


2018

Trauma and Juvenile Justice in Carson City, Nevada

Ali M

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Walden University
2018

Abstract

Trauma and Juvenile Justice in Carson City, Nevada

by

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MA, University of Nevada, Reno, 2010

BS, University of Nevada, Reno, 2006

Dissertation Submitted in Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Policy and Administration-Criminal Justice

Walden University

February 2018

Abstract

The Nevada State Juvenile Justice and School systems do not currently screen or treat juveniles for post-traumatic stress disorder (PTSD). Left untreated, PTSD may contribute to behaviors that can lead to engagement with the juvenile justice system and contribute to high rates of recidivism and possible future engagement with the adult justice system. Using Erickson's theory of psychological development as the foundation, the purpose of this case study was to explore whether, from the perspectives of key stakeholders whether interventions and prevention services for juvenile justice clients in Carson City met the needs of youthful offenders also diagnosed with PTSD. Data were collected through in-depth interviews with 2 mental health counselors, 6 juvenile justice administrators, and 10 parents. Interviews were transcribed and then subjected to Braun and Clarke's thematic analysis procedure. The findings of the study revealed 2 primary findings. First, the juvenile justice system is adequate in terms of identifying youth with mental-health issues and referring to behavioral-health providers when appropriate. Staff, however, may not have adequate training to provide proper intervention when necessary. Second, service delivery by behavioral-health providers fails when health care providers do not accept feedback from stakeholders that may result in inconsistent intervention services. Recommendations to the juvenile justice system decision makers to adopt a validated risk and needs assessment tool to assess all youths' level of care and mental health status and treat youth with mental-health issues separately from other justice-involved youth may lead to improvements in intervention services thereby decreasing youths' involvement with the juvenile justice system.

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Dedication

It is with my deepest gratitude that I dedicate my dissertation to DeVere Karlson, my first Chief. Ms. Karlson has always been a constant source of knowledge and inspiration in my career. Ms. Karlson's passion for working with troubled youth is beyond reproach, as she laid the foundation for how hard work can really pay off in a community. I will forever be grateful for the opportunity she gave me in the Juvenile Justice profession and as a young juvenile probation officer.

Acknowledgments

My dissertation would not have been possible without the support of many people. I would like to extend my gratitude to my Dissertation Chair Dr. Singh, who read my numerous revisions and helped me see the light at the end of the tunnel. I would also like to thank my committee member Dr. Escobedo, who was willing to provide much needed support and guidance. I would also like to thank my mom for the hours she spent proofreading my papers and the support she has provided throughout this journey. Finally, I would like to thank my husband, family and friends who endured this long process with me, and for always offering support, love and patience. Because of you, I have been constantly supported and kept perspective on what is important in life.

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Chapter 1: Introduction to the Study

Introduction

Trauma creates a detrimental impact on the development of a child's brain in infancy and early childhood, during which the foundation is laid for all future development (Stien & Kendall, 2014). Prolonged exposure to trauma could have significant impact on the physical development of a child's brain. This can lead to problems related to anger, addiction, and involvement in the juvenile justice system. The high rate of trauma exposure and substance abuse among adolescents is a major public health concern (Burriss, Breland, Webster, & Soto, 2011). Many young individuals who are exposed to trauma at early onset in life may eventually develop post-traumatic stress disorder (PTSD). Although not all youth who have been exposed to trauma engage in criminal activity, researchers have found high rates of traumatic experience result in incarceration between 70-90% of the time (Sorensen, 2015).

As youth delinquency rates have decreased across the nation, mental health issues among youth in the juvenile justice system have risen. Researchers have found that the number of children and youth admitted to residential treatment programs has increased significantly since 1980 due to mental health impairment, but nonresidential or community-based mental health treatment has remained the same (Zeleschoski et al., 2013). This results in a lack of treatment options for young individuals with mental health problems and limited resources for juvenile justice officials.

Youth who have experienced a traumatic experience in their lives suffer from a wide range of issues resulting in aggression, depression, behavior problems, and anxiety (Burke et al., 2015; Gallagher, 2013). Young people who suffer from a mental health condition are 60 times more likely to be referred to the juvenile justice system, requiring local communities to spend significant resources on incarceration and court fees for youth (Erickson, 2012).

Background

Trauma negatively impacts the emotional state of children as well as the physical development of their brain (Stien & Kendall, 2014). Negative experiences can cause a child's brain to continually feel danger and fear, and if this trauma goes untreated it could result in physiological after-effects such as PTSD. The influence of trauma in the juvenile justice system has increased in recent years. Generally, between 70-90% of justice system involved youth report childhood traumas such as emotional, physical, or sexual abuse, neglect, loss of family member, or a combination of these factors (Cavanaugh, 2016). Although not all traumatized youth enter into the juvenile justice system, an alarming number do. Many youthful offenders who enter into the criminal justice system are exposed to traumatic events and because of lack of treatment (Ford et al., 2014). Untreated traumatic experiences can create a wide range of issues which include aggression, depression, behavior problems, and anxiety (Burke et al., 2015).

Without proper intervention and therapeutic treatment, youth with traumatic stressors may find themselves in juvenile corrections. Although confinement might be

necessary in some cases, it may not be beneficial, especially to those who suffer from unresolved post-traumatic stress and victimization. Researchers have indicated that long-term confinement experience does more harm than good, especially in regard to juvenile offenders. Additionally, it can often lead to continued recidivism, whereas community-based alternatives have been found to decrease reoffending, even for youth who commit serious and violent crimes (Underwood, 2016). Untreated PTSD tends to become more severe, leaving youths' behavioral issues to spiral out of control, eventually leading to incarceration (Koppelman, 2012). With limited strategies in place to address the mental health issues of youth, and no strategy to decrease their contact with the juvenile justice system, the juvenile justice system may be creating a cycle of corrections without hope of actual rehabilitation.

The ongoing needs of children with traumatic histories has lacked priority in the United States due to the failure to provide community-based mental health services that are both federally mandated and medically necessary (Underwood, 2016). Therefore, youth detention centers are utilized as a temporary placement for juveniles with mental health issues. Many adolescents who suffer from mental health issues are not receiving treatment and are at an increased risk of self-harm and violence, and once placed in a juvenile detention center become even more at risk. Despite these risks, little information is available on effective interventions, preventions, and services designed to address the complex needs of these youth, especially in the juvenile justice system (Knoverk, 2013).

Many youths do not have readily-available PTSD treatment options, leaving them to wait for limited mental health services in the community (Underwood, 2016)

Problem Statement

The general problem studied was that despite the association between young individuals having an experience of trauma and their entering juvenile justice system, the problems associated with the interventions and prevention services available in juvenile justice system for juveniles with trauma-inspired mental health issues have not received adequate attention (Chaplo, Kerig, Bennett, & Modrowski, 2015; Fox, Perez, Cass, Baglivio, & Epps, 2015; Stimmel, Cruise, Ford, & Weiss, 2014). Such a focus is necessary for the development of new initiatives and improvements to existing policies in juvenile justice systems to assist youth affected by trauma-inspired mental health issues. Specifically, the Nevada State Juvenile Justice and School systems do not currently screen or treat juveniles for PTSD. Left untreated, PTSD can give rise to several emotional and social behaviors that can lead to engagement with the juvenile justice system, high rates of recidivism, and possible future engagement with the adult justice system (Abram et al., 2004). This lack of screening can also lead to future incarceration of youth with PTSD and, as incarceration in itself can be traumatic, can exacerbate an already complicated symptomatology.

Purpose of the Study

The purpose of this case study was to examine the interventions and prevention services available in juvenile justice system for juveniles with trauma-inspired mental

health issues from the perspectives of three stakeholders, counselors, administrators, and parents. This examination of interventions and preventions was conducted in the context of three stakeholders in the lives of youth suffering from trauma-inspired mental health issues in Nevada. The data collection was centered around the stakeholders associated with youths currently in the Nevada State Juvenile Justice system. The goal of the study was to determine the adequacy of the current interventions and prevention services available in juvenile justice system for juveniles with trauma-inspired mental health issues from the perspectives of their counselors, administrators, and parents and explore suggestions for possible changes that could improve them. The ultimate outcome found by the researcher was with respect to improvements in the juvenile justice system for youth affected by trauma-inspired mental health issues so that they are adequately assessed and treated.

Research Questions

For this qualitative case study, an examination of the interventions and prevention services available in juvenile justice system for juveniles with mental health issues was conducted from the perspectives of three stakeholders, counselors, administrators, and parents in Carson City, Nevada.

RQ1: What are the issues related to the adequacy of the current interventions and prevention services available in juvenile justice system for juveniles with trauma-inspired mental health issues?

RQ2: What suggestions can be implemented for further improvement in the juvenile justice system for youth affected by trauma-inspired mental health issues so that they are adequately assessed and treated?

Theoretical Framework

The research utilized psychological development theory and the disorganized attachment theory as the theoretical framework for the study. The disorganized attachment theory relates to attachment theory as an outcome of children who have not experienced strong bonds with their caregivers and thus have insecure attachment styles. Psychosocial developmental theory was developed by Eric Erikson, and refers to the formulation of a coherent sense of self in relation to others over one's lifespan (Eaker & Walters, 2012). Erik Erikson established a framework for understanding the typical psychosocial developmental patterns of people, and claimed that people continue to development across their lifespan. Psychosocial developmental theory focuses on how external and internal experiences shape the development of an individual and forces different life stages to occur. Human development occurs, according to the theory, in very specific stages and may be universal to all people. A trauma may introduce disturbance in the typical psychosocial developmental patterns of a child. As such, this theory was valuable not only for understanding the developmental pattern disturbance affected by trauma-inspired mental illness that may influence the effectiveness of interventions and prevention services available in juvenile justice system, but also for using this psychological understanding to develop a framework for public policy concerning

individuals affected by trauma who become engaged with juvenile justice system that is both psychologically valid and supported by evidence. The use of the psychological development theory and the disorganized attachment theory to form the theoretical framework of this study was significant to frame the question of how the disturbance in the developmental stages of a youth, introduced by trauma-inspired mental health issues, affect their response to interventions and prevention services, determining the effectiveness of these services.

Nature of the Study

The study was qualitative in terms of methodology. A qualitative approach attempts to study information pertaining to individuals' experiences (Yin, 2011). As the purpose of this study was to examine the interventions and prevention services available in juvenile justice system for juveniles with mental health issues from the perspectives of three stakeholders, counselors, administrators, and parents, a qualitative methodology allowed access to rich data regarding their perspectives.

This study utilized a case study approach, as the goal was to obtain a comprehensive understanding of the selected population (Yin, 2011). Case studies refer to studies that focus on a single individual, event, organization, program or process, and are concerned with the goal of the case itself (Rudestan, 2015). The study focused on interventions and prevention services available in juvenile justice system for juveniles with trauma-based mental health issues in Carson City, Nevada. The data collected were from multiple stakeholders, including counselors, administrators, and parents. The case

study research design assisted the researcher in analyzing the views of the stakeholders to make sense of the interventions and prevention services available in juvenile justice system for juveniles with trauma-based mental health issues.

Utilizing the perspectives of counselors, administrators, and parents produced benefits for study, as the experiences and knowledge of these stakeholders assisted the researcher in suggesting improvements in the juvenile justice system for youth affected by trauma-inspired mental health issues so that they are adequately assessed and treated. It was also fundamental to understand any ideas the professional may have in regards to treatment needs, as they provide for the social and emotional welfare of children on a daily basis. Data were collected through interviews with juvenile justice counselors, administrators, and parents from Caron City, Nevada.

Definitions

Juvenile Justice System: The juvenile justice system refers to the juvenile courts, the police, the attorneys for the child and the state, the probation and intake staffs of the courts, juvenile detention centers, social agencies that take children under placement for the court, and juvenile correctional facilities (Rosenheim, 2002).

Post-traumatic stress disorder (PTSD): PTSD is defined as a mental disorder that arises from the experience of traumatic life events (Coentre & Power, 2011).

Stakeholders: In the context of this study, a stakeholder is an individual or a group who is affected by, and who can affect, the achievement (Freeman, 1984) of juveniles in juvenile justice system with trauma-inspired mental health issues.

Specifically, these stakeholders will include counselors, administrators, and parents of the youth.

Trauma: In the context of this study, trauma refers to “a psychic injury, especially that caused by emotional shock, for which the memory may be repressed or persistent, and that has lasting psychic effect” (Sanderson, 2006, p. 151).

Assumptions

Based on the existing literature, it was assumed that the problem of interventions and prevention services available in juvenile justice system for juveniles with trauma-inspired mental health issues is of significant consequences. It affects not only the current mental health of the child, but also their mental health and likelihood of becoming incarcerated in adult life. This assumption was based on the results from existing literature, which also suggested a lack of focus on studying problems related to interventions and prevention services available in juvenile justice system for juveniles with trauma-inspired mental health issues.

The second primary assumption made in this study was related to the participants. Since this qualitative study was based on the responses provided by the three stakeholders who were interviewed, counselors, administrators, and parents, it was assumed that the inclusion criteria for the selection of these participants would allow accurate data. It was also assumed that these participants will be willing to share their experiences honestly and candidly.

Scope and Delimitations

This study was an examination of the interventions and prevention services available in juvenile justice system for juveniles with trauma-inspired mental health issues from the perspectives of three stakeholders, counselors, administrators, and parents. The findings of the study, through the examination of the interventions and prevention services available in juvenile justice system for juveniles with trauma-inspired mental health issues from the perspectives of counselors, administrators, and parents, assisted in determining the issues related to the adequacy of the current interventions and prevention services available in juvenile justice system for juveniles with trauma-inspired mental health issues and the suggestions that can be implemented for further improvement in the juvenile justice system for youth affected by trauma-inspired mental health issues so that they are adequately assessed and treated. The scope of this study was limited to the Nevada State Juvenile Justice system in Caron City, Nevada.

The delimitation of this study included the fact that the results were derived from the population in Caron City, Nevada and did not necessarily reflect the perspectives of all counselors, administrators, and parents associated with juvenile justice system for juveniles with trauma-inspired mental health issues. The selection of participant by following the inclusion criteria allowed the selection of only the most appropriate participants for the study.

Limitations

The main limitation for this study hindered the generalizability which derived from the geographical location of the study, which was Carson City, Nevada. It is possible that the experiences of stakeholders such as counselors, administrators, and parents in juvenile justice system for juveniles with trauma-inspired mental health issues may differ across the different states of United States due to the specific environments of the states. As such, it may not be possible to generalize the findings of this study towards similar stakeholders across all the states.

Significance of Study

The findings of this research study filled a gap by offering information for juvenile justice services, as trauma is prevalent in adolescents, especially those who are in contact with the juvenile justice system. Since young offenders are known to be a population with high prevalence of mental health disorders, with treatment being difficult to determine (Rijo, et al., 2016), this research addressed the need for services for youth who suffer from mental health disorders, and specifically those who suffer from PTSD and trauma. Lastly, this research is beneficial to show the importance of improvements with respect to trauma-focused interventions for adolescents in the juvenile justice system. This research addressed an under-researched area of youth, with the hopes of providing much needed insights into what services are necessary to assist youth with trauma related mental health disorders. Results of this study provided insight to guide the

re-allocation of existing resources, policies, and the development of trauma-focused interventions for mental health professionals, and criminal justice agencies.

This research will also assist policy makers and administrators in understanding the impact of detaining mentally ill youth. The findings of this study can provide policy makers with data needed to understand when youth have a diagnosable mental health disorder like PTSD, they are more at risk of co-occurring emotional symptoms, hyperactivity or inattention and peer problems than the children without symptomatic mental health issues (Underwood, 2016). The research conducted provided juvenile justice and mental health agencies with information regarding best practice policy for youth mental health issues. The information can be used by policy makers to pass legislation to provide funding to attract and hold a more diverse workforce of health care providers in the community to treat youth mental health disorders.

Summary

The impact that trauma plays on the development of a child's brain can be detrimental, as brain development in infancy and early childhood lays the foundation for all future development (Stien & Kendall, 2014). Without proper intervention and therapeutic treatment, youth with traumatic stressors may find themselves in juvenile corrections. The general problem to be studied was that despite the association between young individuals having an experience of trauma and their entering juvenile justice system, the problems associated with the interventions and prevention services available in juvenile justice system for juveniles with trauma-inspired mental health issues have not

received adequate attention (Chaplo et al., 2015; Fox et al., 2015; Stimmel et al., 2014).

The purpose of this study was to examine the interventions and prevention services available in juvenile justice system for juveniles with trauma-inspired mental health issues from the perspectives of stakeholders, counselors, administrators, and parents. The following two research questions guided the study: What are the issues related to the adequacy of the current interventions and prevention services available in juvenile justice system for juveniles with trauma-inspired mental health issues; and, what suggestions can be implemented for further improvement in the juvenile justice system for youth affected by trauma-inspired mental health issues so that they are adequately assessed and treated?

The research utilized the psychological development theory and the disorganized attachment theory as the theoretical framework with a qualitative case study research design. In Chapter 2 I examines the challenges the juvenile justice system faces when dealing with traumatized youth and the barriers that traumatized youth face. Chapter 3 includes the research process that will be executed to collect and analyze the data.

Chapter 2: Literature Review

Introduction

Trauma was broadly defined by Lacey (2013) as an event or experience wherein an individual is threatened with physical or psychological harm that negatively affects his or her ability to function well in life. The onset of trauma typically occurs within the first five years of a child's life (Stewart, 2013). However, its effects can remain hidden and last for a long time, often adversely affecting their life many years after the fact. This can lead to confusion on the part of scholars and policymakers regarding how best to address trauma when its effects are so wide-ranging and difficult to pinpoint.

An example of the insidious effect trauma plays on the lives of individuals is the high rates of traumatized youths being referred to the juvenile justice system. While the juvenile crime rate has declined across the board (Espinosa, Sorensen, & Lopez, 2013), certain populations continue to increase their involvement in juvenile courts, namely females (Espinosa et al., 2013; Espinosa & Sorensen, 2015; Ford et al., 2013) and racial minorities (Cullins et al., 2016; Lacey, 2013), particularly those who come from low socioeconomic backgrounds, who have been found to be more likely to engage in delinquent behaviors (Defoe, Farrington, & Loeber, 2013; Rekker et al., 2015; Voisin et al., 2015). Most importantly, these three populations are generally deemed to be most vulnerable to trauma because they are often marginalized in society (Ford & Blaustein, 2013; Espinosa et al., 2013; Lacey, 2013).

As mentioned earlier, despite the juvenile crime rate decreasing in the last few decades, populations who are more susceptible to trauma have increasingly become more involved in the juvenile justice system, such as racial minorities and females from low-income backgrounds (Espinosa et al., 2013; Ford et al., 2013; Lacey, 2013).

Experiencing trauma has consistently been linked by researchers to increased likelihoods of negative outcomes, such as higher rates of internalizing and externalizing problem behaviors, functional impairments, as well as fewer baseline behavioral and emotional strengths (Breslau et al., 2014; Dierkhising et al., 2013; Whitson & Connell, 2016).

In addition to this, victims of trauma are more likely to suffer from mental health disorders than those who have led nontraumatic lives, and scholars have found them to have increased rates of posttraumatic stress disorder, anxiety, depression, as well as being more susceptible to self-harming or self-medicating behaviors (Alisic et al., 2014; Connor, Ford, Arnsten, & Greene, 2015; de Arellano et al., 2014; Ford, Kerig, & Olafson, 2014; Hagan, Sulik, & Lieberman, 2015; Lacey, 2013; Lind et al., 2017; Whitson & Connell, 2016). These effects of trauma all can affect the subsequent quality of life one experiences, and influences whether one is able to cope with challenges they face after the event and effectively pursue their goals in life and participate in the world (Lacey, 2013; Monden, Trost, Scott, Bogart, & Driver, 2016; Trost et al., 2015).

The deleterious effects of trauma on life outcomes is immediately apparent in the large numbers of traumatized individuals referred to the juvenile justice system in the United States (Burriss et al., 2011). According to recent estimates, as much as 90% of the

youths involved in the juvenile justice system have undergone exposure to at least one traumatic event, with most of them reporting numerous traumatic events (Dierkhising et al., 2013; Ford, Grasso, Hawke, & Chapman, 2013; Stimmel, Cruise, Ford, & Weiss, 2014). Not only are these youths susceptible to various negative psychosocial outcomes as a result of having been traumatized, by being involved in the juvenile justice system (Burris et al., 2011; Whitson & Connell, 2015), they are also at risk of being further traumatized within the system, especially if they female, nonwhite youths from low socioeconomic backgrounds (Espinosa & Sorensen, 2015; Espinosa, Sorensen, & Lopez, 2013; Ford, Kerig, Desai, & Feierman, 2016; Lacey, 2013; Zubritsky, Wald, & Jaquette, 2016).

Youths from such backgrounds are generally exposed to more traumas in their lives, and this extends even when referred to the juvenile justice system. For example, according to Zubritsky et al. (2016) 62% of those charged in juvenile court were minorities, despite only accounting for 34% of the total youth population. Furthermore, African-Americans were five times and Hispanics two and a half times more likely to be detained compared to Caucasian youth (Zubritsky et al., 2016). In addition to this, Espinosa and Sorensen (2015) found that female juveniles were more likely to be placed into local justice facilities for longer periods of time compared to male juveniles, even when controlling for offense severity, prior record, age of referral, and facility type.

Lastly, female juveniles who reported having experienced trauma before confinement were disproportionately punished for violating their court-ordered probation

conditions compared to males (Espinosa & Sorensen, 2015). This finding indicate that not only are traumatized youths more likely to enter the juvenile justice system compared to non-traumatized youths, they are also more likely to be traumatized further once they enter (Espinosa & Sorensen, 2015; Lacey, 2013). Added trauma during this period of time may result in higher rates of negative psychosocial outcomes that could negate the justice system's goals of rehabilitating them, and thus could adversely impact the rest of the youths' lives (Dierkhising et al., 2013; Lacey, 2013).

The added stresses and likely trauma that youths face in the juvenile justice system illustrates how important it is to decrease their rising numbers, as the justice system is generally ill-equipped for providing psychosocial treatments. This is especially the case for non-White, low-income youths, especially females, as they are often the most likely victims of abuse both in and out of the juvenile justice system (Espinosa et al., 2013). It is essential not to compound on the effects of likely trauma youths have experienced in their lives by subjecting them to the juvenile justice system, as this risks further harm to them that could derail their life outcomes in the future.

A significant percentage of youth referred to the juvenile justice system have been exposed to some type of traumatic event, with estimates reaching as high as 90% (Alisic et al., 2014; Dierkhising et al., 2013). The onset of trauma typically occurs within the first five years of a child's life, although its effects can remain hidden for a long time and arise unexpectedly (Stewart, 2013). For instance, victims of childhood trauma have been seen as more likely to engage in juvenile offenses, substance abuse, and mental health

disorders (Stewart, 2013). Stewart (2013) found that most youth who have experienced trauma have also met the criteria for mental illness. The spectrum of behaviors in these children can vary from mild to clinically problematic, and the nature of that behavior often expands beyond just being a behavioral problem, to incorporate mental and emotional problems that the justice system may not be able to address effectively (Stewart, 2013).

Often, these behavioral problems are a manifestation of a deeper emotional or mental health problem in youth who have experienced trauma. Mental health disorders can have a substantial impact on small children, adolescents, and families, and they all require medical attention. The juvenile justice system has limited resources for mental health help, and referring traumatized youths to them may result in added trauma that could render later medical treatment more difficult (Espinosa & Sorensen, 2015; Lacey, 2013). Therefore, it is critical to screen youths who are most susceptible to trauma and develop interventions to decrease the chances of them entering the juvenile justice system, where they could be more subject to traumatizing experiences.

Adolescence is a key stage of growth and it is imperative that adolescents develop basic skills to cope with the difficult emotions they may experience. During this stage of development, there is a time of increased risk of poor mental health that could include a higher risk for anxiety, depression, psychosis, and eating disorders, as well as an increased risk of deliberate self-harm and suicidal behavior. It is not uncommon for children who have experienced trauma to misuse substances to self-medicate.

Researchers have found that youth in the juvenile justice system reported high rates of trauma exposure and that the trauma began early in life (Dierkhising et al., 2013).

Thus far, little effort has been made to establish trauma-informed juvenile justice systems that address the needs of traumatized youth while preventing their exposure to further trauma that could adversely impact their lives. It is essential that juveniles who are referred to the juvenile justice system be screened for mental health disorder symptoms before entering the system, because traumatized youths have specific mental health needs that are generally unable to be met by the juvenile justice system. It is notable that the quality of research in this area has been steadily improving, but a clear consensus has yet to be reached by scholars on the topic, and further research is needed to address this issue.

The general research problem of this qualitative case study was the continued rise of traumatized youths referred to the juvenile justice system (Dierkhising et al., 2013), despite the overall juvenile crime rate decreasing over the same period of time (Espinosa et al., 2013; Espinosa & Sorensen, 2015). This indicated that, while the juvenile justice system has worked in terms of decreasing the overall rate of juvenile offenses, it has failed to address the need of traumatized youths in their system, as evidenced by the increasing rates involvement of certain population in the system, such as females, racial minorities, and those from a low-income background (Espinosa et al., 2013; Espinosa & Sorensen, 2015; Ford et al., 2013; Lacey, 2013). The specific research problem of this study was that the Nevada State Juvenile Justice system currently did not screen or treat

the juvenile offenders in their care for posttraumatic stress disorder, which if left untreated, gave rise to a multitude of emotional and social behaviors that could lead to engagement with the juvenile justice system, high rates of recidivism, substance abuse, depression and possible future engagement with the adult justice system (Alisic et al., 2014; Connor et al., 2015; Ford et al., 2014; Hagan et al., 2015).

Given that multiple studies have shown that as much as 90% of the juvenile offender population has experienced trauma in the past (Dierkhising et al., 2013; Ford et al., 2013; Stimmel et al., 2014), it is plausible that a disproportionate number of traumatized youths are referred to the juvenile justice system that is unable to meet their specific mental health needs and possible exposes them to further harm (Whitson & Connell, 2015; Espinosa & Sorensen, 2015). Without screening for victims of trauma among juvenile offenders in Nevada, there is a risk for these youths to be further traumatized and thus be more susceptible to negative life outcomes (Lacey, 2013; Monden et al., 2016; Trost et al., 2015). To avoid the negative outcomes associated with trauma and mental health disorders, it is important for juvenile justice systems to screen for traumatized youths and develop an intervention that meets their medical needs and keep them out of a system that could potentially harm them and adversely impact their future outcomes.

To begin the literature review, a review of research strategies will be presented to aid in the finding of articles for future reference. The contents of this literature review will focus on fundamental research relevant to highlight the effects of trauma histories,

mental health disorders, and risk factors among youth involved in the juvenile justice system. An area that has had little research is the developmental path of trauma and brain development, and delinquency as well as age of exposure to trauma in regards to specific population. This review will shed light on how young these juveniles actually are when they first experience trauma. Furthermore, it will provide a better understanding of how the age of the onset of trauma is associated with mental health issues and related risk factors among boys and girls. The study attempted to outline detailed trauma histories and their correlated, mental health disorders and associated risk factors among juveniles involved in the justice system.

Research Strategy

Literature research was conducted utilizing several sources of information, but primarily the Walden online library system. Articles were accessed by using the general search terms, "juveniles" and "trauma." From there, an advance search was conducted using the words, "Post-traumatic," "Stress" and "Disorder." The Walden online library provided many needed resources for this review. Other resources that were helpful were found through the Office of Juvenile Justice Delinquency and Prevention (OJJDP) website. From the articles discovered using the search method mentioned, a review of the references utilized in the articles was used to locate additional resources. There was no research literature found that directly referred to Nevada risk and needs assessment tools for mental health offenders in the juvenile justice system. Therefore, the contents of

this review are limited in regards to the assessment tools in Nevada, but informative in regards to trauma based interventions nationwide.

Theoretical Framework

The psychological development theory and the disorganized attachment theory were used to form the theoretical framework for this study. These theories were chosen because they are appropriate for understanding the experiences of traumatized youths, especially those who are not under the care of their families, such as youths referred to the juvenile justice system. Both these theories have been utilized by previous studies in the field and have helped produce significant results. Both of these theories will be discussed further in the following sub-sections.

Disorganized Attachment Theory

This theory relates to attachment theory as an outcome of children who have not experienced strong bonds with their caregivers and thus have insecure attachment styles, as discussed by Bowlby (1969; 1988) and Bowlby and Ainsworth (1991). This was later on explained by Maxwell et al. (2013) as the children's response to their distress, where they develop insecure attachment styles and utilize specific maladaptive strategies to gain access to their caregivers' attention, the effects of which can last well into adulthood in terms of social functioning and mental health (Beeney et al., 2016; Maxwell et al., 2013). Generally, these strategies, however inefficient, are considered coherent because they are clear responses to factors within the interaction between child and caregiver, in that the

children attempt to establish and maintain proximity to their caregiver (Beeney et al., 2016; Maxwell et al., 2013).

The disorganized attachment theory posits that some children utilize even worse strategies, in that the strategies have no discernible coherence towards the attempt of gaining access to their caregiver (Beeney et al., 2016). This is a result of children's fear of their attachment figures, resulting in the internalizing of traumatic experiences with them and limiting their psychosocial development because of their abject fear (Paetzold, Rholes, & Kohn, 2015). As a matter of definition, children with disorganized attachment exhibit symptoms in a wide variety of ways, a lot of which do not conform to conventional theories of attachment (Beeney et al., 2016). However, two major themes of disorganized attachment have been found by scholars, namely, (a) highly affective states of mind combined with irrational, contradictory behaviors, and (b) low affective or disengaged states of mind combined with severely repressed or dissociated behavior (Beeney et al., 2016).

Children with disorganized attachments are at a higher risk for behavioral problems, both internalizing and externalizing (Beeney et al., 2016), although evidence for externalizing problems have generally been more established (Paetzold, Rholes, & Kohn, 2015). Children with disorganized attachments were more likely to exhibit externalizing behavioral problems (Fearon, Bakermans-Kranenburg, van Ijzendoorn, Lapsley, & Roisman, 2010). These findings were then supported by the findings obtained in a study conducted by Obsuth, Henninghausen, Brumariu, and Lyons-Ruth (2014),

where the authors investigated whether forms of disorganized and controlling behaviors can also be observed in adolescence. It was found that forms of disorganized behavior that occurred in early childhood can also be utilized in assessing them as adolescents (Obsuth et al., 2014). Moreover, disorganized behaviors first observed during childhood was also found to be associated with numerous maladaptive life outcomes, such as fleeting romantic relationships, romantic partner abuse, and a higher risk of adolescent depressive and dissociative symptoms, among other psychosocial problems (Obsuth et al., 2014).

These findings supported those obtained by Lecompte and Moss (2014) who revealed that children who showed disorganized attachment to their caregivers were more likely to utilize maladaptive patterns compared to children with secure attachments. Additionally, mothers of disorganized children were more likely to feel helpless in terms of caring for their child (Lecompte & Moss, 2014). One subtype of disorganization is more able to predict high levels of externalizing behaviors, such as delinquent or aggressive actions. According to the data analyzed by Lecompte and Moss (2014), adolescent participants from the controlling-punitive subgroup showed more maladaptive patterns across variables compared to other sub-types of disorganization attachment, namely, behaviorally disorganized and controlling-caregiving (Lecompte & Moss, 2014).

Disorganized attachment theory is applicable for the framework of this study because children with disorganized attachments have been seen to have higher likelihoods of externalizing behavioral problems that could lead to them being referred to

the juvenile justice system (Beeney et al., 2016; Lecompte & Moss, 2014; Obsuth et al., 2014). As seen in the studies conducted by previous scholars, experiencing trauma during childhood can also increase the likelihood of behavioral problems and mental health disorders such as posttraumatic stress disorder (Alisic et al., 2014; Connor et al., 2015; de Arellano et al., 2014), and these can adversely affect these individuals' life outcomes (Monden et al., 2016).

Trauma has also been linked to externalizing behaviors that remains to adulthood if left unaddressed, such as romantic partner abuse. Rholes, Paetzold, and Kohn (2016) found that this link is mediated by adult disorganization. The negative effects of childhood trauma are more likely to occur if the traumatized child grows up to become a disorganized adult (Rholes et al., 2016). This is an important note to consider, as it is exceedingly difficult to protect all children from all possible sources of trauma. However, screening for disorganized attachment, especially among at-risk populations, such as those in the juvenile justice system, may help identify such youths sooner and allow them the opportunity to get medical help instead of risking future traumas within the justice system that could make their attachment issues even more difficult to treat.

Psychological Development Theory

This theory is a framework that is based off Erikson's psychosocial development theory, which refers to the formulation of a coherent sense of self in relation to others over one's lifespan (Eaker & Walters, 2012). Erikson established a framework for understanding the typical psychosocial developmental patterns of people, and claimed

that people continue to develop throughout their lives. This theory focuses on how external and internal experiences shape life development and in turn forces life stages to take place. With this, the main concepts are that human development occurs in very specific stages and may be universal to all people. Overall, this theory is valuable for understanding each person's development during one's lifetime and will be valuable during this study when researching development as it relates to trauma. It is also beneficial in assessing the strengths and weakness of an individual and will be helpful in addressing any problem trauma may cause during a person lifetime. Lastly, it is important to focus on the strengths and weaknesses of a person and to be able to identify the most beneficial treatment for each person suffering from the trauma.

In the following section, the review of literature will be provided. The review will be further divided into thirteen sub-sections, discussing different aspects of the issue of the rising rates of traumatized youths entering the juvenile justice system due to a lack of screening procedures, and not receiving the mental health help they require to recover from their trauma and its numerous negative effects.

Review of Related Literature

Exposure to Trauma

Large numbers of children across the world are exposed to traumatic events every day. These events have been seen by scholars as related to multiple negative life outcomes, such as physical or mental health disorders, behavioral problems, and lack of achievement. Despite the established importance of trauma exposure in child

development, psychopathology, and functioning, the epidemiology of childhood traumatic events remains inadequately understood due to the multiplicity of traumatic experiences, lack of national surveillance efforts, and conceptual and methodological variance among studies (Saunders & Adams, 2014). Different scholars have used various definitions for traumatic experiences as no consensus has been reached.

The statistics obtained by scholars regarding currently used in trauma literature are alarming. Research suggests that 8-12% of American youths have experienced at least one case of sexual assault, 9-19% have experienced physical abuse, 38-70% have experienced instances of major community violence, 10% have observed their caregivers engaging in serious violence, 20% have experienced losing a family member or friend to a homicide, 9% have experienced victimization through the Internet, and 20-25% have experienced a natural or man-made disaster (Saunders & Adams, 2014). Furthermore, it is a very common occurrence for these youths to have been exposed to multiple sources of trauma, estimated by Saunders and Adams (2014) at 20 to 48% of all youths depending on the definitions of traumatic experiences used. These youths represent a challenge for scholars, mental health care professionals, and policymakers, as they are the ones in need of most help, while also being the ones most likely of being

Some populations have also been seen as more likely to face such challenging circumstances. Generally speaking, females, racial or ethnic minorities, and those who come from low socioeconomic status backgrounds are more likely to experience trauma (Cullins et al., 2016; Espinosa et al., 2013; Espinosa & Sorensen, 2015; Ford, Grasso,

Hawke, & Chapman, 2013; Lacey, 2013; Voisin et al., 2015). The highest risk group for trauma are teenage females as they are as much as four times more likely to be sexually assaulted compared to males, in addition to sources of trauma in common with males (Saunders & Adams, 2014). The higher rates of trauma exhibited in such populations may result in increased likelihoods of negative outcomes that leads to behavioral problems and a lack of psychosocial development, both of which have been seen to contribute towards their overrepresentation in the juvenile justice system (Espinosa et al., 2013; Lacey, 2013; Rekker et al., 2015).

Research suggests that up to 90% of all the juveniles involved in the justice system report having experienced a traumatic event (Dierkhising et al., 2013). Additionally, 70% of the juveniles were seen to meet the criteria for a mental health disorder, roughly 30% of whom met the criteria for posttraumatic stress disorder (Dierkhising et al., 2013). The lack of adequate mental health help in such systems has been seen to lead to added trauma, which then intensifies the symptoms that initially led them towards the justice system (Espinosa et al., 2013). This implies that the worst victims of childhood traumas, who require specialized mental health care, are the ones most likely to stay involved in the justice system that does not address their mental health symptoms, resulting in a vicious cycle of trauma that can be difficult to identify, let alone treat and resolve.

For example, in Espinosa et al. (2013), it was found that youth referred to urban juvenile probation departments in Texas were more likely to remain longer in the juvenile

justice system if they exhibited high scores on seven factor-analytically derived subscales of a mental health screening instrument. These subscales are: alcohol and drug use, depressed-anxious, somatic complaints, suicidal ideation, thought disturbance, and traumatic experiences (Espinosa et al., 2013). In a later study, Espinosa and Sorensen (2015) used a larger sample of 5,019 juveniles, and obtained a similar result, namely, that female juveniles served for longer amounts of time in local non-secure and county-operated facilities compared to males, even when controlling for the variables of offense severity, prior record, age at referral, and facility type. Furthermore, female juveniles who violated the conditions of their probation were sentenced to longer periods of confinement compared to males (Espinosa & Sorensen, 2015).

These findings obtained by numerous scholars indicate that more research needs to be done on how best to care for victims of trauma, especially for marginalized youths who may be subject to harsher conditions in juvenile courts (Lacey, 2013). The negative impact of trauma on children is profound and long-lasting. To untangle the many issues that surround a victim of trauma, especially youths, immediate help from mental health professionals is required so that the negative effects of trauma are not intensified until they become too difficult to treat, as what can happen in the juvenile justice system (Lacey, 2013).

If traumatized youths continue to be referred to the juvenile justice system, they are deprived of the mental health help they require for psychosocial development, which then makes them more likely to become continually involved with the justice system and

possible exacerbate their symptoms (Dierkhising et al., 2013; Espinosa et al., 2013). It is necessary for scholars, clinicians, and policymakers to screen such individuals and intervene before their trauma results in maladaptive behaviors that could be harmful not just to themselves, but to society (Ford & Blaustein, 2013; Saunders & Adams, 2014). Additionally, the juvenile justice system must be able to develop programs that address the needs of juvenile offenders with trauma as not to intensify the effects of their trauma (Dierkhising et al., 2013; Espinosa et al., 2013; Ford & Blaustein, 2013)

Impact of Childhood Trauma on Physical Health

In the last decade, a great deal of research has been accumulated supporting the hypotheses that exposure to early life events in the form of stress, abuse and neglect is associated with a marked increase in vulnerability to major psychiatric and other medical disorders including depression, PTSD, alcohol and drug abuse, schizophrenia, as well as obesity, migraines, cardiovascular disease and others (Nemeroff, 2016). Even more recently, the biological and neurobiological outcomes of stress have been closely looked upon, as Nemeroff studied 676 children with documented physical and sexual abuse or neglect and compared them with 520 nonabused and nonneglected children.

Nemeroff (2016) quickly found an increased risk for early life stress (ELS) and major depression in those who had been physically and sexually abused. He also found that ELS is a major risk factor for suicide, as suicide rates have increased climbed in the nation over the last decade and are reported as one of the top 10 causes of death in the U.S. He also found that there is considerable evidence that childhood trauma is

associated with more severe courses of depression including atypical depression (hypersomnia, interpersonal rejection sensitivity, increased appetite, leaden limb paralysis and more importantly a poor outcome to treatment with psychopharmacology and/or psychotherapy.

If the brain is affected at a young age, a child may have a difficult time coping well on into their adolescent years and later into their adult life. Therefore, leaving them with adverse consequences such as brain growth development. Due to the advanced technology and functional brain imaging techniques, methods have now been applied to study the long-lasting effects of childhood maltreatment on the Central Nervous System (CNS). Although the extent of these studies, to some extent are in their early stages, it has still been determined that different forms of childhood trauma produces distinct effects on particular brain regions and circuits in patient's results, especially those of fearful stimuli (Neuron, 2016). The amygdala has been the focus of considerable research in mood and anxiety disorders because of its role in stress responsivity. However, it is still unclear if early life stress is associated and depression is associated with increased amygdala response to stress.

Impact of Childhood Trauma on Mental Health

Many youth who are mistreated by adults, victimized by someone in their life, or witness domestic violence often times develop a behavioral, emotional or learning problem (Moffitt & Klaus-Grawe, 2012). They eventually end up in the criminal justice system and often time leads to a life of mental health issues. Many young people who are

exposed to violence react to adverse experiences by developing behavioral, emotional, or learning problems (Moffitt & Klaus-Grawe, 2012). However, what is less well known is the adverse experiences that violence exposure has on physical alterations inside a child's body.

However, Moffitt, and Klaus-Grawe (2012) studied the effects of stressful experiences during childhood because violence exposure is one of the most common and severe sources of human stress (Moffitt & Klaus-Grawe, 2012). During this study, they found that about 25% of children experience some form of violence exposure, and 5%-35% of children were physically abused or sexually abused, whereas 10%-20% had witnessed domestic violence during childhood. However, their study is concluded with examining evidenced based interventions to help reduce the effects of childhood stress in relation to violence. New promising interventions for families, couples and children are discussed in this study which are designed to reduce the effects of childhood violence.

Individuals are biologically able to deal with stressful situations and may even improve their performance in certain situations. However, this concept applies only up to a certain point. This point differs for each individual and depends on genetic and environmental factors that influence stress vulnerability (Carrion & Kletter, 2012). When stress becomes too devastating it can activate a person's fear mechanism in a way that over-sensitizes it to future stress that then becomes traumatic stress.

Different events in our life can act as trauma (i.e. disasters, traumatic loss, accidents). For some individuals, traumatic stressors can be acute, such as a bushfire or a

shooting, while for others, while they may be more chronic for others, such as ongoing war or child abuse (Carrion & Kletter, 2012). Acute trauma can lead to secondary stressors, which can then promote a chronic process of adjustment. Traumatic events may accumulate in what is called an allostatic load on our system and when the load overwhelms our coping mechanisms, PTSD may develop (Carrion & Kletter, 2012)

The main symptoms that present from PTSD are the recurrence of intensely stressful thoughts, feelings, and images that force the sufferer to relive previous traumatic events in their mind (Meiser-Stedman et al., 2014). These trauma-related memories are argued to be even more stressful than the original event as they are intrusive and unpredictable, and can occur both when the sufferer is awake and also when asleep (Meiser-Stedman et al., 2014). Individuals with PTSD respond to this consistent sensory overload that sufferers often attempt to ignore by suppressing specific triggers and memories, distracting themselves through other activities, or even using and abusing alcohol and drugs to numb themselves (Meiser-Stedman et al., 2014; van der Kolk, 2014). These are, at best, fleeting solutions for PTSD as it is necessary for PTSD-sufferers to cope with their emotions and physical responses for a lasting resolution to their illness (van der Kolk, 2014).

Epidemiological studies indicate that children who are exposed to traumatic experiences are at a much greater risk for PTSD (Carrion & Kletter, 2012). In their treatment and traumatic stress disorder in children and adolescents article, Carrion and Kletter (2012) noted the impact of trauma on cognitive processing, as demonstrated by

difficulties with learning and memory, which render many children with posttraumatic symptoms to be less successful in school. Other things such as emotional regulation, behavior, and social development can be affected. Trauma also affects youths on multiple levels including individually, family, community, culture and society. However, there are certain treatment models that have been researched to assist with treating PTSD.

Childhood exposure to trauma has been seen to lead to mental health disorders, such as anxiety, depression, self-harming or self-medicating behaviors, and particularly for PTSD (Alisic et al., 2014; Connor et al., 2015; de Arellano et al., 2015; Ford et al., 2014; Hagan et al., 2015; Whitson & Connell, 2016). Such disorders, when left untreated, can continue to present symptoms well into adulthood and adversely impact the life outcomes of the sufferers (Lacey et al., 2013; Monden et al., 2016; Trost et al., 2015). In the following sub-section, the impact of mental health on life outcomes will be discussed in more detail.

Impact of Mental Health on Life Outcomes

There are numerous negative effects of mental health disorders on life outcomes. Children who did not feel safe during their childhood are more likely as adults to exhibit difficulties in regulating their emotional responses, a symptom of many mental health disorders (van Kolk, 2014). The inability to control emotions during challenging times and learn to adjust to present circumstances are both present in many mental health diagnoses, and present difficulties for the afflicted individual to cope with reality and develop psychosocially, skills necessary for success in life.

These difficulties in emotional self-regulation (DESR) are manifested through short-temperedness, impulsiveness, reactivity, unpredictability, and inability to control their negative emotions (Wilens, Martelon, Anderson, Shelley-Abrahamson, & Biederman, 2013). Individuals with DESR were defined by Wilens et al. (2013) as whose scores are an average elevation of 1 standard deviation above the norm on the Child Behavior Checklist's scales of attention, aggression, and anxiety/depression. Wilens et al. (2013) found that individuals with DESR were more likely to engage in unhealthy habits that could negatively affect their life outcomes, such as using drugs and smoking cigarettes. These habits have generally been found to lower qualities of life, such as shorter lifespan and lower achievement.

Another example of how a mental health diagnosis and negatively impact one's life outcomes is depression. Employees with depression are more likely to be absent from work, turn in suboptimal work performances, and incur larger healthcare costs for their companies (Greenberg, Fournier, Sisitsky, Pike, & Kessler, 2015; Sledge & Lazar, 2014). Additionally, adults with depression incur higher costs for the criminal justice system, compared to those without depression (Steadman et al., 2014). This implies that depression may increase the risk for not performing well at work, as well as getting sick more often, both of which can negatively impact the individual's life outcomes.

It is clear that mental health has a significant impact on individual's life outcomes. A strong consensus has been found regarding the negative effects mental health disorders have on the trajectory of a person's life. Additionally, these negative

effects can be exacerbated by the presence of mental health disorders on the part of the affected individual, as they have been found more likely to perceive their problems as insurmountable, easily feel discouraged, and engage in maladaptive coping behaviors (van der Kolk, 2014). This has been termed a vicious circle, in that the distressed individual fails to cope with life struggles and feels hopeless about his or her situation, thus aggravating the negative impact of their initial struggles, influencing them to become even more hopeless, and so on (Lacey, 2013; van der Kolk, 2014). This is a very dangerous kind of thinking that must be avoided. The multiple negative effects outlined above may even be more pronounced among young people. Young people are less developed psychosocially than adults, and are thus generally less able to cope with stressful experiences and engage in maladaptive behaviors (Van Der Kolk, 2014). This implies that the negative effects scholars have observed on being exposed to trauma may be more pronounced among young people.

At the same time, while young people are at higher risk for these effects, but they are also easier to help because of their development is unfinished, which makes changing certain thinking patterns less difficult. Warning signs must not be ignored. Children must be screened for trauma so that they can be provided the necessary treatment as early as possible, to help minimize the risk for mental health disorders that could negatively impact their life outcomes.

As discussed in the previous subsection, childhood exposure to trauma has been seen to lead to mental health disorders. Given that mental health disorders negatively

affect the life outcomes of individuals, it would be reasonable to postulate a relationship between exposure to trauma and life outcomes. In the next subsection, a discussion will be held on young people with mental health disorders in detention settings, and what scholars have found behind their disproportionately high representation in such punitive environments.

Mental Health Youth in Detention Settings

One possible explanation for high rates of detainment of mental health youth is due to overlapping risk factors associated with stress, poverty, and poor parenting (Kates, Gerber, & Casey, 2014). Linking this with early mental, emotional and behavioral problems is a recipe for delinquent behavior. Kates et al. (2014) further explained that it was possible to trace the high prevalence of mental health diagnoses among detained youth is that the juvenile justice system itself may not be equipped to distinguish the special needs of these youths compared to others, and thus ends up ensnaring as juvenile offenders rather than in need of medical help.

This is because many childhood mental health disorders involve impaired emotional regulation, and difficulties with impulse control. Therefore, these youth are more likely to display maladaptive or aggressive behaviors, which may render them uncontrollable for the community, according to Kates et al. (2014). Without a clear understanding of a mental health disorder entails in terms of how an individual behaves and developing screening interventions to determine accurately whether the offender

needs to be disciplined or placed into mental health care, the high rates of juvenile offenders with mental health issues within the juvenile justice system will not decrease.

In addition to the large expenses incurred by taxpayers for these youths' care within the system, the youths themselves are unable to procure the medical attention they require, which makes them even more susceptible to the effects of their disorders (Lacey, 2013; Monden et al., 2013; Trost et al., 2015). This then increases the likelihood for them to be continually involved with the justice system, negatively affecting their life outcomes and increasing the burden of taxpayers for their care within the system. Lastly, the cost of allowing individuals with mental health disorders to be placed in juvenile justice settings where they may be further traumatized could make their disorders more resilient (Ford & Blaustein, 2013).

For example, when a juvenile offender is referred to the juvenile justice system, there is a risk of sustaining further trauma inside, such as violence among peers, abused by staff, or being restrained physically, all of which have been seen to place the youths at a higher risk for ongoing emotional, developmental, academic, and behavioral problems (Dierkhising, Lane, & Natsuaki, 2014; Ford et al., 2016). Furthermore, these youths are also at risk for higher rates of involvement in delinquency, criminality, and the justice system (Ford et al., 2013).

This is especially dangerous for juveniles with undiagnosed or untreated mental health disorders, as their illnesses may be intensified and bring about behaviors risky both to them and others (Ford & Blaustein, 2013). By allowing this to continue happening, it

could mean increasing the population of traumatized individuals with untreated mental health disorders placed in systems ill-equipped to care for them. This in turn could exacerbate their mental health symptoms as well as make them more resistant to future interventions (Ford & Blaustein, 2013; Ford et al., 2013).

This is harmful not just for themselves, their friends and family, and their communities, but to society as a whole (Ford & Blaustein, 2013; van der Kolk, 2014). Recognizing the importance of reducing the number of traumatized juveniles at risk for mental health disorders in the juvenile justice system, a number of scholars in the field have called for more stringent screening measures to separate these youths from actual criminals, to allow them (Ford et al., 2014; Roberts & Kimberly, 2016). In the next subsection, the use of screening protocols for trauma and mental health disorders among juvenile offenders will be discussed, as well as the difficulties scholars have noted in these protocols' implementation.

Helping Predict Mental Health Disorders Through Assessment

While the importance of screening procedures for juvenile offenders is largely accepted, other scholars have observed that many challenges remain for their successful utilization. Chief among these concerns is the difficulty of screening out mental health disorders among juveniles without them incurring negative legal consequences (Ford et al., 2016). Both the screening and treatment for mental health disorders such as PTSD involve the gathering of trauma histories from the youths, and this information could be

accessed by individuals in the justice system and possibly used to sentence them to more time (Ford et al., 2016).

For example, in a review of case law conducted by Feierman and Fine (2014), it was found that judges are able to consider childhood trauma histories during their deliberations. This implies that juvenile offenders with longer and more intense histories of childhood trauma may be treated in a biased manner, in that judges can legally use their trauma histories as aggravating factors in their decisions and opinions regarding their sentencing (Feierman & Fine, 2014). In such a framework, just developing screening and treatment measures may not be enough, because no protections are offered for the youth in case they incriminate themselves in previous crimes during the screening process (Ford et al., 2016). Given that the goal of the screenings and treatment for mental health issues is to divert juvenile sufferers from the juvenile justice system, it is necessary for policies to be developed to protect juvenile offenders from self-incrimination when they undergo trauma-focused psychosocial therapeutic interventions (National Juvenile Defense Center, 2014).

In this age of accountability, criminal justice professionals are being increasingly required by state and federal agencies to demonstrate the validity of their assessment instruments when screening juveniles upon intake (Roberts & Kimberly, 2016). These assessments are used to determine the initial security and risk, develop a treatment plan, assess early release and help set up a supervision plan upon release while back in the community. One of the biggest factors these assessments have started screening for is

mental health and the individual's psychosocial history (Roberts & Kimberly, 2016).

There is no single scale or assessment tool that can predict future mental health status to criminality with 100 percent certainty. However, according to Roberts and Kimberly (2016), juveniles are strongly influenced by siblings of similar ages, delinquent gangs and small groups of delinquent friends. Therefore, it is extremely important to use multiple assessment tools with clients at different points in the juvenile justice process.

Of the most overlooked areas of juvenile justice is the assessment and treatment of juvenile offenders with mental health issues. At least two-thirds of juvenile detainees have one or more mental health disorder in addition to their juvenile offense which placed them in juvenile corrections (Roberts & Kimberly, 2016). Incarcerated youth suffer from impulsiveness, hopelessness and depression, leaving them at an increased risk for suicide (Roberts & Kimberly, 2016). The death rate from suicide is 4.6 times higher in juvenile detention than in the general population, therefore making it imperative that experienced mental health professionals are hired by juvenile justice agencies to conduct extensive assessments (Roberts & Kimberly, 2016).

Screening tools are the first step to identify youth who may pose an immediate threat to themselves or others in these detention settings. They also help staff identify youth in need of a more comprehensive mental health assessment. These screening tools can be administered by front line staff with specialized training on the screening tool. In order to identify mental health issues, Roberts and Kimberly (2016) list the MAYSI-2, POSIT, and CAFAS as screening instruments to briefly screen for youths' psychosocial

function. Once a youth scores high on the screening tool a comprehensive may be recommended.

Assessment instruments more thoroughly assess several domains of youths' mental health, personality and psychosocial characteristics (Roberts & Kimberly, 2016). These assessments will often times involve longer interviews, in order to collect more information for the adolescent's life. These comprehensive assessments help to clarify mental health needs and set up a treatment plan and are often conducted by a mental health professional (Roberts & Kimberly, 2016). Some of the assessments Roberts and Kimberly (2016) suggested were the DISC, MMPI-A, YLS/CIM, SAVRY and PCL.

Trauma Exposure Among Justice-Involved Youth

Research has shown that an astonishing number of justice-involved youths have experienced some sort of trauma which usually occurred within the first five years of their lives (Stewart, 2013). It has been consistently documented that there is a connection between traumatized youth and juvenile justice involvement (Dierkhising et al., 2013). It has been proven that trauma can have a negative impact on children's development. Their study further concluded that when trauma goes untreated, the children run the risk of developing a mental health disorder such as PTSD, depression or anxiety (Dierkhising et al., 2013). The authors noted that youth who have reported maltreatment are at a higher risk of committing a delinquent act (Dierkhising et al., 2013).

Dierkhising et al. (2013) illuminated many of the challenges systems of care face when working with adolescents involved with juvenile justice systems, and they

highlighted why it is critical to address the mental health needs of these juveniles.

Mendel, (2011) pointed out that incarceration may be traumatic and has the potential to cause a significant amount of harm to traumatized youth. A large percentage of youth who are incarcerated have extensive histories of exposure to trauma. Traumatic stress plays a fundamental role in children's behavioral problems. This correlation between traumatized youth and their involvement in the justice system explain why incarceration mainly only adds to the plethora of traumatic experiences in the youths' lives.

In a nationally representative study, it was found that nearly 70% of the youth involved in the juvenile justice system also met the criteria for at least one mental health disorder, while 79% of those youth met the criteria for two or more mental health disorders (Cocozza, Skowrya & Shufelt, 2010). There appears to be a high frequency rate of mental health issues yet minimal treatment solutions for the trauma suffered by the youth entangled in the justice system. Researchers have acknowledged the lack of government funding to address the mental health issues of traumatized youth (Cocozza et al., 2010). The presence of mental health problems in our communities may help explain the behaviors that lead to a youth's involvement in the juvenile justice system.

Substance abuse, academic issues, and child welfare involvement have been linked to traumatized youth. Cocozza et al. (2010) examined child trauma histories, mental health issues and associated risk factors of 658 adolescents involved in the juvenile justice system. What they found was that trauma exposure at an early age is highly related with increased post-traumatic stress among females, but not males. This

study suggested that a gender-responsive approach would be helpful in determining outcome as part of juvenile justice reform efforts. There appears to be a lack of data and research regarding traumatized youth involved in the justice systems. For public policy, this is problematic for responsive service planning, workforce training and effective delivery of appropriate services, in order to establish a trauma-informed juvenile justice system that can respond to the needs of traumatized youth.

Trauma Misdiagnosis in Juvenile Justice

Children who suffer from trauma and especially those who have been sexually abused often exhibit a variety of symptoms that can lead to misdiagnosis (Wherry, et al., 2013). This eventually will lead to improper treatment down the road and can create a variety of other potential issues for the youth during adolescence. Wherry, Corson and Hunsaker (2013) conducted a study on youth who have suffered from trauma in their past and created a short check list to assist in screening a child for trauma once in contact with them. They found that clinicians may encounter a child who has been abused and suffers from a variety of past issues. However, these clinicians were quick to diagnosis the child with attention-deficit/hyperactivity disorder, when in fact it was an issue of post-traumatic stress disorder (PTSD). Therefore, they created their own checklist, the Trauma Symptom Checklist for Young Children (TSCYC) which included parent report and child responses. Overall this checklist measured anxiety, depression, anger posttraumatic stress dissociation and sexual concerns. The results of their study and

checklist found that overall this checklist is imperative for screening and proper treatment for the child's well being (Wherry, et al., 2013).

Treatment for Traumatized Youth

Children who have experienced trauma often end up involved in the juvenile justice system. Traumatic events for children may be perceived as terrifying, shocking, sudden, or potentially life threatening (Harris, Elkins, Butler, Shelton, Robles, Kwok, Sargent, 2012). This trauma can lead to post-traumatic stress disorder. Unfortunately, traumatized youth often go untreated and end up in the juvenile justice system as delinquent youth. The high rates of justice-involved youth who have been exposed to trauma should have priority for earlier identification and treatment, preferably before they are involved in the juvenile justice system. Duke, Pettingell, McMorris and Borowsky (2010) conducted a study among high school youth and found that the students who suffered trauma were at risk of committing a violent offense. The research that was conducted regarding justice-involved youth showed that incarceration could be toxic and ineffective to juveniles as recidivism rates were high. A study in the Vermont State Department of Developmental and Mental Health Services (2006) found a strong relationship between juvenile incarceration rates and the utilization of public mental health services. This study concluded that among 14 states, those with the highest public mental health service utilization rates had the lowest incarceration rates. However, those with lower mental health services provided, showed increased rates of incarceration.

Many researchers have presented data that has indicated that juvenile correction facilities do not reduce the criminality of troubled youth (Burriss et al., 2011; Espinosa et al., 2013; Lacey, 2013). Despite this data, the juvenile justice system continues to utilize long-term correctional facilities run by state governments or private entities contracted with the state, to house delinquent youth. The juvenile justice system has struggled with best practices for addressing the needs of detained and adjudicated youth (Burriss et al., 2011). The research reviewed has indicated that it is critical that justice-involved youth, especially those who have been exposed to trauma and are suffering from a mental health condition, receive the appropriate treatment services both in the system and upon their discharge from the system.

Local governments face countless barriers in establishing and funding services for troubled youth. The majority of the youth involved in the system lack health insurance and have to apply for Medicaid. The biggest obstacle the juvenile justice system faces is making Medicaid work more efficiently for a youth who are not in public institutions. Another obstacle the juvenile justice system faces is ensuring that services are offered to individuals after their involvement in the juvenile justice system has concluded. Follow up services are paramount and key to the youths' successful transition back into the community. Medicaid is a limited option, resulting in youth not receiving proper treatment. Based on the research reviewed, it is evident that further research is needed to assist policy makers in developing a better system to address the needs of traumatized youth who have entered the system.

Psychosocial Interventions for Traumatized Youth in the Juvenile Justice System

Children who have experienced trauma will eventually need treatment if they are to complete their psychosocial development. The effects of traumatic events during childhood can be hidden and last for a long time after, and have been shown to have an association with an array of emotional and behavioral problems, as well as psychosocial impairment (Greeson et al., 2014). These researchers used a standardized test of child and adolescent psychosocial function to determine links between traumatic childhood experiences and internalized and externalizing behavior problems (Greeson et al., 2014). It was found that individuals with a history of trauma were more likely to exhibit behavioral problems in the future (Greeson et al., 2014).

Ford, et al. (2015) researched psychosocial interventions for traumatized youth and discovered evidenced base practices as well as clinical and legal challenges. Since youth who come into contact with the juvenile justice system are at a high risk of previous trauma and then could potentially be exposed to additional traumatic events once in the juvenile justice system, these researchers acknowledge the importance of therapeutic interventions in a timely manner matched with specific needs of the each youth. Their research focuses on state of the art development and execution of psychosocial interventions for traumatized youth involved in the criminal justice system or for those who are at risk due to delinquency.

Trauma and Risk Behaviors of Youth Ordered into Residential Treatment

Ideally, youth who have been exposed to trauma and suffer from mental health disorders should be diverted to appropriate treatment so that they do not become involved in the juvenile justice system. However, when the illness is not recognized, the treatment needs are not met and youth end up being the responsibility of the juvenile justice systems. Consequently, the trauma experienced while in the juvenile justice system range from dangerous behaviors such as suicide attempts, self-mutilation, and verbal or physical aggression against themselves and others. Some of these youth may even commit serious criminal offenses against property and/or people while in custody. To protect the youth and the public, as well as to provide appropriate treatment, secure residential placements are important components of the care for justice involved mentally ill youth. Juveniles with histories of traumatic exposure comprise a significant portion of youth in residential treatment facilities (Zalechoski, Sharma, Beserra, Miguel, Demarco, and Spinazzola, 2013).

Substantial research exists regarding youth in residential treatment programs and several of those studies support that youth respond better to community based treatment versus being placed in residential treatment facilities. One study in particular conducted by Stout and Holleran (2013), focused on this point specifically. They examined residential treatment centers and how they were often utilized to treat youth with psychiatric, psychosocial, behavioral and substance abuse issues. These facilities provided 24 hour supervision in a highly structured environment, along with a

combination of substance abuse and mental health treatment programs. The primary purpose of residential treatment centers is to provide individually planned programs for mental health treatment.

Although, many of these treatment plans do not include acute inpatient care, research has shown there is some concern about removing juveniles from their homes and communities to treat them in residential treatment facilities (Stout and Holleran, 2013). The data collected from these studies has indicated that mental health juveniles have actually been more traumatized from being removed from their home and placed in a residential program. As a result, this has hindered the juvenile's chances of treatment success and furthered their involvement in the juvenile justice system. The research pertaining to residential treatment programs has shown that youth who received wraparound services as an alternative to being placed in a residential treatment facility responded better to treatment and demonstrated improvements in behavior and everyday functioning. These wraparound services have proven to reduce the risk of delinquency (Stout & Holleran, 2013).

Researchers Harr, Horn-Johnson, Williams, Jones and Riley (2013) based their research on the prevalence of trauma among youth entering resident treatment facilities and the exclusive ways trauma impacted their risky behaviors. Their findings revealed that trauma is a pervasive experience among youth entering residential treatment settings. The study further revealed that increased trauma exposure significantly heightened risk behaviors of juveniles who were entering the residential treatment program. There was a

total of 457 participants in the study and approximately half the participants in the study experienced three or more traumas prior to entering the program

Trauma has a significant impact on the juvenile's mental health, but only 6% of the youths' behaviors is associated by trauma (Harr, Horn-Johnson, Williams, Jones & Riley, 2013). Their research further concluded that there was an increase in behaviors of self-harm and suicide attempts due to the number of traumas experienced by youth in relation to those who did not experience trauma. Brown and Kimball (2013), conducted a study which showed that individuals who had been traumatized also inflicted self-harm. They concluded that most individuals who cause self-harm have either witnessed or experienced violence and/or other traumatic events.

Brown and Kimball (2013) further concluded that the purpose of self-harm to the individual was to reduce emotional pain and provide the individual with coping mechanisms to deal with overwhelming emotions. There were 11 participants in their study, all of whom reported being exposed to some form of trauma and claimed they did not receive the appropriate mental health services (Brown & Kimball, 2013). The exposure to trauma with no recourse for soothing distress influenced the participants to use maladaptive coping behaviors that inadvertently intensify their pain later on (Brown & Kimball, 2013), a concept very much at the core of attachment theory, and disorganized attachment theory.

Trauma-Informed Collaborations

Historically there have been high rates of youth in juvenile corrections who have trauma exposure, which in turn has led to a call for earlier identification and treatment for these youth (Olafson et al., 2016). Olafson, Goldman and Gonzales conducted a study to support the Center for Trauma Recovery and Juvenile Justice and identified that trauma informed care is critical in the success of mental health youth. Treatment of these youth across child and family service systems, preferably before the youth is involved in the justice system is ideal for their success. They found that traumatic experiences have profound effects on the children's development and adjustment mentally. In turn, this may affect them socially and educationally which has repercussions for the detention centers that end up responsible for their safety and care (Olafson, et. al, 2016).

Therefore, minimizing the youth's re-traumatization is key to the future success of these individuals when they are referred to the juvenile justice system (Rapp, 2016; Olafson et al., 2016).

A trauma-informed approach can be applied to a program, organization or system that meets certain criteria according to Cavanaugh, who conducted research on trauma and the effects on children in school settings (National Center for Trauma-Informed Care, NCTIC, 2015). This approach can be applied to a program that 1) realizes the widespread impact of trauma and understands the potential paths for recovery; 2) recognizes the signs and symptoms of trauma in the clients, families, staffs and others involved with the system; 3) Responds by fully integrating knowledge about trauma into

policies, procedures and practices; and 4) Seeks to actively resist traumatization (Cavanaugh, 2016). However, these policies and practices were not widespread throughout the nation as a whole.

Collaboration between the juvenile justice system and mental health professionals specializing in trauma is required to address the needs of juvenile offenders effectively. The link between being exposed to trauma and delinquent and aggressive behaviors has been well-established in the literature (Rapp, 2016). Empirical studies have been conducted, and a strong evidence base has been built regarding the efficacy of psychosocial treatments for patients with trauma (Espinosa et al., 2013; Espinosa & Sorensen, 2015; Maxwell et al., 2013). However, the juvenile justice system has lagged behind these new insights, and have inadvertently aggravated the traumas of many of their youths by treating them as just any other offender, and not what they are, namely, a patient in need of medical help. Being trauma-informed means that youth-serving organization must be aware of how prevalent trauma is among their youths, as well as realize how best to minimize their further exposure to traumas inherent in the juvenile justice system, in order for them to receive the best chance for rehabilitation and eventual reentry into society (Rapp, 2016).

Summary

Although youth delinquency rates have decreased among the nation, the number of justice-involved youth who have been exposed to trauma has increased significantly.

This has ultimately left the juvenile justice system unequipped to deal with these youthful offenders suffering from a mental health diagnosis.

Many youth in the juvenile justice system have suffered from years of trauma, some even suffering their entire lives. The cause of this trauma can be attributed to multiple factors including brain damage, emotional damage, mental health disorder and cognitive deficiencies. Furthermore, all these effects of trauma will ultimately contribute to multiple negative life outcomes, which can be detrimental to the individual.

These issues not only affect the lives of the juvenile offenders, but also their friends and families. Furthermore, they may also affect society as a whole, because a larger population of traumatized individuals with untreated mental health diagnoses leads to people who need professional help for the majority of their lives. Overall, the development of screening and intervention protocols for youth involved in the juvenile justice system could be substantial in order to get a grasp on what is going on.

However, oftentimes it may be difficult to screen and diagnose these youths once they come in contact with the criminal justice system. The juvenile justice system across the nation may not be properly trained to manage these youth efficiently, but are expected to house these youth in their detention centers or in caseloads when they become involved in the system. However, what the Nation may not recognize is that many youth juvenile justice youth are exposed to traumatic events early in their lives and also suffer from mental health issues as a long-term effect

Therefore, juvenile justice agencies need to seek out options such as trauma-informed care, in-depth risk assessments and psychosocial interventions. Since 93% of youth in the juvenile justice system have histories of trauma, but whereas only upwards of 18% are diagnosed with PTSD (Miaschi & Schwalbe, 2012), it is important to look for solutions to help remedy this issue. In Chapter 3, the methodology section will present the methodology used in the completion of this study to further investigate this problem.

Chapter 3: Research Method

Introduction

The two previous chapters detailed the impact of trauma on the lives of young individuals and if untreated, the risk associated with increased delinquency and juvenile justice involvement. Traumatic experiences such as psychological and emotional and physical abuse and tragic loss can be associated with posttraumatic symptoms and impairments among the young. The purpose of this study was to examine the interventions and prevention services available in juvenile justice system for juveniles with trauma-inspired mental health issues from the perspectives of three stakeholders, counselors, administrators, and parents. In this chapter, I will describe the methodology to be used to examine this purpose. This chapter will include sections detailing the research design, role of the researcher, research methodology, and issues of trustworthiness.

Research Design and Rationale

For this qualitative case study, an examination of the interventions and prevention services available in juvenile justice system for juveniles with mental health issues has been conducted from the perspectives of three stakeholders: counselors, administrators, and parents in Carson City, Nevada.

RQ1: What are the issues related to the adequacy of the current interventions and prevention services available in juvenile justice system for juveniles with trauma-inspired mental health issues?

RQ2: What suggestions can be implemented for further improvement in the juvenile justice system for youth affected by trauma-inspired mental health issues so that they are adequately assessed and treated?

On the basis of the purpose outlined in the first chapter, three methodologies were considered for the study. The quantitative methodology focuses on empirical data and provides research rigor. However, researchers such as Mankelwicz and Kitahara (2010) have noted the limitation of the quantitative method when the goal is to explore lived experiences. Therefore, the quantitative research method was not selected for this study.

The second methodology considered was the mixed methods research methodology, which includes elements from both quantitative and qualitative research approaches. Although it provides some benefits of both these approaches, it also includes the negative aspects of both these methods (Creswell, 2010). Since the quantitative elements were deemed unnecessary in a study concerned with lived experiences of the participants, the mixed methodology was not deemed appropriate for this study.

Qualitative methodology was selected to examine the interventions and prevention services available in juvenile justice system for juveniles with trauma-inspired mental health issues in the State of Nevada. In this qualitative case study, an exploration of information relevant to young individuals ages 10-17 with trauma histories was conducted from the perspectives of three stakeholders, counselors, administrators, and parents. These stakeholders were interviewed to obtain a comprehensive understanding of the quality of the interventions and prevention services available in juvenile justice

system for juveniles with trauma-inspired mental health issues. Due to the nature of the inquiry, the qualitative method allowed access to examine lived experiences and was therefore considered the most appropriate methodology for the study.

A case study design was chosen to examine the perspectives of three stakeholders with respect to the interventions and prevention services available in juvenile justice system for juveniles with trauma-inspired mental health issues. A case study involves the study of a case within a real-life, contemporary context or setting. Other methods of qualitative inquiry considered included grounded theory, ethnographic study, and phenomenological research design. However, these were found to be less relevant in providing information to understand the interventions and prevention services available in juvenile justice system for juveniles with trauma-inspired mental health issues. Grounded theory seeks to develop a specific theory on the basis of the collected data. The focus of this study aimed towards policy changes, rather than development of theory. Therefore, grounded theory was not considered appropriate research design for this study. Ethnographic research design would have been effective if the purpose of the study was to study human cultures and their interactions. The phenomenological research design provided a strong research design for this study. However, it was decided that the rich data set required for this study was not possible through phenomenological research design, and therefore, the case study research design was considered the most appropriate.

Role of the Researcher

The researcher acknowledged that the participants as well as the researcher both may have values and biases that may manifest during the data collection or analysis. It was understood that in terms of ontology, the topic that was examined was multifaceted and complex. The multiple stakeholders concerned with the topic may also influence the ultimate outcome of the study in terms of policy, as the findings can be interpreted in multiple ways. The role of the researcher, in the light of these facts, was as an objective agent. The researcher minimized her bias by following the protocol set with respect to every phase of the study and attempted to enhance trustworthiness through documenting all major elements of the study.

Methodology

Participant Selection Logic

Participants in this study consisted of at least two mental health counselors, six juvenile justice administrators, and ten parents. The mental health counselors and juvenile justice administrators worked in or with the juvenile justice system and parents were selected of young individuals engaged in juvenile justice system. Participants were recruited to participate through the local juvenile probation office and high school in Carson City, Nevada. The meetings/interviews and information as to the nature of the intended study were provided to the Juvenile Court Master or Office Manager of the Court in Carson City. Interviews were conducted for the research and a letter describing

the study was sent to all participants. This letter can be found in Appendix A. A consent to participate in the study can be found in Appendix B.

Instrumentation

The method of data collection was through semi-structured interviews using the script for conducting the semi-structured interviews as data collection instrument. The use of this research instrument allowed the documentation of the lived experiences of the participants. The research utilized the psychological development theory and the disorganized attachment theory with a qualitative case study research design to frame the questions, and thus develop the instrument, by examining how the disturbance in the developmental stages of a youth, introduced by trauma-inspired mental health issues, affects their response to interventions and prevention services, determining the effectiveness of these services. As the purpose of this study was to examine the interventions and prevention services available in juvenile justice system for juveniles with trauma-inspired mental health issues from the perspectives of three stakeholders, counselors, administrators, and parents. The data collected through interviews provided an in-depth understanding of the topic.

Procedures for Recruitment, Participation, and Data Collection

Recruitment for participants began with phone contact with participant candidate. If the candidate indicated interest in participating, they were sent an informational letter detailing the nature of the study. Meetings were scheduled with all the participants to present the study and provide a copy of letter describing the study. Following this,

interested participants were requested to schedule appointment for a follow up interview. An appointment was made at that time with the participants based on their convenience. During the interview, the participant were given a copy of the letter describing the study and signed the Consent Form (Appendix B). The interview included asking questions listed in Appendix C. The second stage of the interview included asking questions listed in Appendix C. The participants were also asked to depict their lived experiences with respect to the research questions.

Data were collected through two stages of interviews with the three different categories of individuals. As these individuals belonged to different professions, the data provided by them assisted in data triangulation. The first stage of the interview focused on the background of the participant. The purpose of this stage of the interview was to build a relationship with this participant, get to know them, sign the consent form and gather information about the individual. This stage of the interview also helped the participant understand the nature of the study and allowed the sharing of personal experiences related to the juvenile justice field. It focused on the details of the participant's experience with the juvenile justice system and trauma-focused intervention programs. This ensured the participants provided tangible details about their current or past experiences. For example, the parents of youth who are involved in the juvenile justice system were asked about their experience with the interventions and prevention services available in juvenile justice system for juveniles with trauma-inspired mental health issues. They were asked if the juvenile justice system helped their son or daughter

cope with their trauma in their life, or if any counseling was provided to help them cope with the trauma they had faced. The purpose of sharing this information with this person was to further build this rapport with the person, developing credibility and trust. During this time, I also took the opportunity to introduce myself, as I've had a career in juvenile justice for ten years and am currently employed in administration.

The second stage of the interview, was conducted at a later date, included having the participants provide their thoughts and feelings about a statewide risk and needs assessment for juveniles in the State of Nevada. For meaning to develop, participants need to look at how the factors in their lives interact to bring them to their present situation (Seidman, 1998). Questions for the final stage of the interview (Appendix C) consisted of interview questions that are aligned with the theoretical construct. The research utilized the psychological development theory and the disorganized attachment theory as the theoretical framework with a qualitative case study research design to frame the research question and develop the instrument by examining how the disturbance in the developmental stages of a youth, introduced by trauma-inspired mental health issues, affects their response to interventions and prevention services, determining the effectiveness of these services.

The interviews were completed in a conference room at a local library or in an area of the person choice. Several of the parent interviews were conducted via phone due to transportation issues. Each interview was tape recorded and transcribed by the researcher using Microsoft Word on the basis of recorded audio. Permission was obtained

from each participant before every interview session. Files were created to organize transcribed interviews and old notes for the interviews. All documents are locked in a file cabinet or locked drawer. Once the data was transcribed by the researcher the data was be analyzed by the researcher . Prior to this, the researcher performed member checking by emailing the transcription to the respective participant to ensure all the data was reflected accurately. Suggestions for improvement or reporting of error will was encouraged during member checking.

Data Analysis Plan

For the purpose of data analysis, the researcher used a six-step thematic analysis as described by Braun and Clarke (2006). Thematic analysis refers to a method used for the purpose of identification, analysis, and reporting of different themes within a set of data. The thematic analysis technique assists researchers in organizing and describing the data in detail and developing the themes through the interpretation of different aspects of the topic under study.

The first phase of thematic analysis, as outlined by Braun and Clarke (2006), consists of familiarization of the researcher with the collected data. This step was compatible with the overall data collection plan in this study since the data will be collected by the researcher herself. In this phase, the researcher conducted an in-depth study of the collected data to become familiar with its content. The second phase consists of the generation of initial codes. After gaining an in-depth understanding of the collected data, the researcher developed codes, which referd to the most basic elements of the data

that were possible to evaluate in a meaningful way. A full evaluation of the collected data allowed the researcher to identify repeated patterns in the data which was used for coding purposes. The third phase consisted of searching for themes. In this phase, the researcher used the codes developed in the previous phase to develop potential themes in the data. This process included an analysis of the codes and the familiarity between different codes that may form an overall theme. The fourth phase consisted of reviewing the themes. In this phase, the researcher refined the themes developed in the previous phase. The fifth phase consisted of defining and naming themes. In this phase, the researcher further refined while defining the themes. Finally, the last phase consisted of producing the report. This is the final analysis and included the write-up of the data analysis.

Issues of Trustworthiness

There were possible threats to internal validity and challenges in regards to the phenomenological theory that could arise. However, for the purposes of this research study, finding individuals who have experience with children's mental health disorders provided a professional opinion on the topic necessitated careful selection. Furthermore, the participants who were interviewed for my research were previously selected due to their association with the court system. Adults involved in this study were selected through a convenience sample. One issue that was predicted to arise was be during the data collection process. For example, there were potential issues with the informed consent procedures and confidentiality toward participant information. However, this was overcome by approval through the IRB and by assigning numbers or aliases to each

participant who has agreed to participate in the study. A liability and confidentiality waiver was developed in order to protect the participant's rights and confidentiality during the study. This letter can be found in Appendix B. My research was only conducted with adults, leaving all contact with juveniles to be avoided all together.

Unlike a scientific study which deals primarily with facts, a case study is based on opinion and is designed to generate debate (Yin, 2003). There really is no right or wrong answer in a case study, as the goal in the end is to obtain the participants' point of view. However, there are ways to check the information provided in the study is reliable and valid. A case study uses multiple sources to gather information. The three sources of data collection in this study, counselors, administrators, and parents, formed the triangulation of data. One of the significant advantages of thematic analysis is flexibility (Braun & Clarke, 2006). The three sources of data collection provided access to diverse data due to the different experiences of the participant groups. This diversity of collected data on a similar research topic assisted in the identification of repeated patterns among the different experiences, assisting in the identification, development, and reviewing of potential themes.

After the interviews were conducted, conclusions were drawn from all the data, but the findings could not be generalized without further research in this area. Since this case study took place after traumatized youth have already come into contact with the juvenile justice system, it is important to depend upon the participants' recollection of events. Dramatic events can cause behavioral changes, which can continue for years,

epically when they are untreated. Inconsistencies in the verification process did not automatically invalidate the study's findings. What was crucial is that the researcher was aware of how other points of view can contribute to a more balanced and meaningful analysis, rather than relying on study data alone.

Ethical Procedures

All participants chosen were free to choose whether or not to participate in the study. The adherence to of research process described in this chapter ensured there is no known harm associated with participating in this study. The ethical risks associated with the study included potential breach of privacy of the participant through loss of data and involuntary participation of the participants. Before beginning the data collection process, the participants were informed regarding their rights in the research process. If any of the participant's experienced, during any stage of the study, that they wished to no longer be a part of the research, they were free to withdraw. In such a condition, their data would be destroyed. However, during this study no participant withdrew their participation. Each member completed a consent form explaining confidentiality and this was explained to them during the onset of participation. Another potential ethical risk was the breach of participant's privacy. All the personal identifying information of the participants was anonymized. Files, transcripts, and audiotapes were stored in a locked cabinet in the researcher's office for confidentiality. Only the researcher has access to the information related to this study. Identifying information was removed from transcripts and all paper will be shredded upon the completion of the research project.

Summary

Chapter 3 has provided a review of the research design to be utilized in the completion of this study as well as offered an explanation as to the research design. Chapter 3 addresses the different methodologies that were considered for this research. Qualitative methodology was eventually selected for this study in order to examine the intervention and prevention services available in the juvenile justice system for juveniles with trauma-inspired mental health issues in the State of Nevada and specifically in Carson City, Nevada.

This chapter has also explored several research questions in regards to juvenile justice and mental health to be addressed in this study. The population and sample have been defined, as well as the instrumentation to be used. Overall, the research conducted was with counselors, juvenile justice administrators, and parents of youth involved in the juvenile justice system who have suffered from a mental health issue. The process of data collection and analysis was explored and human confidentiality was considered. Case study design was selected to examine the perspectives of all stakeholders involved in the study, with respect to their ideas, interventions and prevention services.

In addition, information was provided in the appendices, which will also provide ethical consent, and interview questions. Chapter 4 will provide the reader with the results of the study.

Chapter 4: Results

Introduction

The purpose of this case study was to examine the interventions and prevention services available in juvenile justice system for juveniles with trauma-inspired mental health issues from the perspectives of three stakeholders, counselors, administrators, and parents. The data collection was centered around the stakeholders associated with youth currently in the Nevada State Juvenile Justice system and more specifically in Carson City, Nevada. Two research questions were used to guide the study:

RQ1: What are the issues related to the adequacy of the current interventions and prevention services available in juvenile justice system for juveniles with trauma-inspired mental health issues?

RQ2: What suggestions can be implemented for further improvement in the juvenile justice system for youth affected by trauma-inspired mental health issues so that they are adequately assessed and treated?

Chapter 4 includes a description of the setting of data collection, a description of the relevant demographics of the study participants, and descriptions of the implementation of the data collection and data analysis procedures described in chapter 3. Next, chapter 4 includes a discussion of the evidence of the trustworthiness of this study's results, and then with a presentation of the results of the data analysis. The chapter concludes with a summary of the results.

Setting

Interviews with six juvenile justice professionals and two mental health professionals were conducted in a conference room at the local probation building in Carson City, Nevada. Interviews with seven parents were conducted by phone, and interviews with the eighth parent participant were conducted in a conference room the local probation building. All interview times were chosen by participants. Allowing the participants to choose when they were interviewed increased the likelihood that participants would be comfortable during their interviews and would therefore provide full and rich responses to the interview questions. Conducting the meetings in a private room at the local probation office was also intended to contribute to participants' comfort, by ensuring privacy and safety.

Demographics

Participants were eight parents of justice-involved youth, four juvenile probation officers, one juvenile detention manager, one juvenile court judge, and two licensed clinical social workers who work with justice-involved youth. The following section includes brief summaries of the relevant demographic characteristics of the study participants.

Relevant Demographic Characteristics of Individual Participants

Counselor 1. Counselor 1 is a licensed social worker and a clinical program planner for the state. This participant has nine years of experience as a social worker and has worked in both inpatient and outpatient treatment programs. She has worked with

traumatized children ages zero to three years, and with children ages six to eighteen years in an inpatient treatment setting.

Counselor 2. Counselor 2 is a licensed social worker with 24 years of experience. She works for the Division of Public and Behavioral Health as part of a Mobile Outreach Safety Team. Her current work involves trying to prevent traumatized children from becoming involved in the juvenile justice system by providing them with treatment preemptively. She also works collaboratively with the local Sheriff's Office to prevent adults from entering in the criminal justice system.

Parent 1. Parent 1 is a stay-at-home mother whose 17-year-old son became involved in the juvenile justice system after he repeatedly committed domestic violence against her. The child has been diagnosed with oppositional defiant disorder, ADHD, Manic Bipolar 1, hearing and vision impairment, and slow learning disability. His trauma occurred when he was thrown out of a second-story window by a friend at the age of six.

Parent 2. Parent 2 is a retired and disabled computer systems engineer and schoolteacher who acts as the guardian for her 13-year-old granddaughter, who is involved in the juvenile justice system. The child has been diagnosed with "a myriad of different things," in Parent 2's words, including ADHD, prenatal heroin addiction, and fetal alcohol syndrome. The child's trauma occurred when she was sexually abused by her father during her infancy. She became involved with the justice system after committing vandalism.

Parent 3. Parent 3 is a stay-at-home mother whose adopted, 16-year-old son became involved in the juvenile justice system for running away, breaking and entering, and incorrigible behavior. The child's diagnoses include Oppositional Defiant Disorder, ADHD, and fetal alcohol syndrome. The child's trauma occurred when he suffered an accidental head injury during early childhood.

Parent 4. Parent 4 is a nurse and a single mother of three children. Her 13-year-old son became involved in the juvenile justice system for assault and battery. The diagnoses of the child are depression, anxiety, ADHD, and disruptive mood regulation disorder. The child's trauma occurred when he discovered his grandmother's corpse after she had died in her sleep.

Parent 5. Parent 5 is a stay-at-home single mother whose 16-year-old son became involved in the juvenile justice system for running away, incorrigible behavior, and possession of marijuana. The child has been diagnosed with Oppositional Defiant Disorder and ADHD.

Parent 6. Parent 6 is a stay-at-home mother of two whose 16-year-old daughter became involved in the juvenile justice system for shoplifting and methamphetamine use. The child has been diagnosed with a global learning disability. The child's trauma occurred when she was sexually assaulted by her mother's boyfriend during her early teens.

Parent 7. Parent 7 is a stay-at-home single mother whose 18-year-old daughter became involved in the juvenile justice system as a minor for truancy, marijuana use, and

self-harming behavior (cutting). The child has been diagnosed with depression. The child's trauma occurred when she was abandoned by her father.

Parent 8. Parent 8 is a certified nursing assistant and a single mother of three children. Her 15-year-old son became involved in the juvenile justice system for incorrigible behavior and assaulting a teacher. The child has been diagnosed with frontal lobe damage (cause unknown; Parent 8 reported that she did not consume alcohol or drugs during her pregnancy, and this was confirmed by tests), ADHD, and an unspecified mood disorder that inhibits impulse control. The child was a victim of multiple incidents of domestic violence.

Administrator 1. Administrator 1 is a female probation officer with 20 years of experience in the juvenile justice system. She has a bachelor's degree in criminal justice. She supervises both the probation division and detention center in Carson City, Nevada.

Administrator 2. Administrator 2 is a male Senior Probation Officer with five years of experience in the juvenile justice system. He supervises Probation Officers, and his duties include assigning caseloads and ensuring that evaluations are conducted correctly.

Administrator 3. Administrator 3 is a female Probation Officer with one year of experience in the juvenile justice system. She has 10 years of prior experience in other areas of law enforcement, including four years as a deputy sheriff. She is currently working toward a four-year degree.

Administrator 4. Administrator 4 is a male Probation Officer and an ordained minister with more than 25 years of experience in the juvenile justice system. He has a bachelor's degree in psychology and theology. He supervises a caseload with mostly mental health youth.

Administrator 5. Administrator 5 is a male Detention Manager with more than 14 years of experience in the juvenile justice system. He has a bachelor's degree in parks and recreation. He supervises the youth detention center in Carson City, Nevada.

Administrator 6. Administrator 6 is a female Juvenile Court Judge. She has a bachelor's degree in English and criminal justice, as well as a law degree.

Data Collection

Two in-depth, one-on-one, semistructured interviews were conducted with eight parents of justice-involved juveniles, two counselors who work with justice-involved juveniles, and six administrators in the juvenile justice system. Interviews with seven parents (all parent participants except Parent 6) were conducted by telephone because the parents' geographic locations and lack of transportation made an in-person meeting impossible. Interviews with Parent 6, with both counselor participants, and with the six administrator participants were conducted in a conference room at a local library. All interviews were audio-recorded with the participants' consent. The average duration of the interviews was one hour. No unexpected circumstances arose during data collection, and there were no deviations from the data collection procedure described in chapter 3.

Data Analysis

Recorded interviews were transcribed verbatim, yielding approximately 190 pages of single-spaced transcriptions. Transcriptions were uploaded into NVivo 11 software for analysis. The researcher analyzed the data using the six-step procedure for thematic analysis developed by Braun and Clarke (2006). The first phase of thematic analysis consisted of familiarization of the researcher with the collected data. In this phase, the researcher conducted an in-depth review of the collected data to become familiar with its content. The second phase consisted of the generation of initial codes based on key descriptive words and phrases, referring to the most basic elements of the data that could be evaluated in a meaningful way. A full evaluation of the collected data allowed the researcher to identify repeated patterns in the data which were used for coding purposes. The third phase consisted of searching for themes. In this phase, the researcher used the codes developed in the previous phase to develop potential themes in the data. This process included an analysis of the codes, and the similarities between different codes were used to form themes. The fourth phase consisted of reviewing the themes. In this phase, the researcher refined the themes developed in the previous phase. The fifth phase consisted of defining and naming themes. In this phase, the researcher further refined while defining the themes. Lastly, the sixth phase consisted of producing the presentation of results which is presented in this chapter.

Table 3 depicts the themes that emerged during the analysis process, the codes that contributed to the themes, and the number of data elements that were assigned to each code (i.e., the frequency of each code).

Table 3

Themes, Codes Contributing to Themes, and Code Frequencies

Theme	Codes contributing to theme	Code frequency
RQ1/Parent theme 1: The current interventions and prevention services are perceived as inadequate when they are applied too leniently or without input from all stakeholders	Inadequate treatment	4
	Justice not strict enough	2
	Probation – case too difficult	2
	Probation – too busy	1
RQ1/Parent theme 2: The current interventions and prevention services are perceived as adequate when assessments are conducted and alternatives to detention are used	Probation	6
	Services are adequate	5
RQ1/Administrator theme 1: Interventions and prevention services are perceived as inadequate when personnel with the necessary expertise are not available	Getting the right services	9
RQ1/Administrator theme 2: Juvenile justice staff are perceived as effective at identifying children who need interventions and prevention services	Services are adequate	4
RQ1/Counselor theme 1: The juvenile justice system is becoming more effective at working with behavioral health services to provide interventions and prevention	Services are adequate	3
RQ1/Counselor theme 2: Juvenile justice staff	Too much referring out	1

do not have enough training to make interventions and prevention services adequate	Not enough mental health care	2
RQ2/Parent theme 1: Parents suggested that assessment and treatment services should address all aspects of a child's life	More mental health resources	3
	Need transitional help	2
	Needs to be stricter	1
	Stricter with parents	1
	Transportation	1
RQ2/Administrator theme 1: Administrators recommended adopting a validated risk and needs assessment tool to assess all youths' level of care and mental health status	Adopt assessment	15
RQ2/Administrator theme 2: Administrators recommended that youth with mental-health issues be treated separately from other justice-involved youth	Alternative to detention	11
	Dedicated mental health system	10
	Outside intervention	14
RQ2/Administrator theme 3: Administrators recommended increasing the number of personnel who are trained to assess and treat youth with mental-health issues	Training for staff	7
	Access to psychiatrist	3
RQ2/Counselor theme 1: Counselors recommended adopting a validated risk and needs assessment tool to assess all youths' level of care and mental health status	Adopt assessment	8
RQ2/Counselor theme 2: Counselors recommended training juvenile justice staff in trauma-informed care	More trauma informed care	6

Evidence of Trustworthiness

A study's *credibility* is the degree to which its findings accurately represent reality (Lincoln & Guba, 1985). To enhance this study's credibility, the researcher's preliminary interpretations of the data were member-checked, as recommended by Creswell (2013). In order to conduct member-checking, the researcher e-mailed preliminary analysis results and interview transcriptions to participants and asked participants either to confirm that these materials accurately represented their opinions or

to suggest changes. Participants suggested no changes. Member-checking also enhanced the *dependability* of the results, or the extent to which the same results would be reached if the study were replicated by other researchers using the same procedures in the same context (Lincoln & Guba, 1985). *Transferability* is the extent to which the findings from this study would be true in another research context (Lincoln & Guba, 1985). To allow readers to assess the transferability of the results, descriptions of the participants have been provided, as recommended by Lincoln and Guba (1985). *Confirmability* is the extent to which a study's results are determined by the experiences of the participants, rather than by the researcher (Lincoln & Guba, 1985). The confirmability of this study's results was enhanced through the triangulation of data from three sources (i.e., counselor interviews, parent interviews, and administrator interviews).

Results

This presentation of results is organized by research question. Results associated with the first research question indicated participants' perceptions of the adequacy of the current interventions and prevention services available in the juvenile justice system for juveniles with trauma-inspired mental health issues. In relation to the second research question, results indicated participants' suggestions for improvements to the juvenile justice system to benefit youth affected by trauma-inspired mental health issues.

Research Question 1

RQ1 is: What are the issues related to the adequacy of the current interventions and prevention services available in juvenile justice system for juveniles with trauma-

inspired mental health issues? This presentation of results related to the first research question is organized by stakeholder group (i.e., parents, administrators, and counselors). Within the presentation of results from each stakeholder group, results are organized by theme.

Parents. Two themes emerged during the analysis of data from parent interviews related to the first research question. The first theme was: *The current interventions and prevention services are perceived as inadequate when they are applied too leniently or without input from all stakeholders.* The second theme was: *The current interventions and prevention services are perceived as adequate when assessments are conducted and alternatives to detention are used.*

Theme 1: The current interventions and prevention services are perceived as inadequate when they are applied too leniently or without input from all stakeholders.

All eight parents (100%) contributed data to this theme, but this presentation of results includes only representative quotations. Parent 1 regretted her son's referral to a hospital because the hospital did not keep the child's family or psychiatrist informed or incorporate stakeholder input into the treatment plan:

He's been into [hospital's name omitted] three different times. And, no, I'm not going to do that again. It didn't help and it was terrible. Every time, it does nothing but make things worse...it pisses him off and not only that but, they don't listen to the family and the parents. They don't care about what his other doctors say or what is going on with him. It pisses me off. Last time he was in there his

doctor wanted him in there because she wanted to make sure he was going to safe, but they didn't care about anything anyone said. My son was sedated severely when we went to visit him and our doctor didn't even know about it. Nobody told me what was going on with him so we yanked him out of the hospital. And, the whole entire time I didn't get a chance to talk to the doctor at [hospital's name omitted], not one time when he was there. (Parent 1)

Parent 3 objected to repeated personnel changes over the course of her child's therapeutic treatment, and to a lack of coordination among the successive therapists:

My child was in juvi for two and half months and that was ridiculous, horrible. And he just sat there, he wasn't learning anything...There is absolutely no help here at all. There never has been. My child has been in counseling since he's been 5 and we've been shuffled around and no one's been consistent, not on our part, on there's because they don't stay. (Parent 3)

Parent 7 found that the treatment offered to her child was too brief in duration to have a lasting impact:

I found that every time my daughter had a meltdown, probation would just send her to the hospital...[child's name omitted] would stay there for a couple of day and then be released. Then she would come home and it would happen all over again...She would get upset, and cut herself. (Parent 7)

Like Parent 7, Parent 2 objected to the brevity of the interventions:

The officers don't want to follow through with the heavy hand because they want to give her another chance before it muddies her record, etc. You know, they want to give her one more chance and I appreciate it. I do appreciate the one more chance. But they gave her one more chance, one more chance one more chance one more chance, to where juvi is just a revolving door to her. It doesn't matter to her anymore if she's locked up or not. She knows she's going to get out in 3 hours and get to do whatever she wants to do again. (Parent 2)

Parent 6 felt that current interventions and prevention services were completely inadequate to address the mental-health issues afflicting children like hers:

[Juvenile probation] could send you over to different counselors and therapists but it's almost like, I see these juveniles, there's so much going on with these kids out here...like my juvenile, okay she's already has learning problems to begin with, she already has psychological issues and stuff like that, plus she's had a trauma. Okay and now she's getting into drugs, now, okay, now she's stolen something once before...she's getting into trouble with the law...Running away, you know, not wanting to be home. The psychological part of what is going on with these kids is really just that. All of them have had some types of traumas, they don't know how to cope with it. Most of the juveniles that come through the department, I can tell you this...you can see it in their eyes, there is a sadness there. They don't know why they keep doing what they're doing, they're just looking for an escape. (Parent 6)

Theme 2: The current interventions and prevention services are perceived as adequate when assessments are conducted and alternatives to detention are used.

Parents 5, 6, 7, and 8 (50%) contributed to this theme. Parent 7 stated that her child was subjected to a compulsory risk assessment upon being arrested; although this angered her at the time, Parent 7 was grateful for the information the assessment made available to her:

She has a risk assessment done one time when she got arrested. They wouldn't let her out until she got the assessment done. I was pissed off at first, but it was actually good information...She also got assessments done at the hospital, (name of hospital omitted). These were interesting to read and helpful I guess...Because they told us what her problems were and why they were giving her pills. (Parent 7)

Parent 7 also expressed gratitude for a wilderness program that her child was required to enter:

She did the wilderness program and that was good...she was required to go camping, hiking and stuff. This was good for her because gave her something to do. Her probation officer made her do it. She wasn't happy about it, but it was good for her...anything to keep them busy. (Parent 7)

Parent 8 also expressed gratitude for a mental-health referral, saying that it had helped her and her son considerably:

The only reason I was truly able to find out more about my kid was because of the juvenile system and them making us get further testing. They referred us to places that helped us get answers. Unfortunately, with what happened with him and his dad, the abuse, and that whole situation, he got to go see Dr. [name omitted] a psychiatrist for an evaluation. Child Protective Services got involved in our case too and they made us do a lot of things that helped too, like evaluations and testing for [child's name omitted]. This helped pinpoint some of the issues he was dealing with. He went to a lot of counseling off and on that was ordered for years. He was never detained a really long time, but I think the circumstances that happened turned out to be good and where I got a lot of my help to be honest. (Parent 8)

Participant 5 associated the adequacy of the juvenile justice system's (JJS's) interventions and prevention services with mental-health referrals: "I believe they got all the right resources. Like they said, they could send you over to mental health...[my child] was given assessments or evaluated, but I'm unsure when it was done. Probation helped with some of it."

Administrators. Two themes emerged during the analysis of administrator responses related to the first research question. The first theme was: *Interventions and prevention services are perceived as inadequate when personnel with the necessary expertise are not available.* The second theme was: *Juvenile justice staff are perceived as effective at identifying children who need interventions and prevention services.*

Theme 1: Interventions and prevention services are perceived as inadequate when personnel with the necessary expertise are not available. Three administrators (Administrators 1, 2, and 3; 50%) contributed to this theme. Administrator 1 indicated that services may be inadequate when staff who are not trained to treat mental-health issues are required to help children who may have those issues, such that problems may arise with,

...getting them the right services...making sure that you know you could get an assessment and that person would say that this person needs a, b and c; however, we don't have those services so you do the best that you can to come up with the plan that's as close to that and obviously it's not the plan that was recommended but it's the best that you can do so sometimes that you can be successful .

Sometimes you can't but I think when it comes to mental health, it's a different ballgame than dealing with a kid who's just committing delinquent offenses...so I think those kids unfortunately, probably get swept up in the juvenile justice system without the services that they need. (Administrator 1)

Administrator 1 explained that staff were being trained, but that even with properly trained staff the JJS might not be the right environment for treating traumatized children:

I do think that because we're dealing with a lot more kids with mental health issues, we are seeking training to help us so we are I think better trained now than we were years before but we're not even close to where if this is the population that we're gonna work with, that we're trained to the standards that we should be,

but at the same token, I don't know that that's the direction we want to go necessarily because we want those kids served in the right environment...Juvenile Justice may not be that environment for them. (Administrator 1)

In Administrator 2's experience, services were inadequate because there were an insufficient number of hospitals and mental-health professionals for treating justice-involved youth with mental-health issues:

One of the primary concerns is...the lack of resources for the youth and then the long process to get the services in place to get them treatment...Nevada has two mental health facilities um to, for the whole state of Nevada and...there's only a few psychiatrists in the areas that can provide those type of assessments. The wait list for the rural areas to be seen are sometimes three months out and [until] then, there's just no proper treatment and then follow-through on medication...To get the families to these appointments, if they don't make it, then now they're two to three months again back out. (Administrator 2)

Administrator 3 agreed with Administrator 2 in citing an inadequate number of facilities and providers for conducting effective prevention and interventions; Administrator 3 pointed out, however, that children with mental-health issues were often referred to JJS because no alternative resources were available:

There aren't enough resources. There aren't enough places that will take them so juvenile probation gets forced to place the kids. Probation/juvenile services are the ones that will actually place them so we do. We are the ones with the court

order and a lot of these places require a court order to accept the child into their program. I've run into parents who don't know where to take their kid and then the only way they can get their kid into a program or placement is through the juvenile probation department and with a court order. (Administrator 3)

Theme 2: Juvenile justice staff are perceived as effective at identifying children who need interventions and prevention services. Three administrators (2, 4, and 6; 50%) contributed to this theme. Administrator 2 stated that juvenile justice staff have sufficient training to identify children who may need assistance with mental-health issues, and added that the JJS was effective at diverting these children into treatment rather than criminalizing them:

I think [juvenile justice staff have] all been trained to, once they determine the diagnosis might determine if the person needs, leans toward mental health services...I think the program that we have in place now, um the [program's name omitted], is doing that. The more referrals that we have with mental health cases, I think we're having a higher success rate and not criminalizing the youth to get them services...what ends up happening, the process is that if we come a case whether it's a misdemeanor or status offense, or even a gross-misdemeanor or felony, if they come on probation, we get the referral and we do determine that there is a mental health, possible mental health diagnosis or mental health concerns, then we staff it with the probation officer, I'll look at what the diagnosis is, what the report states and then we'll meet with the family. We'll see if they're appropriate, see if they are getting the services that they need.

(Administrator 2)

Administrator 4 offered a response that acknowledged the inadequacy of existing interventions and prevention services while affirming that JJS staff were becoming more skilled at diverting mental-health youth from the justice system into treatment:

Originally when the juvenile justice system was set up I don't think it was set up for diversion. But now, we have changed a lot and moved more toward treatment of the kids. I'm not sure we are the answer for treatment for these kids. I mean locking people up is not the answer. I think implementing consistency with the treatment with regular counselors and agencies is important and will create a difference. We also need a proper diagnosis. (Administrator 4)

According to Administrator 6, JJS staff were effective both at recognizing when a child may need assistance with mental health, and at recognizing when a child had a problematic home environment:

I think that [JJS staff] do a great job in trying to offer [justice-involved youth] providers. And I think we're really fortunate with the officers that we have that they're willing to say there's an issue here and there's a family issue. It's not just a kid issue, it's a family issue and it's not just a case to them. They're really trying to figure out what, what's causing the problem. Why they're in front of them. (Administrator 6)

Counselors. Two themes emerged during the analysis of data from counselors related to the first research question. The first theme was: *The juvenile justice system is*

becoming more effective at working with behavioral health services to provide interventions and prevention. The second theme was: *Juvenile justice staff do not have enough training to make interventions and prevention services adequate.*

Theme 1: The juvenile justice system is becoming more effective at working with behavioral health services to provide interventions and prevention. Both counselors (100%) contributed to this theme. Counselor 1 stated that Probation was becoming more effective at communicating with counseling services, and vice versa, in order to ensure that children received the help they needed:

I think definitely [Probation is doing] better than 10 years ago. Ten years ago we wouldn't even talk to juvenile probation or [JJS department name omitted] when we had a kid in behavioral health, which is insane cause we're all connected...I think like twenty years ago we split up children and adults and thought that would be better. But really the family should be treated the whole time. So like in our juvenile diversion program, we require parenting classes and offered them through probation because it's not the kid. And like sometimes in therapy all you do is teach the kid how to hold themselves together until they can move out because the family's not going to contribute at all...Even if [children] do commit a criminal behavior which I know that's true and that does happen and there is a consequence for that, I still think for the most part we can defer. (Counselor 1)

Counselor 2 indicated that law enforcement personnel were becoming more skilled at identifying juveniles with mental-health issues, and that the diversion program helped to meet the needs of those youth:

I think we're getting better at identifying kids and so that's another thing I see with Mobile Outreach Team. The Sheriff's like, is this like getting worse?...deputies are better at identifying it, absolutely...I am familiar with [the diversion process] and I do believe it would meet the needs of the youth. So far from what I've seen it can work really well. Rather than putting the kids in the system it's getting them the services: the therapy, the counseling and other resources they need versus throwing them into the system.

(Counselor 1)

Counselor 2 indicated that law enforcement personnel were becoming more skilled at identifying juveniles with mental-health issues, and that the diversion program helped to meet the needs of those youth:

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Theme 2: Juvenile justice staff do not have enough training to make interventions and prevention services adequate. Both counselors (100%) contributed to this theme. Counselor 2 attributed the inadequacy of treatment in JJS to inadequate training for staff, which she attributed, in turn, to insufficient funding:

I think there's a lack of funding, probably nationwide, and definitely lack of funding because probation is just, if you were bringing on new probation officers and they were trained at the beginning with mental health stuff, that would be very appropriate. (Counselor 2)

Counselor 1 indicated that JJS staff's lack of familiarity with behavioral health resulted in their referring children to other agencies when they might have helped the child themselves. She suggested that a paradigm shift would be necessary for JJS's interventions and prevention services to become adequate:

I don't think historically [dealing with mental health has] been [JJS's] job and I think, historically if they notice any sort of high risk situation, they would refer out. Oh panic, get help and from what I've found through rural Nevada is that a lot of them are not into it yet. So it's taking so much like work to shift to such a paradigm of no you do do this, you're great at this, you're the first contact, you can do this. You don't have to call somebody else, you can deescalate this person and because they're suicidal doesn't make them scary. So, no I don't think they, I think they have the capacity and absolutely the capability but I think for so long

it's just been such a like silo system, you go here for this, if you're in trouble, you go here, when it doesn't make any sense. (Counselor 1)

Triangulation and summary. The first research question was: Are the current interventions and prevention services available in juvenile justice system for juveniles with trauma-inspired mental health issues adequate? Analysis of data from parent interviews indicated that the current interventions and prevention services are perceived as inadequate when they are applied too leniently or without input from all stakeholders, and that the current interventions and prevention services are perceived as adequate when assessments are conducted and alternatives to detention are used. Analysis of data from administrator interviews indicated that interventions and prevention services are perceived as inadequate when personnel with the necessary expertise are not available, and that juvenile justice staff are perceived as effective at identifying children who need interventions and prevention services. Triangulation of data from parent and administrator interviews indicated that parents and administrators both believed that JJS staff were effective at providing referrals, but that JJS staff lacked the training to assist juveniles suffering from mental-health issues within the JJS itself, and that referrals and diversions may be ineffective when behavioral health services do not accept stakeholder input, keep stakeholders informed, or provide consistent, long-term interventions.

Analysis of data from counselor interviews indicated that the JJS is becoming more effective at working with behavioral health services to provide interventions and prevention, but that juvenile justice staff do not have enough training to make

interventions and prevention services adequate. Triangulation of data from counselor interviews with findings from parent and administrator interviews provided further confirmation that JJS staff are effective at identifying youth with mental-health issues, but that JJS staff do not have sufficient training to meet the needs of those youth within the JJS. Thus, the answer to the first research question is that the JJS is adequate at identifying youth with mental-health issues and giving referrals to providers for interventions and prevention services. However, JJS staff do not have the training to provide adequate interventions and prevention services themselves, and providers who work with justice-involved youth do not provide adequate services when they do not accept stakeholder input, keep stakeholders informed, or provide consistent, long-term interventions.

Research Question 2: What suggestions can be implemented for further improvement in the juvenile justice system for youth affected by trauma-inspired mental health issues so that they are adequately assessed and treated?

This presentation of results related to the second research question is organized by stakeholder group (i.e., parents, administrators, and counselors). Within the presentation of results from each stakeholder group, results are organized by theme.

Parents. One theme emerged during the analysis of data from parents related to research question two.

Theme 1: Parents suggested that assessment and treatment services should address all aspects of a child's life. All eight parents (100%) contributed to this theme.

Parent 3 recommended that services begin with a preemptive mentoring program in school for at-risk youth:

I think the schools have to have some sort of a mentor program where they have kids that maybe at the high school level that want to help...those kids take these kids that are like, [child's name omitted] was new and I knew there was going to be problems and...leaders that can take these kids, these new kids or these kids that don't know anybody. Kids that are struggling with confidence and guide them and to help them, to get them involved and take them under their wing. I'm not talking about for two weeks. I mean really until they feel that they have the confidence and have made friends before you set them free. Because my child never had that. You know, yay they introduced him to some girl that was sweet as can be to kind of show him around the school for about a week and then he was on his own. (Parent 3)

Schools can also help to keep youth from becoming involved in the justice system by keeping students engaged and busy, according to Parent 4:

I think more hands on learning, especially in the real world to do work. I think if they had more programs that keep kids excited and engaged. More programs that keep kids busy. It would be nice to see classes at the schools that keep kids engaged so kids are excited to go to school. This would help kids stay more focused and have a positive future. The kids can't be bored going to school. (Parent 4)

When minors become involved in the justice system, Parent 2 felt that the JJS should take stern measures to impress youth with the seriousness of their offenses:

[My child] had been in and out in and out in and out of juvi a lot. I think by the third time she was in and out, they should not have called me after 3 hours and told me to come pick her up. I think she should have spent the entire night, maybe even a day or two. And then because all they did was give her enough rope to hang herself and she surely did and I see a lot of other people doing that. There just hanging themselves. Right now, they have the law on their side and they have no repercussions for what they do that are really enforceable. (Parent 2)

Parent 8 believed that the justice system should be prepared to intervene in the lives of the child's family members, as well as in the child's life, when such interventions are in the interests of the child:

I would have like to have seen that his dad would not have been allowed contact with my son. I don't think the court was strict enough with this. Unfortunately, this didn't happened and my ex-husband was able to make contact with [child's name omitted] and [child's name omitted] with my ex-husband through social media. This ultimately led to them having a relationship that was unhealthy. Also, CPS allowed visits and I didn't get a say in that and I don't believe that was fair. I just think it should have been more strict. So if I had to change anything, that is what I would change. I think the juvenile system did a wonderful job but it was more of the adult courts that were dealing with my ex-husband that I had a

problem with. I really think this impacted the outcome of my child and left [child's name omitted] susceptible to more bad. (Parent 8)

Parent 2 recommended that some form of transitional help be provided for justice-involved youth who were being released from detention. Parent 2 said of her child's experience:

There was no transition at all. She was there and then all of the sudden she was home. There was no transition done with either one of them at all. In my opinion there needed to be transitional help and there wasn't...I'm very angry and bitter at the system. They want to take her and put her in another placement and then another foster care home. I think a short term program might be good, but not a long term one...and then with the transitional part would be good. (Parent 2)

Parent 4 suggested providing transportation for justice-involved youth in order to ensure that children were able to attend their appointments with providers:

One thing I would like to recommend for whomever this goes to is a transportation company. When I lived in Oregon they had this transportation company that was really cheap. They were able to transport kids placed; to appointments to places. Like in my situation right now at work, I have a not time off policy, so having a transportation company/system would be super helpful. When my son needs to get to therapy it's difficult sometimes. He sometimes misses his appointment due to the transportation issue and me being at work, but if we had a transportation company this would help. (Parent 4)

Parents can also assist their at-risk children by responding appropriately to early warning signs:

I think as a parent when you start to see something is wrong you should get them to therapy. Some people ignore it and say “oh they are just kids or he is just going through a phase” but they really have a problem. All of the sudden they are 18 and causing a lot of problems. I feel you should take a fast step as a parent and intervene right away if you child has been through a lot. Like my son has been through a lot so therapy has been helpful. It’s good for him to have someone to talk to. (Parent 4)

Administrators. Three themes emerged during the analysis of data from administrators related to the second research question. The first theme was:

Administrators recommended adopting a validated risk and needs assessment tool to assess all youths’ level of care and mental health status. The second theme was:

Administrators recommended that youth with mental-health issues be treated separately from other justice-involved youth. The third theme was: *Administrators recommended increasing the number of personnel who are trained to assess and treat youth with mental-health issues.*

Theme 1: Administrators recommended adopting a validated risk and needs assessment tool to assess all youths’ level of care and mental health status. All six administrators (100%) contributed to this theme. Administrator 1 recommended adopting a validated risk and needs assessment tool to assess all youth’s level of care and mental

health status because, “if we can get that assessment, it might help us flag kids earlier that have the mental health issues or trauma issues and be able to get them the services that they need sooner than later.” Administrator 2 believed that officers could avoid criminalizing youth if such a tool were used:

Officers need to be able to properly assess the case and the situation right then and there and know what they are looking for and if there is mental health concerns...red flags. At that point they could deviate to local resources as opposed to writing a citation or making an arrest on these kids. As far as appropriate resources now, I don't think we have that. (Administrator 2)

Administrator 3 noted that an assessment tool would allow JJS staff to, “define [children's] issues and give them the resources they need.” Administrator 4 pointed out that training would be needed in order for JJS staff to administer a validated assessment tool effectively:

Using any type of proper assessment will always help us and the kid. But, we need to be properly trained to use them or it is useless...Being able to recognize signs and symptoms of mental health early on the better. If we can see the signs early then this will hopefully keep the kids away from the system. Treatment is important early on in their lives. (Administrator 4)

Administrator 5 proposed that a professional with the right expertise be placed on permanent staff to provide routine assessments for youth coming into the justice system:

I would like to advocate for a mental health counselor. In the current position that I'm in, I think by doing so, you're able to have someone who is a professional, who is able to apply their education and really pinpoint the issues that's going on with these youth and give them appropriate services...The counselor would be able to do a general assessment...they would be able to properly diagnose, they would be able to link up appropriate services and be able to ultimately get down to the root of the issue on what the youth is I guess misbehaving.

(Administrator 5)

Administrator 5 believed that every child should be assessed upon his or her first contact with the justice system:

[Proper screening and assessments should take place] the first time the juvenile is recognized as potentially having mental health issue. Contact with the police officer or upon referral with the Sheriff's Office, upon referral with the probation office, this screen and assessment should take place. At this point a diversion type situation could take place with this juvenile. (Administrator 5)

Administrator 5 also suggested that assessments be used specifically to check for the presence of trauma:

I would improve the assessments upon intake and have this assessment address trauma upon intake. I think this is missing and I think it would be good to focus on this. I think that that would be a huge start for the youth. I know that there are certain assessment out there that do assess trauma, but I think therapist have to do

the assessments. But, I think that that would be something I would recommend because it would give the probation department and detention and idea of the kid they are working with. It can also give the parent an idea of what is going on in the kid's life. With the proper assessment you can attack the problem.

(Administrator 5)

Administrator 6 indicated that the benefits of adopting a validated assessment tool might be universal:

I think [adopting a validated risk and needs assessment tool] from the beginning is so important. It's a beginning for us in the juvenile justice system. It's not the beginning for that kid but if we can do that from the onset, figure out what services they need, and get it going, the longer they're in detention, the longer they're out in the community without services going on. It's not benefiting the child, it's not benefiting the family or the community...I think when we see the kids act of and start coming back into the system, it might be just because they haven't been diagnosed properly. They haven't received the proper treatment they need and why bring them into this formal system unless you really have to.

(Administrator 6)

Theme 2: Administrators recommended that youth with mental-health issues be treated separately from other justice-involved youth. All six administrators (100%) contributed to this theme. Administrator 1 recommended creating a dedicated mental-

health system for juveniles, rather than using an underprepared JJS as a catch-all for youthful offenders of all types:

I think if we actually had a system set up to only work with mental health kids this would be ideal. If these kids did make a mistake and commit a delinquent act, we being the DA's office and law enforcement, would allow juvenile probation to just work with the kid instead of putting them through the court system...I think one of the frustrations is that probation become the responsible party a lot of times. Even if a juvenile is found incompetent the juvenile court has authority to impose jurisdiction and enforce that the probation department be the supervisor of the case. However, this can be an issues because a lot of the times the probation department doesn't have the skills or resources to meet the needs of these incompetent youth. Probation isn't trained to do this and the court sometimes expects us to know what we are doing in these situations.

(Administrator 1)

Administrator 1 also recommended the creation of a step-down day program dedicated to helping youth with mental-health issues:

There has to be an alternative in the way the process works. So for instance, holding them in detention is not the best route. So if we, in an ideal world, if there was a different type of place that had the staffing that was trained specialized in mental health, that would be ideal...A day program would probably be ideal for these kids...It would look like this: someplace the kids could go during the day.

It would help the parents and the schools. This way the kids with the mental health issues would not interfere with the other kids at the schools. So, they would have school, therapy, and programming. The teacher that would be employed there would be trained to specially in mental health. This center would have a therapist and a psychiatrist on staff. Ideally they could go there 7 days a week and then go home at night. They would keep them busy doing activities and keep them out of trouble. That would be ideal. I think we if had something like that in place I really feel like we would use residential treatment centers less and send kids out of state less for treatment. (Administrator 1)

While Administrator 1 recommended separating youth with mental-health issues from the general population because JJS staff did not have the proper training to help them, Administrator 2 recommended the separation in order to prevent youth with mental-health issues from being victimized by other children:

It would be, in an ideal situation, nice to be able to have the room and the capacity and the staff to separate mental health diagnosed individuals in a different you know block or area as opposed to mixing them in with the general population just because they can be bullied and misinterpreted. They have their own stuff that they are dealing with and other kids that don't have the dual diagnosis or mental health diagnosis may not understand or know how to deal with them, that can aggravate the kids that are dealing with those mental health diagnosis.

(Administrator 2)

Like Administrator 1, Administrator 2 recommended the creation of an intensive outpatient “day program”:

My ideal plan would be some sort of an outpatient residential day treatment center. Currently in our state, we have two residential treatment centers and they are full. They also have a wait list for the kids to get into the program. These programs are very intensive inpatient. A lot of kids may not need intensive inpatient services though. That’s why I see a need for an intensive outpatient program for youth with mental health issues. We need something in between. They could go to school there and get treatment there, but still go home at night.
(Administrator 2)

Like Administrator 2, Administrator 6 believed that youth with mental-health issues had an increased risk of being victimized by general-population peers when all youthful offenders were treated together:

I would say one of the toughest things I see is having to group the kids together. In other words, there’s kids that just have a substance abuse or they’re kids that just have, you know, behavioral, but with the mental health it really seems like it’s a bigger struggle for those kids. Especially if they are grouped in, and not that they shouldn’t be but their treatment, discussions with them, their groups, things like that, I think it makes them more of a target. (Administrator 6)

Administrator 3 suggested creating a separate “mental-health group,” similar to the substance-abuse group, but dedicated to serving youth with mental-health issues:

I would hope for something more in regards to the counseling aspect. I feel like we don't have many services related specifically to juveniles and counseling with a mental health diagnosis. My agency has a drug and alcohol group, but one thing that is missing is mental health group for youth. Some of the kids I have on probation don't have drug and alcohol problems, they only suffer from mental health issues and need counselling just for that. So, I think more of a group type counseling service for mental health youth would be helpful...These kids need therapy...More adolescent based therapy groups. I feel that we would benefit from group therapist more. (Administrator 3)

Administrator 3 also recommended expanding diversion programs:

I really like diversion programs. I think they work, are beneficial. Its important early on to recognize that these kids have a mental health issues and special need and getting them the counseling services beforehand versus putting them in detention. (Administrator 3)

Like Administrator 3, Administrator 4 recommended diverting youth with mental-health issues out of the justice system as often as possible:

Diversion programs [are the best solution for keeping mental health youth out of detention]. I think that law enforcement communication is key. Also, being able to see mental health symptoms and communicating that to us (juvenile probation) is key. If we know that ahead of time we can help the kid get the right services in

place before they are officially placed in court or on probation...I think the more diversion program that we have the better. (Administrator 4)

Theme 3: Administrators recommended increasing the number of personnel who are trained to assess and treat youth with mental-health issues. Five administrators (1, 3, 4, 5, and 6; 83%) contributed to this theme. Administrator 1 spoke of the need for more psychiatrists to work with justice-involved youth: “In an ideal world I wish that we had access to a psychiatrist when we needed one. This psychiatrist could handle medication management for the kids on probation and in detention. They could also so psychological evaluations.” Administrator 4 agreed with Administrator 1, citing a need for more psychiatrists, and adding that more counselors were also needed:

There is always a lot of need when working with mental health. I think a big need is more psychiatrists that specialize in youth and children. We don't have that in Nevada and especially in the Carson City area. Also counselors that want to work with kids and specifically mental health kids. (Administrator 4)

Administrator 5 recommended including a therapist on detention center staffs:

I believe in detention there is a benefit of having a therapist there, as it would be valuable. It would benefit the youth and the staff...That would be a huge benefit to our department and what we are missing now. Having access to this therapist would be critical to accurately assess these youth with mental health diagnosis. Having a professionals opinion is huge, especially in a detention setting.
(Administrator 5)

Administrator 6 recommended increasing the number of psychiatrists, therapists, and psychologists working with justice-involved youth:

Having specialized psychologists, therapists and psychiatrists that focus on youth is a gap in services for sure. There is a big difference and we just don't have enough of them. There is a difference between the juvenile brain and the adult brain, so having those specialists and trained professionals is important...I think we need more trauma informed therapists. More trauma informed providers and mental health providers. I don't think you can have enough services.

(Administrator 6)

The number of personnel trained to assess and treat youth with mental-health issues could also be increased by providing additional training to current staff:

[I think we need to improve] our own training and knowledge on different [mental-health] conditions and how to appropriately approach these types of kids and meet their needs based on their issues. Talking to them and learning their triggers and avoiding that. (Administrator 3)

Administrator 4 recommended additional training for probation officers: "I think we can make them better though more training for the probation officers. More training and understanding of mental health issues is important for probation officers." Administrator 5 also cited a need for additional training for current JJS staff:

There is a lot more training that could be done to make us better...the therapists come in and the mental health counselors come in because we don't have the

skills. We have the ability to kind of deescalate on some situations but for the most part, it's very difficult. (Administrator 5)

Administrator 6 recommended more training in interventions and prevention services for current JJS staff:

I don't think we have the specialized training, the trained professionals, we don't have enough inpatient programs for youth especially for kids with a dual diagnosis (drugs/alcohol and mental health). Again, I think a big issue is funding in Nevada and training. Also, seeing a need for the training, getting the funding and bringing trained professionals to Nevada for the kids. (Administrator 6)

Counselors. Two themes emerged from the analysis of data from counselors related to the second research question. The first theme was: *Counselors recommended adopting a validated risk and needs assessment tool to assess all youths' level of care and mental health status.* The second theme was: *Counselors recommended training juvenile justice staff in trauma-informed care.*

Theme 1: Counselors recommended adopting a validated risk and needs assessment tool to assess all youths' level of care and mental health status. Both counselors (100%) contributed to this theme. Counselor 1 recommended adopting an assessment tool that could be administered by JJS staff:

I think [adopting a validated risk and needs assessment tool] would be really wonderful and I think one that could be administered by a lay person which isn't the right term but one that could be administered by the probation officers

detaining, the admitting person, a test that will flag need but doesn't have to be done at a higher level and the reason I think that's important is really on sustainability. You can have a test where frontline people can administer it and then they can connect, and the more you know, the more diagnostic piece and prescription piece can go up to someone who's a master's level or a doctorate level. But the initial screening should be able to be administered by anybody.

(Counselor 1)

Counselor 1 explained some of the benefits of adopting an assessment tool:

A good screening measure so that then you could flag some issues or concerns and then connect to the right person. So connect for further testing or evaluation or connect for even as little as connecting them with places to get food or stay the night. You know like those more case management stuff. Which makes a huge difference. So the screening still would be the first sort of level and then you would advance levels. So advance to if we're talking just about clinical intervention the screening then would advance to an evaluation and then advance to treatment. And treatment collaborative with probation. So not, not in any way separate. It's like, no we're all in this together. Probation doesn't even know all the details. but they show up and we all talk about it together because we all want the kids to be successful in the community. (Counselor 1)

Counselor 2 said of adopting an assessment tool:

Absolutely, and I think having somebody in the juvenile detention facility to do that, so yes...Definitely a mental health clinician. I think when the kids are coming in, you want to have somebody with eyes on the issue. If you could, we just discussed this, if you could have somebody do a mental health evaluation, when you know something's wrong, so they can get quick and adequate treatment. So, pretty much focusing on diversion, or a specialty court where they can be deferred from juvenile justice and into treatment. (Counselor 2)

Theme 2: Counselors recommended training juvenile justice staff in trauma-informed care. Both counselors (100%) contributed to this theme. Counselor 1 recommended training all JJS staff to provide trauma-informed treatment:

I think a policy that has to be implemented and will be assumed that every correctional officer or probation officer is trained in trauma informed care. And the reason that's important is cause that's not so much a clinical intervention, it's a way of being with someone who's hurt and a way of talking to someone who's been hurt, which in a detention setting or even in a probation setting, we're just sort of guiding and making sure they're completing things. Knowing how to talk to someone in a manner that encourages them and is nonjudgmental and knowing things not to say or knowing when you need to back off, those skills are critical. So, I really want to move to more policy of everybody who works in a juvenile or justice program, criminal justice, is trained in trauma informed care.

(Counselor 1)

Asked how trauma-informed training for JJS staff should be implemented, she answered:

Trauma informed care for every single person that interacts with the kids...It would be a requirement to be a probation officer. I think, when an officer gets hired they should receive Trauma Informed care training and every other year renewal it. Sort of like CPR. You know, you're gonna see it and you're gonna deal with it every day so you should have the skills to do it. Then you won't feel scared or overwhelmed. It's like when you get CPR, you still feel scared if someone's choking but you'll know to deal with this. You can say, I know what's going on and I don't have to panic. (Counselor 1)

Counselor 2 stated that a key to providing better care for youth with trauma-related mental-health issues was, people getting trained. Also probation staff getting trained...to bring it down...because when you're yelling and screaming and you have your hand on your gun and flashlights in [children's] eyes, and its just gets them all riled up. So, just turning everything down is important. So I think that's the direction, in research based, evidence based practices...There needs to be more awareness and awareness would begin in the legislature. Maybe even more funding for this kind of training would be good.

With trauma informed care can take a look at why are these kids who are seriously mentally ill in detention. So the system, it has to be a system wide approach.

(Counselor 2)

Triangulation and summary. The second research question was: What suggestions for improvements would you recommend based on your experience with the

juvenile justice system for youth affected by trauma-inspired mental health issues so that they are adequately assessed and treated? Data from parent interviews indicated that parents recommended that assessment and treatment services should address all aspects of a child's life, with interventions provided at school, at home, during detention, and during the transition from detention to home. Data from administrator interviews indicated three recommendations, including: adopting a validated risk and needs assessment tool to assess all youths' level of care and mental health status; treating youth with mental-health issues separately from other justice-involved youth, and; increasing the number of personnel who are trained to assess and treat youth with mental-health issues. Triangulation of data from parent and administrator interviews indicated that both groups of stakeholders agreed that JJS staff should be trained to identify and assess children with trauma-related mental-health issues and to assist these youth, preferably in a separate program staffed with personnel who are trained in trauma-informed care.

Data from counselor interviews indicated two recommendations, including: adopting a validated risk and needs assessment tool to assess all youths' level of care and mental health status, and; training juvenile justice staff in trauma-informed care.

Triangulation of data from counselor interviews with data from parent and administrator interviews confirmed that a need exists for the adoption of a validated risk and needs assessment tool to assess all youths' level of care and mental health status, and that assessment and treatment of mental-health youth would be improved if JJS personnel were trained in trauma-informed care. Triangulation also confirmed that mental-health

youth need to be treated differently and (ideally) separately from other justice-involved youth, and that alternatives to detention such as diversion programs, intensive outpatient facilities, and group therapy for mental-health youth may be the best means of achieving this. It is important that a sufficient number of psychiatrists, counselors, and JJS staff are trained in trauma-informed care are available.

Summary

The purpose of this case study was to examine the interventions and prevention services available in juvenile justice system for juveniles with trauma-inspired mental health issues from the perspectives of three stakeholders, counselors, administrators, and parents. To achieve this, two semi-structured, one-on-one interviews were conducted with six administrators, eight parents, and two counselors. Two research questions were used to guide the study.

The first research question was: What are the issues related to the adequacy of the current interventions and prevention services available in juvenile justice system for juveniles with trauma-inspired mental health issues? Triangulation of data from the three stakeholder groups indicated that the juvenile justice system is adequate at identifying youth with mental-health issues and giving referrals to behavioral-health providers for interventions and prevention services. However, JJS staff do not have the training to provide adequate interventions and prevention services themselves, and behavioral-health providers who work with justice-involved youth do not provide adequate services when they do not accept stakeholder input, keep stakeholders informed, or provide consistent,

long-term interventions.

The second research question was: What suggestions can be implemented for further improvement in the juvenile justice system for youth affected by trauma-inspired mental health issues so that they are adequately assessed and treated? Triangulation of data from the three stakeholder groups indicated that a need exists for the adoption of a validated risk and needs assessment tool to assess all youths' level of care and mental health status, and that assessment and treatment of mental-health youth would be improved if JJS personnel were trained in trauma-informed care. Additionally, mental-health youth need to be treated differently and (ideally) separately from other justice-involved youth, and alternatives to detention such as diversion programs, intensive outpatient facilities, and group therapy for mental-health youth may be the best means of achieving this, provided that a sufficient number of psychiatrists, counselors, and JJS staff trained in trauma-informed care are available.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The main problem regarding the juvenile justice system is a lack of interventions and policies associated with interventions and prevention services available for

incarcerated youth with trauma-inspired mental health issues (Chaplo, Kerig, Bennett, & Modrowski, 2015; Fox, Perez, Cass, Baglivio & Epps, 2015; Stimmel, Cruise, Ford & Weiss, 2014). Such problems may lead to further traumatization of youth who are already suffering from mental health issues due to the fact the incarceration itself can already be traumatic (Abram et al., 2004). Thus, the purpose of this case study was to examine the interventions and prevention services available in juvenile justice system for juveniles with trauma-inspired mental health issues from the perspectives of three stakeholders: counselors, administrators, and parents. Data collection was focused on the stakeholders associated with youths in the Nevada State Juvenile Justice system. The main goal was to understand which areas in policies and interventions must be improved on the juvenile justice system for youth affected by trauma-inspired mental health issues, and to be able to provide appropriate assessments for these mental health issues. The participants included eight parents of justice-involved youth, four juvenile probation officers, one juvenile detention manager, one juvenile justice court judge, and two licensed clinical social workers. The interviews were analyzed using a six-step procedure for thematic analysis as described by Braun and Clarke (2006).

Two research questions were used to guide the case study:

RQ1: What are the issues related to the adequacy of the current interventions and prevention services available in juvenile justice system for juveniles with trauma-inspired mental health issues?

RQ2: What suggestions can be implemented for further improvement in the juvenile justice system for youth affected by trauma-inspired mental health issues so that they are adequately assessed and treated?

Results of the analysis revealed themes based on the different perspectives of parents, administrators, and counselors associated with justice-involved youth. Research question one explored the perceived adequacy of the current intervention and prevention services of the juvenile justice system. Triangulated data for the themes revealed in RQ1 showed that the juvenile justice system is adequate at identifying youth with mental health issues and giving referrals in regard to behavioral-health providers for interventions and prevention services. Despite this, the participants perceived the need for further training to provide appropriate interventions and prevention services and that input from all stakeholders must be considered in these interventions.

Research question two determined the different recommendations from stakeholders regarding the improvements for the current juvenile justice system. Triangulation of data from the three groups of participants revealed that there exists a need for the utilization of validated risk and needs assessment tools to assess all youths' level of care and mental health status, and such procedure would be improved by further training the JJS staff especially in trauma-informed care. In addition, the participants perceived the necessity of segregating justice-involved youth and youth who have mental health issues by adopting diversion programs, intensive outpatient facilities, and group

therapy. Positive outcomes for these could only happen provided that there are enough psychiatrists, counselors, and JJS staff trained in trauma-informed care.

These findings offered insights on the current strengths and points of improvement of the juvenile justice system especially in the situation of incarcerated youth with mental health issues. This also provides evidence on possible policy and institutional changes that the juvenile justice systems must undertake to provide a more inclusive and adequate trauma-informed care for the youth. In the following sub-section, the themes revealed in the results are interpreted in light of the current literature on trauma. In addition, the discussion is based on the research questions.

Interpretation of Findings

In this subsection, each theme revealed is discussed within the broader context of the literature on the juvenile justice system, trauma, and mental health issues among incarcerated youth. Thus, it is important to understand how the stakeholders (i.e. parents, administrators, and counselors) perceived the adequacy of the current juvenile justice system, and recognize the areas for improvement to be able to provide appropriate interventions and prevention services for the youth. The discussion is based on the research questions that guided the study. The first research question explored the perceptions on the juvenile justice system while the second research questions determined different recommendations for the improvement of the current justice system.

Perceptions on the Juvenile Justice System

As mentioned, research question 1 examined how the parents, administrators, and counselors perceived the current juvenile justice system. Themes were separated based on the perceptions of the stakeholders. This is quite interesting because recognizing how parents, administrators, and counselors perceived the juvenile justice system provide nuanced understanding of how each stakeholder interpret their experiences with incarcerated youth with mental health issues.

For parents, two themes emerged, namely: (a) *the current interventions and prevention services are perceived as inadequate when they are applied too leniently or without input from stakeholders*, and (b) *the current interventions and prevention services are perceived as adequate when assessments are conducted and alternatives to detention are used*. These showed how parents are concerned with the strict adherence to the guidelines of interventions, and how alternatives and input from others are valuable assessments of their children's mental health. This add support to the notion that parenting is essential in the youth's rates of detainment (Kates, Gerber, & Casey, 2014). A clear understanding of a mental health disorder, in terms of how an individual behaves, is vital in developing screening interventions to accurately determine whether the offender must be placed into mental health care or the juvenile justice system (Kates et al., 2014).

As such, for the parents, the value is focused on the stringency of the interventions and external feedback from all stakeholders. This is congruent with

Roberts' and Bender's (2016), who indicated that a more comprehensive mental health assessment requires screening instruments that involved the youth's psychosocial functions, mental health, and personality characteristics. These will help in the clarification of the mental health needs of the youth and the setting up of treatment plans that are appropriate to the children's current mental health status (Roberts & Bender, 2016).

In the case of administrators, two themes also emerged: (a) *interventions and prevention services are perceived as inadequate when personnel with necessary expertise are not available*, and (b) *juvenile justice staff are perceived as effective at identifying children who need interventions and prevention services*. These themes indicate that administrators are more concerned with the skills of the staff and their effectiveness – or lack thereof – in assessing the mental health issues of the youth. Essentially, based on these themes, administrators are more concerned with the competencies of the juvenile justice staff in properly addressing the specific needs of youth involved with the juvenile justice system. In comparison to the parents, whose focus is on adherence and involvement of all stakeholders, the administrators come from a management perspective – and how the capabilities of the staff influence the adequacy of the current juvenile justice system.

These themes on the perceptions of administrators offered additional insights on Olafson et al.'s (2016) notion that social and educational outcomes of youth in detention centers are focused on the responsibility of the staff on the safety and care of the children.

Minimizing traumatization of the youth in such place entails the adoption of trauma-informed care (Olafson et al., 2016), which consequently requires skilled practitioners and staff. In addition, training staff in handling these cases can help improve the experiences of youth that are basically traumatized in detention. This is because the staff's involvement with incarcerated youth may pose a risk on the children's ongoing emotional, developmental, academic, and behavioral problems (Dierkhising, Lane, & Natsuaki, 2014; Ford et al., 2016).

For counselors, the emerging themes were: (a) *the juvenile justice system is becoming more effective at working with behavioral health services to provide interventions and prevention* and (b) *juvenile justice staff do not have enough training to make interventions and prevention services adequate*. These themes demonstrated that the main focuses of the participating counselors involved the effectiveness of the current health services and the lack of training of juvenile justice staff to provide these services. Although the first theme can be construed on a positive note, it is still downplayed by the perceived lack of competencies of the staff working with justice-involved youth with mental health issues.

The counselors' perspectives offer supporting evidence on the connection of between traumatized youth and juvenile justice involvement (Dierkhising et al., 2013). Trauma can have a negative impact on children's development (Dierkhising et al., 2013), and as such, it is the responsibility of juvenile justice systems to highlight the challenges critical in addressing the mental health issues of these juveniles (Dierkhising et al., 2013).

While incarceration can already induce trauma to the youth (Mendel, 2011) and incarceration could be toxic and ineffective to juveniles as recidivism rates were high (Duke, Pettingell, McMorris and Borowsky, 2010), mental health solutions must still be integrated within the juvenile justice system to appropriately address these problems among the youth. Many researchers have presented data that has indicated that juvenile correction facilities do not reduce the criminality of troubled youth (Burriss et al., 2011; Espinosa et al., 2013; Lacey, 2013). As such, the effectiveness of such systems does not only depend on the comprehensive and evidence-based interventions being offered, but also to the competencies of the social workers and practitioners involved with these youths.

Triangulation of the emerging themes for research question one showed that all three groups of participants perceived the efficiency of JJS staff at identifying youth with mental health issues, although the staff do not have enough training to provide the interventions and prevention services needed by these youths. In addition, they perceived effectiveness when the mental health providers gather input from all stakeholders and keep them informed of the services and progress of the children. These confirmed the notion that it is critical that justice-involved youth, especially those who have been exposed to trauma and are suffering from a mental health condition, receive the appropriate treatment services both in the system and upon their discharge from the system (Burriss et al., 2011). Literature showed that children with disorganized attachments have been seen to have higher likelihoods of externalizing behavioral

problems that could lead to them being referred to the juvenile justice system (Beeney et al., 2016; Lecompte & Moss, 2014; Obsuth et al., 2014). Thus, providing adequate risk and needs assessment to address the mental health issues of incarcerated youth is vital in ensuring that the children will not be re-traumatized. The participants perceived the vital role of training the skills and competencies of the staff to provide such services to the justice-involved youth. In the next subsection, the themes that emerged regarding the recommendations on the improvements for the juvenile justice system are discussed based on the current literature.

(a) Improvements of the Juvenile Justice System

The juvenile justice system has struggled with best practices for addressing the needs of detained and adjudicated youth (Burriss et al., 2011). Due to the challenges faced by the stakeholders involved with justice-involved youth with mental health issues, research question two determined how parents, administrators, and counselors perceived the different areas for improvement in regards to the current juvenile justice system in place. Similar to research question one, the emerging themes are based on the perceptions of the parents, administrators, and counselors individually.

For parents, one emerging theme demonstrated their perception on what to improve: *parents suggested that assessment and treatment services should address all aspects of child's life*. This showed how the parents' perception on the improvements focuses on the overall well-being of their children, which is consequential for a parent's perspective. This is also related to how the parents perceived adequacy of interventions

and prevention services when input from parents, administrators, and counselors are collated for the betterment of the children. This theme demonstrated that for parents, the welfare of their children must be prioritized by considering all aspects of the child's life.

Such perspective confirms that notion that parents, as attachment figures, interacts with their children in such a way as to develop their identity, learning, and emotional responses to the world (Bowlby, 1969) by considering every aspect of their children's life and integrating them with the interventions and prevention services. This is because consistent and reliable interactions between caregiver and offspring promote the development of healthy skills that could help them cope more effectively when they face challenging experiences (Bowlby, 1969; 1988). It was found that traumatic experiences have profound effects on the children's development and adjustment mentally (Olafson et al., 2013). In the case of trauma-informed care for incarcerated youth, psychosocial interventions must be equipped with regulations that address specific therapeutic needs of children who are traumatized (Ford et al., 2015). It is only apt that parents perceived the need to include the different aspects of the child's life in developing interventions for justice-involved children.

For administrators, improvement of the juvenile justice system involved the following emerging themes: (a) *administrators recommended the adoption of a validated risk and needs assessment tool to asses all youths' level of care and mental health status*, (b) *administrators recommended that youth with mental-health issues be treated separately from other justice-involved youth*, and (c) *administrators recommended*

increasing the number of personnel who are trained to assess and treat youth with mental health issue. In comparison to the parents' concerns about the overall well-being of the children, administrators are more focused on the different regulations and rules that consist the juvenile justice system, which includes instrumentations for assessment, delineation of mental health issues and justice-involved issues, and the quality and quantity of the juvenile justice staff. This connotes a focus on the managerial side of the juvenile justice system that highlights systematic and personnel changes to improve the services provided.

These themes are congruent to the mental, emotional, and behavioral needs of justice-involved youth with mental health issues (Kates, Gerber, & Casey, 2014). It is known that in addition to the large expenses incurred by taxpayers for these youths' care within the system, the youths themselves are unable to procure the medical attention they require, which makes them even more susceptible to the effects of their disorders (Lacey, 2013; Monden et al., 2013; Trost et al., 2015). As such, administrators are tasked to provide sufficient interventions and prevention services for youths so that the children are not re-traumatized, which could make the mental health disorders more resilient (Ford & Blaustein, 2013). Policy changes involving systems that govern how justice-involved youth problems are addressed should entail improvements in assessment methods and development of the skills and competencies of the staff. Another interesting notion for the administrators' perspectives is the notion that addressing the mental health issues of youth involved a nuancing of needs between mental health youth and justice-involved

youth. This entails dismissing a one-size-fits-all solution and adopt intervention models that are extensive enough to address the general and specific needs of youths. Future researchers ought to look into this solution, as it a promising position in light of the challenges that the mental health care faces in regards to addressing the mental health issues of incarcerated youth.

For counselors, the emerging themes are: (a) *counselors recommended adopting a risk and needs assessment tool to assess all youths' level of care and mental health status* and (b) *counselors recommended training juvenile staff in trauma-informed care*. These themes are similar with the perceptions of administrators, especially the first theme. However, it must be noted that while administrator believed that further improvement also depends on increasing the number of professionals competent enough to address the needs of the youth, counselors are more particular with the field of expertise of these professionals – that is, counselors believed that the staff must be skilled with trauma-informed care to improve the intervention and prevention services.

Such nuancing of perspectives is vital in understanding where the counselors are coming from, in that they are more hands-on regarding the care and intervention that the youths received compared to the role of administrators. The focus on trauma-informed care confirms the need for interventions to adopt a trauma-informed approach to a program, organization, or system (Cavanaugh, 2016). Improving competencies of works regarding trauma-informed care involves the following steps (Cavanaugh, 2016): (a) realization of the widespread impact of trauma and understanding regarding the potential

paths for recovery; (b) recognition of signs and symptoms of trauma in the client, families, staffs, and others involved in the system; (c) full integration of knowledge about trauma into policies, procedures, and practices; and (d) active resistance to traumatization.

Triangulated analysis of the perspectives for research question two confirm the steps on the application of trauma-informed procedures into a system or program (Cavanaugh, 2016). The participants perceived the need to adopt a validated risk and needs assessment tool to assess all youths' level of care and mental health status, which can also be connected to prioritizing the overall welfare of the children. Improving the competencies and skills of the staff fall on the notion that knowledge must be fully integrated into the policies, procedures, and practices of the juvenile justice system (Cavanaugh, 2016). The need to separate the mental-health youth and justice-involved youth is congruent to the notion that the juvenile justice system and mental health professionals must collaborate to address the needs of the juvenile offenders effectively (Rapp, 2016). Thus, the best means of achieving these improvements is by increasing the number of professionals and appropriate training to develop their skills in addressing the needs of incarcerated youth with mental health issues.

In summary, the emerging themes demonstrated how the parents, administrators, and counselors perceived the juvenile justice systems. These themes allowed for the nuancing of priorities and perspectives of the individual participants, while the triangulation highlighted the points of similarities among the different perspectives.

Based on the emerging themes, the parents believe that the overall welfare of the children must be considered by involving all stakeholders in the intervention. Administrators are more concerned with policies and procedures, as reflected by the belief that increasing the number of competent professionals and changing policies are vital to address the mental health issues of incarcerated youth. For counselors, the need for trauma-informed care is vital for the incarcerated youth, and can be achieved by training the staff to be well-informed regarding trauma-inspired collaborations. The limitations of the study are discussed in the next subsection.

Limitations of the Study

Despite the insights from the study, the findings must still be interpreted in light of the limitations of the current study. One main limitation of the study is the conceptual fit of the theoretical framework, particularly of the attachment theory, on the research questions that were used to guide the study. As discussed, attachment theory provides a possible explanation how parents and offspring interact with each other in service of their evolutionary goals (Bowlby, 1969). However, the research questions mainly focused on perspectives on the adequacy of the current juvenile justice system in addressing the needs of mental health youth. While the emerging themes provided insightful data on the perspectives of the stakeholders, it was difficult to contextualize these themes in terms of attachment due to the fact that almost all the themes dealt with policies, procedures, and practices. Perhaps this could have been addressed by adding questions that relate to the

attachment dynamics of parents, administrators, and counselors with the justice-involved youths with mental health issues.

Another limitation, which has been briefly discussed in chapter one, is the generalizability due to the geographic location of the study. Due to the focus on the geographic location, it cannot be said that the experiences and perspectives of the parents, administrators, and counselors in this are similar to the experiences of stakeholders in other states. This is because each state may have different external factors that impinge upon the experiences and beliefs of the stakeholders. To address this, future studies ought to look into another geographic location and understand what the similarities and differences are of the same population.

In relation to the theoretical limitations, it had been difficult to infer explicit relationships between the themes due to the research approach of the study. While a qualitative case study is vital in understanding the experiences of the stakeholders regarding the juvenile justice system, one cannot conclude how these themes are related to one another. Thus, it would be helpful if future studies utilize a quantitative approach to understand how these themes and variables are related to each other, or if they are mediators and predictors of the effectiveness of the juvenile justice system.

To summary, the limitations of the current study involved the conceptual fit of the theoretical framework and the research questions, the generalizability of the data, and the inference of explicit relationships among the themes. To address this, future studies ought

to adopt a quantitative approach to understand the correlations of these variables and other geographic locations to compare the results of the study.

Recommendations

Based on the strengths and limitations of the study, future researchers are recommended to adopt a quantitative approach to enrich the theoretical implications of the current emerging themes revealed. An analysis of variance (ANOVA) would be beneficial in understanding how various groups differ in terms of their perspectives, and how these variables relate to one another. This way, knowledge on the predictors and mediators can be obtained and improve the current literature on trauma-informed care for incarcerated youths. The link between being exposed to trauma and delinquent and aggressive behaviors has been well-established in the literature (Rapp, 2016). However, the juvenile justice system has lagged behind these new insights, and have inadvertently aggravated the traumas of many of their youths by treating them as just any other offender, and not what they are, namely, a patient in need of medical help.

Another recommendation involves the application of the methodology on a different geographic location, which will address the limitation on generalizability of the current study. By looking into various geographic locations, future researchers will be able to nuance the perspectives of various groups of people based on their perspectives regarding the juvenile justice system. This may help in gathering extensive data for nationwide policy changes on the juvenile justice system. As mentioned, it is important to

understand the specific and general needs of justice-involved children and mental-health youth, because a one-size-fits-all solution is not optimal for this.

Future researchers are also encouraged to understand how the youth themselves perceived their lived experiences with the juvenile justice system. While the current study provided rich data on the different perspectives of the stakeholder, one important perspective was missing – and that is of the incarcerated youth themselves. It would be interesting to study how justice-involved youth navigate and reconcile their experiences given the trauma that they deal or have dealt with during incarceration. This would also entail a qualitative approach so that researchers can understand the meaning-making processes of incarcerated youth that are suffering from trauma.

Implications

The current study offers theoretical knowledge on how the stakeholders perceived the juvenile justice system. This is important especially in ensuring appropriate policy and procedural changes that integrate trauma-informed care into the juvenile justice system. Such knowledge allows different individuals to address the challenges in addressing the mental health issues of justice-involved youth. By gathering, comparing, and contrasting these perspectives, rich, evidence-based data were obtained for the benefit of institutions, practitioners, parents, and the youth themselves.

In the organizational level, institutions can benefit from these findings by recognizing the vital role of trauma-informed care in addressing the general and specific needs of the youth. In addition, it was established that not only do organizations need

more professionals, but more importantly, institutions should recruit competent practitioners to ensure the success of the interventions and prevention services offered to mental health youth. Despite the established importance of trauma exposure in child development, psychopathology, and functioning, the epidemiology of childhood traumatic events remains inadequately understood due to the multiplicity of traumatic experiences, lack of national surveillance efforts, and conceptual and methodological variance among studies (Saunders & Adams, 2014). This also implies institutional policy and procedural changes regarding the different instrumentation tools and assessment procedures being done. This way, appropriate interventions and treatment are given to the youth with mental health issues.

It is also vital for parents to understand their role in the intervention being received by their children. Parents are usually the main attachment figures of their children (Bowlby, 1969), which only showcases how vital they are in their children's emotional, personal, and mental development. The current study showed that the main concern of the parents is the overall welfare of the child in relation to the interventions they receive. Thus, it is important that parents are extremely involved and invested in the treatment of their children.

For practitioners, the study's findings highlight the importance of developing trauma-informed interventions to address the needs and welfare of justice-involved children with mental health issues. Research has shown that an astonishing number of justice-involved youths have experienced some sort of trauma which usually occurred

within the first five years of their lives (Stewart, 2013). As such, researchers are recommended to look for ways to improve the current system in juvenile justices by integrating them with trauma-informed theories and practices for a more comprehensive policy.

Conclusion

It has been proven that trauma can have a negative impact on children's development. Children run the risk of developing mental health disorders when trauma goes untreated. Therefore, the objective of this study was to understand how the interventions and prevention services available in the juvenile justice system with trauma-inspired mental health issue are perceived by the parents, the administrators, and the counselors. This chapter provides the perceptions of the juvenile justice system through the eyes of the stakeholders. To obtain results, the data collected in this study were separated based on the perception of the participants.

Results showed that each stakeholder's concerns highlight their role on the lives of the children and in relation to the juvenile justice system. Parents prioritize their children's welfare regarding the assessments received. Administrators are more concerned with policy and procedural changes and improvements. Counselors emphasize the importance of adopting trauma-informed care and improving the competencies of the professionals in relation to trauma-inspired collaborations.

Improvements for the juvenile justice system are also mentioned, as the juvenile justice system has struggled with best practices for dealing with the needs of detained and

adjudicated youth. Recommendations for future research involve looking into different geographic locations, quantitative analysis of different variables, and understanding how the youth themselves perceived the juvenile justice system. Implications for this study include addressing recommended future policy and procedural changes that integrate trauma informed care. This study's findings highlight the importance of developing trauma-informed interventions to address the needs and welfare of justice involved youth with mental health issues.

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Appendix A: Introduction to the Study

Name of Participant:

Date:

Address:

Dear (Name)

My name is Ali Banister and I am a doctoral candidate at Walden University. I am conducting dissertation research on the Trauma, Mental Health and Juvenile Justice and the impact mental health plays in the juvenile justice system. There are a vast number of studies detailing both trauma on youth and mental health issues in adolescents. But the research that is lacking is how to properly screen, assess and divert mental health youth out of the juvenile justice system. Also, how to provide these youth with the proper treatment and systems of care. This research will provide insight into what resource could benefit this these type of youth and what program people will serve this population best.

Your assistance in conducting this much needed research is important. However, I realize your time is important, therefore, please let me know if you have any questions or concerns. In order to fully understand your experience, we need to meet on three separate occasions for approximately one hour each meeting. Meetings can be held at a location of your choosing and will not require you to do anything you don't feel comfortable doing. The meeting are designed to simply get to know you and learn about

you're your role in the juvenile justice system. All information gathered during our meeting will be kept strictly confidential.

Please contact me at your earliest convenience to schedule a date and time that we can meet. My telephone number is 775-316-0373. You can also email be at ali.banister@waldenu.edu. I look forward to hearing for you.

Ali Banister

Doctoral Candidate

Walden University

Appendix B: Research Information and Consent Form

The focus of this study is on trauma, mental health and juvenile justice, and the impact mental health plays in the juvenile justice system. Unfortunately, childhood trauma is common in the United States. Therefore, it is essential to continue to develop effective treatment methods and come up with a plan to decrease this problem. This study will use qualitative interviews with children's mental health clinicians, juvenile justice officials, and parents of justice involved youth to investigate what treatment methods are used to work with children with histories of trauma and mental health disorders, specifically focusing on justice-involved youth. We will look at what interventions are working and what are not. Based on your current or previous occupation and experience working with children, you are invited to participate in this research study. The criteria used for choosing research subjects is that participants must have had experience working directly with justice-involved youth or the research subjects must work in the juvenile justice field or education system or a parent of a justice-involved youth. Experience can be as a parent, juvenile justice official or mental health clinician.

Background Information

Prior research suggests that traumatic experiences such as psychological and/or emotional abuse/physical and loss, have been demonstrated to be associated with post-traumatic symptoms and impairments in children. Researchers have also found that youth who suffers from mental illness are more likely to come into contact with the juvenile justice system, resulting in expended resources on adjudicating and incarcerating youth.

This study aims to address how to divert these youth from the juvenile justice system and reduce the rate of undiagnosed mental health issues that result in incarceration. Using qualitative interviews of children's mental health clinicians, this study will examine that impact of trauma on justice-involved youth using the experiences of current children's mental health clinicians. This study will also provide information to juvenile justice staff, parents and education system employees. The overall goal of this study is to increase awareness about the impact that trauma exposure can have across a child's lifespan, to investigate current treatment methods, and examine the impact of early interventions to avoid contact with the juvenile justice system.

Procedures

Subjects are expected to meet at a location of his or her choosing for a one hour interview on two separate occasions. Each subject is expected to answer between five and ten open-ended questions based on his or her experience dealing with justice-involved youth, specifically focusing on mental health disorders and trauma. These interviews will be audio-recorded and later transcribed.

Risks and Benefits

In order to minimize risk to participants, this study does will not have any direct contact with children. Instead, this research study will focus on the interpretations and perspectives of experienced mental health clinicians, juvenile justice staff, parents and education system employees. The data collected will be based on professional's interpretation of youth's contact with the juvenile justice system. Other information

collected during the interviews of the juvenile justice staff, parents and education system employees. Discussion about childhood trauma may invoke feelings of sadness, guilt, or helplessness in the mental health clinicians, juvenile justice staff, parents and education system employees. There are no direct benefits to you for participating in this research.

Confidentiality

The data and records will be kept in the researcher's office on a secure password protected external hard drive that will be stored in a locked file cabinet. The researcher is the only one with a key to the file cabinet and is the only one with the password to the external hard drive. The data and records will be kept until January 1, 2019 at which point they will be completely deleted from the researchers external hard drive and any documentation shredded. The researcher and other people selected to assist in the research will be the only people with access to the data and records.

Voluntary Nature of the Study

You are free to skip any questions that may be asked and there are no exceptions.

New Information

If during the course of this research study I learn about new findings that might influence your willingness to continue participating in the study, you will immediately be informed of those findings.

Right to Refuse or Withdraw

The decision to participate in this study is entirely up to you. You may refuse to take part in the study at any time without affecting your relationship with the researcher.

There will be no penalty to you for deciding to withdraw from the study. You have the right not to answer any single question, as well as to withdraw completely from the interview at any point during the process; additionally, you have the right to request that the interviewer not use any of your interview material.

Right to Ask Questions and Report Concerns

You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, Ali Banister at ali.banister@waldenu.edu or by telephone at 775-316-0373. If you have any other concerns about your rights as a research participant that have not been answered, you may contact the IRB at irb@mail.waldenu.edu. Should you have any problems and/or concerns that occur as a result of your participation, you can report them to the IRB at irb@mail.waldenu.edu.

Contacts and questions:

Researcher name: Ali Banister

Researcher email: ali.banister@waldenu.edu

Researcher phone: 775-316-0373

Walden University IRB Office Email: irb@waldenu.edu

You may keep a copy of this form for your records.

Statement of Consent

You are making a decision whether or not to participate. Your signature indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may withdraw from the study at any time and no further data will be collected.

I consent to participate in the study and I agree to be audio recorded.

Signature of Participant

Date

Signature of Parent, Legal Guardian, or Witness

Date

(if applicable, otherwise delete this line)

Signature of Researcher

Date

Appendix C: Interview Questions

Interview Protocol 1

Date:

Location:

Name of Interviewer:

Name of Interviewee:

Interview Number: One (For All Participants Except Parents) Informal Interview

1. Please briefly introduce yourself, your background, education and any information you wish me to understand about childhood trauma.
2. Please describe your responsibilities as a juvenile justice official/practitioner/mental health counselor or juvenile justice official. How long have you worked in this capacity?
3. Why did you get involved in your profession?
4. Do you enjoy your profession? Why or why not?
5. What is the most rewarding part of your job?
6. If you were to advocate for a youth with mental health disorders who are involved in the juvenile justice system, what policies would you want to consider and what services would you like to provide?

7. What do you feel is the worst approach when dealing with mental health youth
8. Please describe the demographics of the youth you work with.
9. What has your experience been working with children with mental health disorders who are involved with the juvenile justice system? What treatment methods do you use?
10. What services and resources do you believe would best address trauma exposed youth and help adolescents avoid incarceration?

Interview Protocol 2

Date:

Location:

Name of Interviewer:

Name of Interviewee:

Interview Number: One (For Parents) Informal Interview

1. Hi, how are you? Tell me briefly about yourself and what you do for a living.
2. How would you describe your roll as a parent?
3. How would you describe your relationship with you child?
4. What kind of activities to you do with your child?
5. What kind of rewards systems do you have for you child?

Interview Protocol 3

Date:

Location:

Name of Interviewer:

Name of Interviewee:

Interview Number: **Two/Three (For All Participants Except Parents)**

1. Do you feel that many of the youth you work with suffer from PTSD or some sort of trauma? If so how can you tell?
2. Why do you think many youth with trauma and mental health issues are referred to the Juvenile Justice system?
3. Do you see mental health as a rising problem in the State of Nevada and especially within the Juvenile Justice system?
4. Do you feel that the Juvenile Justice system has the proper treatment and services to treat trauma and mental health youth?
5. Do you think that juvenile justice staff are equipped to deal with mental health youth? Do you believe they have the proper training and skills base to address they needs of these youth?

6. Are you familiar with the diversion process in the juvenile justice system? Do you feel diversion would be a useful tool in the juvenile justice system to better meet the needs of these youth?
7. Do you feel that adopting a validated risk and needs assessment tool to assess all youth's level of care/mental health status would help better serve the youth you are working with?

Interview Protocol 4

Date:

Location:

Name of Interviewer:

Name of Interviewee:

Interview Number: Two/Three (For Parents)

1. In your experience, do you feel that the juvenile justice system has the proper treatment programs to meet the needs of youth suffering from mental health issues?
2. Do you feel that the probation department has the proper training and education to meet the needs of your child?
3. Do you personally see mental health as a rising problem in the State of Nevada?
4. Why do you think that many youth with trauma and mental health are referred the Juvenile Justice system?
5. Would you have like to have seen a risk and needs assessment done on your child prior to court/ or informal hearing? This would have provided a level of care, overall risk level and given you information on your child's risk to the community, and been completed by the probation department.

6. In an ideal world, what would you like to see for your child? Do you feel programs would benefit he/she?