plus in a Juvenile Detention Center in FL?

   ☐Yes ☐No

4. Will you be interested in participating in structured interview where you will provide meaningful descriptions of how as a clinician you can describe your perceptions of how you provide mental health treatment to incarcerated youth in detention centers in Florida for a research study?

   ☐Yes ☐ No

Appendix B: Interview Questions

1. Let's start off by having you tell me about your background. Training, education, your work experience just in general.
2. I asked for a minimum of 1 year of working in a Juvenile Detention Center in FL; how long have you worked in this capacity? This state?
3. Tell me about your experiences in general treating incarcerated youth in FL who need mental health support.
4. What do you think about your job, the processes, the support you are able to provide?
5. What is working or not working well with the treatment you are able to provide?
6. Do you see this treatment as working? Why or why not?
7. Tell me about the youth you support—what do they think? Do they comply easily with the treatment? Do they push back? How do they respond?
8. Do you think the youth want to see something changed in their treatment? Does the treatment respond to their needs to perspective at all? Why or why not?
9. Do you think the treatment meets their needs well? Why or why not?
10. What do you think could be done differently?
11. Is there anything else you'd like to add?