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Community-based counselors' Experiences Counseling Female Adjudicated Youth: A Basic Qualitative Study

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Walden University

College of Counselor Education & Supervision

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Ericka S. Pinckney

has been found to be complete and satisfactory in all respects,
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Walden University
2020

Abstract

Community-based counselors’ Experiences Counseling Female Adjudicated Youth: A Basic Qualitative Study

by

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MA, Shippensburg University, 2008

BS, Shippensburg University, 2004

AA, Harrisburg Area Community College, 2002

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counseling Education and Supervision (CES)

Walden University

May, 2020

Abstract

Licensed professional counselors (LPCs) have encountered difficulties engaging at-risk youth in meaningful treatment. Youth who faced great stress such as abuse, neglect, truancy, family problems, homelessness, and traumatic events have presented with challenging behaviors. Literature suggested adjudicated youth engaged in relational and physical aggression; these behaviors increased the risk for out-of-home placement. Research on community based LPCs' professional experiences in working with adjudicated female youth is scarce. The purpose of this basic qualitative study was to explore community-based counselors' experiences treating female adjudicated youth. Professional counselors' techniques and strategies were explored. The relational-cultural theory provided the conceptual lens through which the study is viewed. Twelve professional counselors consented to 1-hour semistructured phone interviews. Thematic analysis prompted the emergence of three global themes related to meaningful treatment: (a) therapeutic strategies, (b) cross-system collaboration, and (c) expressions of aggression. Building trust and listening to stories is the cornerstone of this inquiry as participants report there is no positive outcome if youth and families do not trust the therapist. LPCs reported resistance from families who did not want an "outsider" entering their home providing treatment, as well as pressure from court systems or schools to "fix the kid" quickly. Participants spoke to the importance of understanding that building trust takes time, and it does not always fit into the ideal service authorization timeline. Results of this study contributes to empirical literature on counseling female adjudicated youth and has the potential to impact public health and safety.

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Dedication

I dedicate this dissertation to my best friend Yeshua – Jesus Christ, who sustained my entire life throughout this journey without his strength, protection, and guidance none of this would be possible. I dedicate this dissertation to my loving and supportive parents, son, brothers, sister, aunts, uncles, god-sisters, nieces, nephews, cousins, friends, neighbors, sorority sisters, church family, sister-friends, therapist, fur babies, TJMS – Practice Team family, 717, black excellence, community, colleagues, dedicated supporters, and deceased loved ones. I am forever appreciative of every prayer, word of encouragement, constructive feedback, and criticism.

To the community-based counselors providing mindful and meaningful treatment I appreciate you, thank you, please continue to present excellence in mental health treatment, while gatekeeping to ensure for consistency in care throughout the profession. I dedicate this dissertation to the youth and families who have entrusted me to serve over the course of my seventeen-year mental health career. Last but certainly not least, I dedicate this dissertation to the focus population of female "at-risk" "mean girl" "sassy" "adjudicated" youth who present with aggression. Just know I care; I will continue working to shed light on the need for trauma-informed treatment to best meet your needs. I want to see you acknowledge and grow past your trauma, pain, being described as misunderstood angry girls, to mindful, confident, creative, assertive, beautiful women.

"For I know the plans I have for you,' declares the Lord, 'plans to prosper you and not to harm you, plans to give you hope and a future." Jeremiah 29:11

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Thank you, doctoral committee, for your insight, feedback, and leadership. I am a stronger scholar-practitioner because of this experience. Thank you again to the participants of this study, thank you for your time, and rich details of your experiences counseling female adjudicated youth who present with aggression. Special thank you to the editors who assisted with my writing process, Professor Elisa Affantano editor of my abstract, chapter two and five you were terrific to work with throughout this journey. Thank you to Melissa Moseley-Cullum, chapter 4 editor your feedback and attention to detail enhanced the section. I am indeed grateful for your both of your efforts.

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Chapter 1: Introduction to the Study

Introduction

Insufficient research currently exist that offers support to licensed professional counselors (LPCs) who treat female adjudicated youth who present with relational aggression. In addition, literature suggested counselors who serve this population must utilize a unique set of skills to treat girls and women with physical and relational aggression (Lansford et al., 2012; Nicoll, 2014; Taylor & Borduin, 2014).

The purpose of this study was to understand how LPCs' engage female adjudicated youth who present physical and relational aggression in meaningful treatment and learn what specific techniques, strategies, and approaches counselors utilize. I also explored LPCs' successes and challenges in serving this population. The results of this study will help define what is suggested practice for LPCs who treat female adjudicated youth. Understanding professional counselors' practice on how to engage these at-risk girls in treatment and what strategies work well has the potential of helping them to disengage from criminal or at-risk behaviors and develop healthier ways of coping and behaving (Bronfenbrenner, 1979; Cannon, Hammer, Reicherzer, & Gilliam, 2012; Capella &Weinstein, 2006; Duerden & Witt, 2010; Haley, 1979; Kolbert, Field, Crothers, & Schreiber, 2009; Minuchin, 1974; Okamoto, 2004; Taylor & Borduin, 2014).

Background

LPCs are master's-degreed mental health service workers trained to work with individuals, families and groups specializing in treating mental, behavioral, and emotional problems and disorders (American Counseling Association, 2019). Further,

with more than 120,000 LPCs licensed across the county including District of Columbia and Puerto Rico make up a large portion of the work force working at community-based health centers, agencies, organizations, often covered by managed care organizations (e.g. Perform Care), health insurance plans, some private pay, sliding scale. In conclusion, LPCs' job description may include but not limited to the diagnosis and treatment of mental and emotional and addictive disorders, psychoeducational techniques (American Counseling Association, 2019).

Community-based counseling consists of services provided outside of a residential treatment facility, detention center or prison, or psychiatric hospital (Brooks & Steen, 2010; Duerden & Witt, 2010). Community-based counselors provide outpatient counseling in community mental health clinics, private practice, in-home/mobile therapy, multisystemic therapy, family-based mental health services, aggression replacement therapy (MST Services [MST], 2019; Family Based Mental Health Services [FBMHS], 2019; Calame et al., 2019). Lau and Ng (2014), Brooks and Steen (2012), and Okamoto (2004) argued that practitioners have an opportunity to develop intense relationships with clients based on the particular closeness of the therapeutic relationship. Furthermore, community-based counselors have an opportunity to interact with youth across multiple levels (microsystem, mesosystem, ecosystem) observing interactions with family and peers, as well as interactions between the counselor and the youth (Bronfenbrenner, 1979; Duerden & Witt, 2010; Lorber, Hughes, Miller, Crothers, & Martin, 2011; McQuade, Achufusi, Shoulberg, & Murray-Close, 2014, Minuchin, 1974; Smith, Kern, Curlette, &

Mullis, 2012). Consequently, community-based counselors are also at higher risk for unique challenges related to ethics, boundaries, limits, and client transference.

Counseling female adjudicated youth can be challenging for community-based counselors. Scholars have argued that a significant number of female adjudicated youth have experienced isolation, marginalization, trauma, poverty and emotional disconnect (Birrell & Freyd, 2006), and these experiences may impact the therapeutic relationship and treatment (Jean Baker Miller Training Institute [JBMTI], 2019; Comstock et al., 2008; Gomez et al., 2016). Miller (2013) contended that it is important for youth to develop growth-fostering relationships and learn to generalize skills to other environments. Moreover, counselors should consider the barriers youth may face, for example, parent mental illness, parent incarceration, uninvolved parent, deceased parent/sibling/caregiver (Bares, Delva, Kaylor-Grogan, & Audrade, 2011). As a result, these additional risk factors may impact relationship development.

Bala and Eunnae (2018) referenced the Netflix docuseries “Girls Incarcerated;” the authors reported the docuseries highlights the challenges female youth experience inside and outside of prison. Reviewing the results of the study, Schaffner (2014) concluded that in 2010, over 9,000 girls were held in residential placement, and in 2008, an estimated 633,000 girls under the age of 18 were arrested, representing 30% of juvenile arrests. Girls under the age of 18 composed 17% of arrests for the FBI violent crime index. An estimate 300,000–600,000 youth cycle through secure juvenile detention centers per year, and on any given day, 27,000 youth were held in about 500 secure juvenile detention facilities across the United States (Schaffner, 2014).

Cannon, Hammer, Reicherzer, and Gilliam (2012) noted that in contemporary U.S. mental health practice, there has been an increased focus on adolescent girls and how they demonstrate difficult emotions such as anger, frustration, and hurt with others. In much the same way that male physical aggression has been minimized and viewed with the old adage, “boys will be boys,” female aggression has now become synonymous with the “mean girl” (Michaels, Shimkin, Rosner, Messick, & Waters, 2004) syndrome frequently depicted on television and in the movies, where teenage girls are portrayed as creating slam books, gossiping, spreading rumors, flirting, and facilitating other forms of relational aggression (Okamoto, 2004). For the past two decades, research has established that women and girls are, in fact, aggressive, and that they frequently play this out through indirect means that specifically target relational dynamics (Bjorkqvist, Lagerspetz, & Kaukiainen, 1992; Crick, 1996; Crick & Grotpeter, 1995; Grotpeter & Crick, 1996; Lagerspetz, Bjorkqvist, & Peltonen, 1988; McClung, 2006).

Kolbert, Field, Crothers, and Schreiber (2009) conducted a quantitative study to explore the relation of gender identity in the use of relational aggression and development of depressive symptomatology among late adolescent females. Results of this study indicated that the use of physical and relational aggression related to higher levels of depression. Because Caucasian girls composed the majority of this study’s sample, the authors argued for expanding the research to diverse groups of girls and women and recommended more research on the impact of relational aggression on adolescent females.

Nicoll (2014) conducted a pre-/posttest study measuring changes in emotional intelligence after the implementation of a cognitive-behavioral-based psycho-educational group counseling program among at-risk female adolescents. Results of this study indicated a significant increase in emotional intelligence among those who participated in this 8-week program. Nicoll indicated more research is needed to understand positive changes in counseling for at-risk females. Nicoll asserted that there is a paucity of qualitative research that focuses on how to facilitate positive behavioral change in at-risk adolescents. In a similar way, Taylor and Borduin (2014) highlighted that female juvenile offenders pose special problems, demonstrating more hostile behaviors (e.g., teasing, defiance, lying) than those demonstrated by their male counterparts. The researchers used a mixed method approach including 140 adolescents 12–17 years of age. This study explored physical and relational aggression within the context of the family dynamics and pointed out the need for continued research on effective treatment for female offenders. Taylor and Borduin further noted that interventions must have the capacity to address a comprehensive array of risk factors (i.e., family, peers, school neighborhood). Further exploration of interventions that look beyond the mother-daughter dyad may be needed to ameliorate relational aggression in families of girls and women.

Literature suggested there is a clear rationale for continuing studies related to female adjudicated youth and counselors' perspectives of the treatment experience when working with adjudicated females who often engage in physical and relational aggression (Auwarter & Aruguete, 2008; Brooks & Steen, 2012; Cannon, Hammer, Reicherzer & Gilliam, 2012; Capella & Weinstein, 2006; Duerden & Witt, 2010; Kayler,

2010; Kolbert, Field, Crothers & Schreiber, 2009; Okamoto, 2004; Owens, 2014; Riefkolh, 2009; Smith, Kern, Curlette & Mullis, 2012; Stewart & Bryant, 2010; Taylor & Borduin, 2014; Van Vugt, Ianctot & Lemieux, 2016). Counselors who provide meaningful treatment can impact recidivism rates by teaching youth necessary skills to improve decision making, problem-solving, and relationship building skills (Juvenile Law Center [JLC], 2019; JBMTI, 2019; Miller, 2001; MST,2019).

Problem Statement

According to Brooks and Steen (2010), the United States is more racially, culturally, and ethnically diverse than ever. Therefore, LPCs must be prepared to provide counseling to clients from various backgrounds and life experiences. Fleisher (2009) suggested there is a need to develop strategies where counselors realistically address the intense street life factors (e.g., drug addiction, sexual abuse/trauma, limited education, and low access to resources) that could impact the success of interventions and overall treatment. The findings of research related to this topic suggested female juvenile offenders often engage in physically aggressive behaviors that are harder to treat than the behaviors of their male counterparts (Taylor & Borduin, 2014). Nicoll (2014) indicated at-risk youth present with complex issues and come from a wide variety of backgrounds; therefore, LPCs must have effective skills for engaging this population in meaningful treatment. An insufficient number of studies exist that explore LPCs' perspectives of the counseling experience or process when working with adjudicated females who often engage in physical and relational aggression (Auwarter & Aruguete, 2008; Brooks & Steen, 2012; Cannon, Hammer, Reicherzer & Gilliam, 2012; Capella & Weinstein, 2006;

Duerden & Witt, 2010; Kayler, 2010; Kolbert, Field, Crothers & Schreiber, 2009; Okamoto, 2004; Owens, 2014; Riefkolh, 2009; Smith, Kern, Curlette & Mullis, 2012; Stewart & Bryant, 2010; Taylor & Borduin, 2014; Van Vugt, Ianctot & Lemieux, 2016).

Because there is presently a gap in the literature highlighted by an insufficient amount of research that explores physical and relational aggression in adjudicated females, it is unclear how this behavior translates in treatment (Cannon, Hammer, Reicherzer & Gilliam, 2012; Capella & Weinstein, 2006; Duerden & Witt, 2010; Kolbert, Field, Crothers & Schreiber, 2009; Okamoto, 2004; Taylor & Borduin, 2014). An emerging body of literature suggests that it is relevant to explore what specific strategies and skills LPCs' employ to engage girls in meaningful counseling (Auwarter & Aruguete, 2008; Brooks & Steen, 2012; Cannon, Hammer, Reicherzer & Gilliam, 2012; Duerden & Witt, 2010; Kayler, 2010; Owens, Stewart & Bryant, 2010; Riefkolh, 2009; Smith, Kern, Curlette & Mullis, 2012; Taylor & Borduin, 2014; Van Vugt, Ianctot & Lemieux, 2016). Understanding LPCs' experiences in working with at-risk young females will provide guidelines to community-based counselors on how to treat and engage these clients in meaningful treatment (Taylor & Borduin, 2014).

Purpose of Study

The purpose of this study was to understand LPCs' experiences working with female adjudicated youth who present with physical and relational aggression. Furthermore, my goal for this study was to understand how LPCs engage adjudicated females in meaningful treatment as well as what specific techniques, strategies, and approaches LPCs' utilize. I also explored LPCs' successes and challenges in serving this

population. The basic qualitative approach was the research design for this study. This design is described as an iterative description or noncategorical qualitative approach, and it provides a basic and fundamental qualitative description (Caelli, Ray, & Mill, 2003; Merriam & Tisdell, 2015; Sandelowski, 2000).

Establishing a healthy client-counselor relationship is the blueprint for learning; it is an opportunity for clients to learn skills to establish healthy relationships with others (Cannon, Hammer, Reicherzer & Gilliam, 2012; JBMTI, 2019; Jordan, 2012; Miller, 2014). Hall, Barden, and Conley (2014) and Duffey and Somody (2011) suggested that some primary counseling theoretical orientations placed unnecessary blame on the clients for their problems and did not account for contextual factors. Further, LPC community-based counselors have direct exposure to how systemic factors may impact the therapeutic relationship (Bronfenbrenner, 1979; JMBTI, 2019; Minuchin, 1974).

Research Questions

The research questions for this study were:

Research Question 1 (RQ1): How do professional counselors report the counseling process working with female adjudicated youth who present with relational aggression?

Sub-research Question 1 (SQ1): What specific techniques, strategies and approaches community-based counselors utilize in treating adjudicated youth who present with physical and relational aggression?

Sub-research Question 2 (SQ2): How do community-based counselors describe the factors that challenge the counseling process?

Sub-research Question 3 (SQ3): How does physical and relational aggression present in treatment?

Theoretical Framework

The theoretical framework that I used for this study was the relational-cultural theory (RCT; Miller, 2014; Miller & Stiver, 1997). RCT proposes that growth-fostering relationships are needed throughout life, and disconnections from relationships can be problematic. RCT can be used to understand therapeutic relationships. RCT suggests that the establishment of a healthy counselor-client relationship is the blueprint to learning (Cannon, Hammer, Reicherzer & Gilliam, 2012; JBMTI, 2019; Jordan, 2012; Miller, 2014). Change and development occur in the context of a therapeutic relationship (Duffey & Somody, 2011).

Relationships are highly defined by cultural context (Hartling, Miller, Jordan, & McCauley, 2013; Walker, 2019). The founders of RCT presupposes the developing of mutually empowering relationships that are more dynamic and function as a central component of psychological growth and connection to true feelings (JBMTI, 2019). The Jean Baker Miller Training Institute (2019) suggested growth-fostering relationships are a central necessity for such growth. Clinicians who subscribe to RCT are concerned with transforming lives, pursing social justice, supporting human growth and social-psychological development, promoting mutual respect, and assuring that the changes are sustainable. Clinicians who apply RCT have an opportunity to promote healing and sustainable change, help form meaningful connections, and empower clients to live their

best lives, developing skills to manage conflict and set and sustain healthy boundaries (Haley, 1976).

Nature of Study

In this study, I relied on the basic qualitative approach to answer the research questions (Caelli, Ray, & Mill, 2003; Merriam & Tisdell, 2015; Sandelowski, 2000). Over the years there has been uncertainty as to how to label this common qualitative study, with descriptors used such as generic, basic, and interpretive (Merriam & Tisdell; 2015). Basic, generic, or descriptive approaches are common forms of research and characteristically draw from concepts, models, and theories in social sciences, which provide the frameworks for qualitative studies (Caelli, Ray & Mill, 2003). Researchers who rely on a basic qualitative research approach must address the theoretical positioning of the researcher, the strategies to establish rigor, and the analytical lens through which the data are examined to reach credibility (Caelli. Ray & Mill, 2003; Merriam & Tisdell, 2015). According to published literature the researcher must understand that research results may well find their way into clinical application (Caelli, Ray, & Mill, 2003). Researchers who utilize a basic descriptive qualitative approach stay closer to their data, despite the eclectic nature of the design, nature of sampling, data collection, analysis, and re-representation techniques (Sandelowski, 2000).

This project aligned with the basic qualitative methodology because little is currently known in the existing literature about community-based counselors' experiences in treating girls who present relational aggression, and my goal for this project was to understand LPCs' experiences related to this topic. Semistructured

interviews were the main data collection method. I interviewed LPCs' who provided services in Dauphin, Cumberland, and York Counties and asked them to share their experiences. I evaluated data using thematic analysis (Braun & Clarke, 2006; Clarke & Braun, 2013). I relied on snowball sampling defined as researchers' access to informants through contact information that is provided by other informants (Chaim, 2008).

Definitions

Adjudication of delinquency: According to the Juvenile Law Center (2019) an adjudication of delinquency is a juvenile court judge's determination as to whether or not a youth committed a delinquent offense. A juvenile adjudication is like an adult criminal conviction but generally does not subject the youth to the same direct and collateral consequences.

Adjudication of dependency: According to the Juvenile Law Center (2019) In Pennsylvania, the finding that a juvenile court would need to make to provide child welfare services and/or placement in addition to court supervision of the case. Youth may be adjudicated dependent when there are abuse and neglect issues or when there are difficulties at home that prevent parents from adequately caring for or supervising their children. In Pennsylvania, truancy and running away may be grounds for dependency adjudications. A dependency adjudication precludes a child's placement in foster care or another substitute care setting. However, the court can allow a youth to return home even if there is an adjudication.*Licensed Professional Counselor (LPC):* According the Pennsylvania Code (PA Code, 2019):

§ 49.13. Licensed professional counselor.

(a) *Conditions for licensure*. To be issued a license to hold oneself out as a licensed professional counselor, an applicant shall provide proof satisfactory to the Board, that the applicant has met the following conditions:

(a) *Conditions for licensure*. To be issued a license to hold oneself out as a licensed professional counselor, an applicant shall provide proof satisfactory to the Board, that the applicant has met the following conditions:

(1) Satisfied the general requirements for licensure of § 49.12 (relating to general qualifications for licensure).

(2) Passed the examination required by § 49.11 (relating to licensure examination).

(3) Successfully met one of the following education requirements:

(i) Has successfully completed a planned program of 60 semester hours or 90 quarter hours of graduate coursework in counseling or a field closely related to the practice of professional counseling as defined in § 49.1 (relating to definitions) including one of the following:

(A) A master's degree granted on or before June 30, 2009, in professional counseling from an accredited education institution.

(B) A master's degree granted on or before June 30, 2009, in a field closely related to the practice of professional counseling as defined in § 49.1 from an accredited educational institution.

(ii) Has successfully completed a planned program of 60 semester hours or 90 quarter hours of graduate coursework in counseling or a field closely

related to the practice of professional counseling as defined in § 49.1 including one of the following:

(A) A 48 semester hour or 72 quarter hour master's degree in professional counseling from an accredited education institution.

(B) A 48 semester hour or 72 quarter hour master's degree in a field closely related to the practice of professional counseling as defined in § 49.1 from an accredited educational institution.

(iii) Holds a doctoral degree in counseling from an accredited educational institution.

(iv) Holds a doctoral degree in a field closely related to the practice of professional counseling as defined in § 49.1 from an accredited education institution.

(4) Has met the following experience requirements:

(i) Individuals who met the educational requirements of paragraph (3)(i) or (ii), shall have completed at least 3,000 hours of supervised clinical experience meeting the criteria in subsection (b), obtained after the completion of 48 semester hours or 72 quarter hours of graduate coursework. Supervision for the supervised clinical experience shall be provided by a supervisor as defined in § 49.1 and § 49.3 (relating to qualifications for supervisors).

(ii) Individuals who meet the educational requirements of paragraph (3)(iii) or (iv) shall have completed at least 2,400 hours of supervised clinical experience meeting the criteria in subsection (b), 1,200 hours of which was obtained

subsequent to the granting of the doctoral degree. Supervision for the supervised clinical experience shall be provided by a supervisor as defined in § § 49.1 and 49.3.

(b) *Supervised clinical experience*. Experience acceptable to the Board means experience as a supervisee in a setting that is organized to prepare the applicant for the practice of counseling consistent with the applicant's education and training.

(1) At least one-half of the experience shall consist of providing services in one or more of the following areas:

(i) Assessment.

(ii) Counseling.

(iii) Therapy.

(iv) Psychotherapy.

(v) Other therapeutic interventions.

(vi) Consultation.

(vii) Family therapy.

(viii) Group therapy.

Community-based counselor: Community-based counseling consists of services provided outside of a residential treatment facility, detention center or prison, or psychiatric hospital (Brooks & Steen, 2010; Duerden & Witt, 2010). Community-based counselors provide outpatient counseling within community mental health clinics, in private practice, or in-home/mobile therapy, Multisystemic Therapy, Family Based

Mental Health Services, Aggression Replacement Therapy (MST, 2019; FBMHS, 2019; ART, 2019).

Physical aggression: McQuade et al., (2014) defined physical aggression as behavior intended to cause physical harm (e.g., hitting, biting, kicking, punching, property destruction). Lansford et al., (2012) defined physical aggression as causing harm to another person by hitting and pushing exploring physical and relational aggression using data from children's self-report in nine countries.

Recidivism rate: According to the Juvenile Law Center (2019) the rate at which youth who have been previously adjudicated delinquent re-offend, as measured by subsequent arrests, prosecutions, and/or placement/incarceration. Lowered recidivism rates are often used to justify investment in certain programs and services for delinquent offenders.

Relational aggression: Lansford et al., (2012) noted Crick and Grotpeter (1995) coined the term "relational aggression" to designate direct or non-direct aggressive behaviors that harm social relationships, behaviors such as spreading rumors and excluding peers. An extensive body of research now describes developmental precursors and consequences associated with relational and physical aggression. Some research suggested girls are significantly more relationally aggressive than boys, while in contrast, some studies found no significant gender difference in the use of relational aggression (Lansford et al., 2012; McQuade et al., 2014). Taylor & Borduin (2014) noted the findings of their study conclude female adjudicated youth often engage in physical ly aggressive behaviors that are often more difficult to treat then males.

Assumptions

I assumed that the range of up to 12 LPCs' who were participants in this study would answer the interview guide's questions truthfully. I collected data from LPCs' from various areas of Pennsylvania utilizing:

- Pennsylvania Department of State Bureau of Professional and Occupational Affairs directory to locate licensees.
- Psychology Today
- MST Licensed Child & Welfare & Juvenile Justice
- Perform Care – Find a Provider – Family Based Mental Health Services

Participants' honest responses were essential to the success of the study. Given the variety of participants' professional background and experiences, it was not possible to assert that the all participants' responses were truthful. I kept all participants' personal information confidential.

Scope and Delimitations

This study will include current community-based LPCs' who have treated female adjudicated youth. The selected counselors will meet specific criteria related to years of experience, education level, and treatment modality. The LPCs' that I intend to recruit will come from information obtained from the PA Bureau of Professional and Occupational Affairs – State Board of Social Workers, Marriage and Family Therapist and Professional Counselors, Perform Care Provider Directory Tool, MST Licensed Child & Welfare & Juvenile Justice Organizations Directory, and Psychology Today

(American Counseling Association, 2019). Additionally, from programs that provide Multisystemic Therapy (MST) and Family Based Mental Health therapy and clinicians hold an LPC. Scholars have argued that MST and FBMHS has been effective in treating delinquent youth (Brooks & Steen, 2010; Calame, Parker, Amendola, & Oliver, 2011; Henggeler, Schoenwald, Rowland & Cunningham,2002; Henggeler, Schoenwald, Borduin, Rowland & Cunning, 2009; Taylor & Borduin, 2014). Considering the success that MST and FBMHS therapists have in treating delinquent youth; I will focus most recruitment efforts on community-based LPCs' who self-identify as MST, FBMHS and Outpatient Therapist, Private Practice Psychotherapist who hold an LPC credential.

FBMHS was Pennsylvania's original home and community service program (Perform Care, 2019). FBMHS is a specific adaptation of Salvador Minuchin's Eco-Systemic Structural Family Therapy (ESFT) treatment model (Perform Care, 2019). Further, FBMHS developed in partnership with the Philadelphia Child Guidance Center (PCGC). Treatment teams facilitate engagement with natural and formal supports to support the continuation of treatment gains (Perform Care, 2019).

To add to this argument, Henggeler et al. (2002) found that to address the needs of youth and families within multiple complex problems, the MST therapist must individualize strategies to capitalize on strengths and limitations of youth within the context of their home, family, school, and neighborhood factors that contribute to clinical problems. The MST therapist hypothesis is formed by socio-ecological and systems theories of human development (Henggeler et al. 2002; MST Services 2019). Consequently, the combination of interventions and techniques applied varies based on

the circumstances of youth and their families. The MST Therapist rely on the nine MST principles and analytical process to guide treatment (Figure 1) (Henggeler et al. 2002; MST Services, 2019).

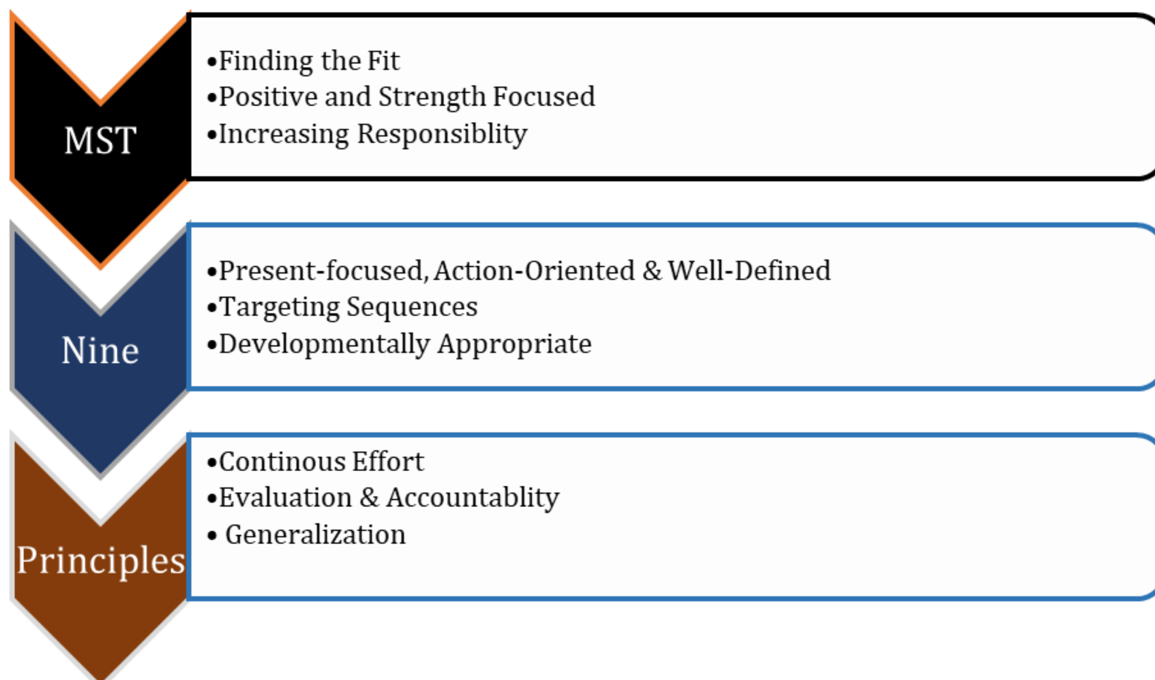

Figure 1. MST principles.

Most MST therapists are seasoned professionals before joining MST teams, and they have the freedom to utilize their strengths in serving families (Henggeler et al. 2002). MST principles are consistent with key aspects of empirically based treatment approaches for youth and families (e.g., strategic, structural, and behavioral family systems approaches; behavioral parenting training; cognitive-behavioral therapies) (Henggeler et al.; 2002: MST Services, 2019). The MST therapist rely on the MST analytical process to guide treatment interventions (Figure 2) (Henggeler et al., 2002; MST Services, 2019).

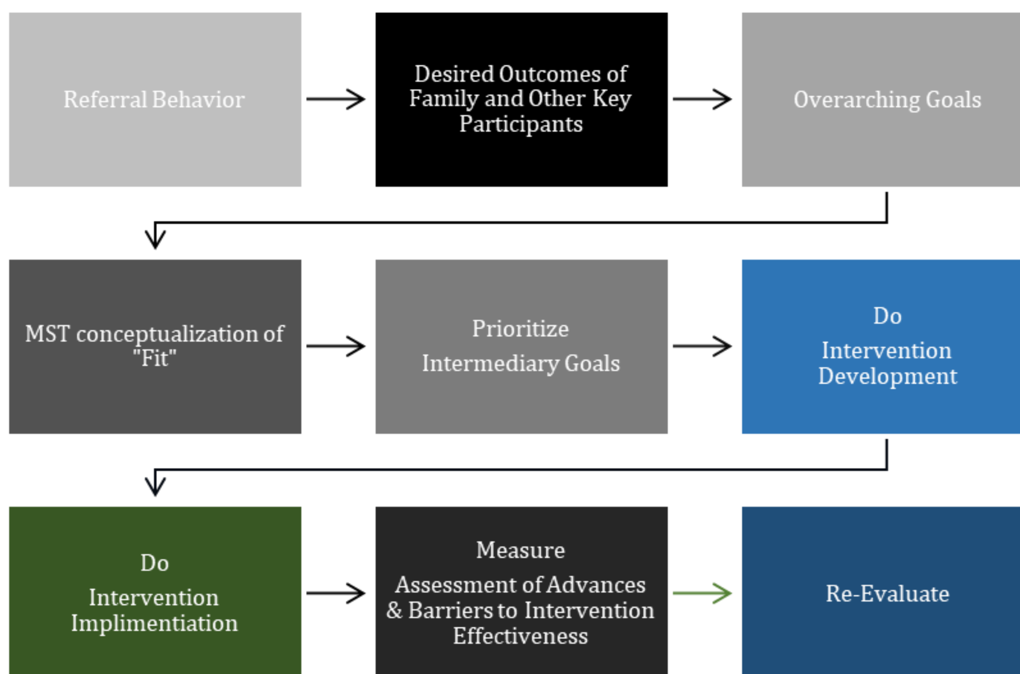

Figure 2. MST guide to treatment intervention.

For this study, all participants must identify as an LPC have two or more years of experience providing community-based counseling to female adjudicated youth in Pennsylvania. The range is necessary to control for therapist turnover, as it was once reported, “the first year an MST Therapist is learning the model not doing MST confidently until the second year, and the shelf life for most MST therapist was two to three years” (Adelpoi Village, 2010). The exclusionary criteria for this study are LPCs’ providing treatment in a residential treatment facility, psychiatric hospitals, or detention centers.

Limitations

This study relied on a small homogenous sample of participants from one geographical local area. There is no guarantee the results of this study are transferable to

another location and generalizable in practice. I cannot confirm treatment effectiveness or usefulness from the clients' perspective. Another limitation of the study was the inability to cross-reference participant reports of effectiveness (e.g. female adjudicated youth, families, court and school systems). Additionally, a limitation could be that this was the researchers first empirical study and may not have refined interviewing skills. Hence, I consulted with committee members throughout development of this study.

Another limitation is related to bias that may influence the study. Creswell (2017) suggested qualitative research is concerned with real-world situations where researcher's goal is to better understand the participant's perception and experiences related to the essence of the phenomena. Bias in qualitative research affects reliability and validity (Shenton, 2003; Creswell, 2009; Creswell, 2013). Bias takes away credibility researchers must control for bias in their question development, biased sampling, snowball sampling, bias in interpretation and replication researchers must also be self-aware to ensure their personal thoughts beliefs, values and opinions do not negatively impact their study (Creswell, 2017; Creswell, 2013; Walker & Brokaw, 2001).

Significance of Study

Fleisher (2009) suggested there is a need to develop strategies where counselors realistically address the intense street life barriers (e.g., drug addiction, sexual abuse/trauma, low education and access to resources) that could impact the success of interventions and overall treatment. The findings of research related to this topic suggested female adjudicated youth often engage in socially aggressive behaviors that are harder to treat than the behaviors of their male counterparts (Taylor & Borduin, 2014).

Nicoll (2014) indicates at-risk youth present with complex issues and come from a wide variety of backgrounds; therefore, counselors must have effective skills for engaging this population in meaningful treatment. Insufficient studies explore the counselors' perspectives of the counseling process when working with adjudicated females who often engage in physical and relational aggression (Auwarter & Aruguete, 2008; Brooks & Steen, 2012; Cannon, Hammer, Reicherzer & Gilliam, 2012; Capella & Weinstein, 2006; Duerden & Witt, 2010; Kayler, 2010; Kolbert, Field, Crothers & Schreiber, 2009; Okamoto, 2004; Owens, 2014; Riefkolh, 2009; Smith, Kern, Curlette & Mullis, 2012; Stewart & Bryant, 2010; Taylor & Borduin, 2014; Van Vugt, Ianctot & Lemieux, 2016).

The study's findings will provide support for LPCs' working in the field who may have difficulty engaging female adjudicated youth in meaningful treatment. Further, the study's evidence will contribute to the pool of scholarly research related to why females with physical and relational aggression have been reported to be more difficult to treat than their male counterparts (Taylor & Borduin, 2014). Results of this study have the potential of educating professional counselors on improved therapeutic methods to empower adjudicated females to be able to initiate their own efforts to work through the interpersonal factors that contribute to physical and relational aggression. Additionally, results of this study can lay a foundation for further studies on treating female adjudicated youth who present with relational aggression.

This study could potentially advance not only the counseling profession, but social workers, marriage and family therapist, school administration, in-patient counselors, private practice, probation officers, case workers, and general public. Female

adjudicated youth often interact with many providers (e.g., teachers, probation officers, county mental health worker, county/state case worker) it would be beneficial for positive skills to be generalized across environments (MST, 2019). Again, if youth are developing healthy relationships with positive adults, and peers they are less likely to engage in criminal behaviors, and develop necessary skills to manage conflict, problem solves, and make positive decisions (Durden & Witt, 2009; MST, 2019; Taylor & Boudin, 2010).

Summary

This chapter provided the background knowledge that is available regarding the population of LPC community-based counselors and identified the problem regarding why it is important to explore their experiences counseling female adjudicated youth who present with physical and relational aggression which is the purpose of this study. The research questions were presented, followed by an introduction to Relational Cultural Theory (RCT) and the basic qualitative research design. Important terms were defined, and assumptions, scope, and limitations were discussed. Finally, the significance of the study was expressed. In the next chapter, the relevant literature will be reviewed to provide a foundation for the current study.

Chapter 2: Literature Review

Introduction

In this literature review, I will focus on counseling methods provided to adjudicated female youths who present with physical and relational aggression. The findings of research related to this topic suggested that female juvenile offenders often engage in socially aggressive behaviors that are harder to treat than the behaviors of their male counterparts (Taylor & Borduin, 2014). Fleisher (2009) suggested that there is a need to develop strategies where counselors realistically address the intense street life barriers (e.g., drug addiction, sexual abuse/trauma, low education, and access to resources) that could impact the success of interventions and overall treatment. Nicoll (2014) indicated that at-risk youth present with complex issues and come from a wide variety of backgrounds; therefore, counselors must have effective skills for engaging this population in meaningful treatment. A limited number of studies explored the counselors' perspectives of the counseling process when working with adjudicated females who often engage in physical and relational aggression (Auwarter & Aruguete, 2008; Brooks & Steen, 2012; Cannon, Hammer, Reicherzer, & Gilliam, 2012; Capella & Weinstein, 2006; Duerden & Witt, 2010; Kayler, 2010; Kolbert, Field, Crothers, & Schreiber, 2009; Okamoto, 2004; Owens, 2014; Riefkolh, 2009; Smith, Kern, Curlette, & Mullis, 2012; Stewart & Bryant, 2010; Taylor & Borduin, 2014; Van Vugt, Ianctot, & Lemieux, 2016).

The purpose of this basic qualitative study was to explore LPCs’ experiences working with female adjudicated youth who present with relational aggression. Furthermore, the goal of this study was to explore and understand how LPCs’ engage

female adjudicated youth in meaningful treatment as well as what specific techniques, strategies, and approaches LPCs' utilize. I explored LPCs' successes and challenges in serving this population.

This chapter is organized into several sections including the literature search strategy and theoretical framework. Related topics to the literature review include female adjudicated youth, treatment options, and community-based treatment. At the end of the chapter, I present a conclusion and summary.

Literature Search Strategy

The evolution of the research topic is based on the scholarly articles obtained from the Walden University online library. I conducted literature searches using the following databases: Multidisciplinary Database, EBSCOhost, Counseling Database, PsychARTICLES, PROQUEST, PsycINFO, Criminal Justice Database, ERIC, Academic Search Premier, and PROQUESTCENTRAL. Another contributing literature source was the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). The DSM-5 is used by mental health professionals, researchers, and clinicians to diagnose and classify mental disorders (Barnes & Nobles, 2019).

I conducted the literature search between 2013 and 2019, using a variety of keywords related to my topic of interest: *poverty, welfare-to-work, single-mothers, juvenile delinquency, adjudicated youth,* and *at-risk youth*. I used these keywords for their relevance and to help me refine my topic. During the review of scholarly articles, I noted a need for information related to LPC community-based counselors' experiences with female adjudicated youth who present with physical and relational aggression. The

initial search included terms such as *community-based counselors' experiences*, *Bronfenbrenner's ecological systems theory, ecological perspective in counseling, family-based*, *multisystemic therapy*, *relational-cultural theory, cultural theory, multi-cultural counseling, anti-physical youth*, *female delinquency*, *adjudicated females*, *systems theory*, *physical aggression*, *relational aggression treatment, self-control theory,* and *gender depression disorder youth*. I also reviewed the reference list from the works examined to identify additional literature and explored dissertations on related topics. I used Walden and ProQuest dissertation databases using the same keywords.

The search process for this study was iterative. The first searches helped me to expand the keywords used and to establish more relationships among the concepts explored. I then added more keywords: *juvenile justice, criminal justice database, delinquency, repeat offenders, community-based counselor dissertation, female delinquency, juvenile depression, aggression replacement treatment, relational aggression theory, counseling delinquents, education theory, behavioral theory, ecological conceptualization, female offenders, developmental analysis, application of wellness paradigm delinquency daughters,* and *policy sexuality*. These keywords provided an opportunity for me to move from broad general categories to more specific relationships. It expanded the number of sources related to the topic under study.

These initial searches led to two potential sources for the theoretical framework of this study: the ecological systems theory (Bronfenbrenner, 1979) and the relational-cultural theory (Miller, 2014; Miller & Stiver, 1997). Additionally, I conducted searches using Google, Google Scholar, and other credible online resources such as the Substance

Abuse and Mental Health Services Administration (SAMHSA) website, The Pennsylvania Code, Pennsylvania Department of State Bureau of Professional and Occupational Affairs, American Counseling Association (ACA), MST Licensed Child & Welfare & Juvenile Justice Organization Directory, Psychology Today, Perform Care Provider Directory, Pennsylvania Psychiatric Institute (PPI), and Multisystemic Therapy (MST). These sites provided specific background related to treatment, as well as operational definitions related to treatment options.

Theoretical Foundation

Relational-Cultural Theory (RCT)

In this study I explored LPCs' experiences treating female adjudicated youth who engage in physical and relational aggression. The JBMTI (2019) claimed that RCT growth-fostering relationships are needed throughout life and disconnections from relationships can be problematic. Relationships are highly defined by cultural context (Hartling, Miller, Jordan, & McCauley, 2013; Walker, 2019). RCT proposed the development of mutually empowering relationships that are more dynamic and function as a central component of psychological growth and connection to true feelings (JBMTI, 2019). RCT provided an understanding of the therapeutic relationship. It suggested that the establishment of a healthy counselor-client relationship is the blueprint to learning (Cannon et al., 2012; JBMTI, 2019; Jordan, 2012; Miller, 2014). Change and development occur in the context of a therapeutic relationship (Duffey & Somody, 2011).

To develop RCT further, the JBMTI desired outcome was to "break free" from the effects of traditional therapy. They perceived that traditional therapy had damaging

effects on (JBMTI, 2019; McCauley, 2013; Miller, 2014). They explored the importance of dynamics of dominance, marginalization, and oppression on counselor-client engagement (Cannon et al., 2012; JBMTI, 2019; Miller, 2014). The Stone Center Theory group suggested the White, male, middle-class, heterosexual culture valorizes power over others. Through continued work, the Stone Center Theory Group focused on ’s development and how it has been documented historically (JBMTI, 2019; Jordan & Hartling, 2002; Jordan et al., 1991; Miller, 2014). For example, *woman* has been defined as a White, economically privileged, able-bodied, and heterosexual female. Further, the group suggested that if this concept is left unchallenged, it becomes the norm. It becomes the standard by which all ’s experiences are defined or evaluated (JMBTI, 2019; Miller, 2014; Miller & Stiver, 1995; Miller & Stiver, 1997). Jean Baker Miller, author of *Toward New Psychology of* , explored dynamics of dominance and subordination in human relationships related to , psychology, and relationships (JBMTI, 2019).

RCT is a feminist model of human development that promotes fostering relationships as building blocks for survival and wellness (Cannon et al., 2012; JBMTI, 2019; Jordan & Hartling, 2002; Jordan et al., 1991; Miller, 2014). RCT evolved from a 1970s psychological human development model to an expansive theory focused on social justice that balances inequity and eliminates disconnection from individuals who experience systematic forms of marginalization and oppression (Cannon et al., 2012; Comstock et al., 2008; JBMTI, 2019; Jordan, 2012; Lenz, 2012; Lenz, 2016; Miller, 2014; Oakley et al., 2013). In U.S. contemporary mental health treatment, there has been an increased focus on female adolescents who have difficulty managing painful emotions

such as anger, frustration, and hurt (Cannon et al., 2012; Jordan, 2010; Jordan, 2012; Lenz, Speciale & Aguilar, 2012; Oakley et al., 2013). RCT has inclusively focused on experiences of boys, men, those abusing alcohol and drugs, survivors of sexual abuse, lesbian, gay, bisexual, and transgendered persons as well as the prison population (Oakley et al., 2013; Patton & Reicherzer, 2010). RCT posits that exposing cruelty, disempowerment, marginalization, and inequality can prompt social change (JMBTI, 2019). RCT's foundation is empowerment and social justice (Cannon et al., 2012; Lenz et al., 2012; Patton & Reicherzer, 2010).

According to Miller (as cited in JBMTI, 2019) the power of RCT relies on the move from the bias of White middle-class heterosexual experiences to an understanding of "connections across differences." In addition, for one person to grow in the relationship both people must grow (Miller, as cited in JBMTI, 2019). Hall et al. (2014) noticed that counselors are faced with increased challenges related to engaging diverse clients; counselors should strive to establish an empathic relationship and practice cultural sensitivity. Additionally, scholars contend that primary counseling theoretical orientations placed unnecessary blame on the clients for their problems and did not account for contextual factors (Hall, Barden & Conley, 2014; Duffey and Somody, 2011).

Tenets of RCT. There are eight principles in RCT: "growth-fostering relationships, empathy, mutual empathy, authenticity, strategies of disconnection, the central relational paradox, relational images, relational resilience, and relational competency" (Duffey & Somody, 2011, p. 226). Jordan (2000) further described the eight core principles of relational-cultural theory:

1. People grow through and toward relationships throughout the life span
2. Movement toward mutuality rather than movement toward separation characterizes mature functioning
3. Relational differentiation and elaboration characterizes growth
4. Mutual empathy and mutual empowerment are the core of growth-fostering relationships
5. In growth-fostering relationships, all people contribute to growth or benefit; development is not a one-way street
6. Therapy relationships are characterized by a special kind of mutuality
7. Mutual empathy is a vehicle for change in the theory
8. Real engagement and therapeutic authenticity are necessary for the development of mutual empathy (Jordan, 2000, p.1007).

Assumptions. Individuals' growth toward and throughout relationships their entire lifetime and culture strongly affects these relationships (Gomez et al. 2016; JBMTI, 2019; Walker 2011). Relational-cultural theory asserts that the goal of therapy is to increase initiatives and response capability within relationships (Walker, 2011, p. 42). Additionally, RCT focuses on personal experiences, feelings of isolation and shame that may force submission and marginalization. Gomez et al. (2016) and Walker (2011) suggest the mental health professional and counselor discuss power dynamics within the therapeutic encounter.

RCT focuses on the social nature of human beings and the complexity related to relationship development (McCauley, 2013). Jean Baker Miller coined the term" growth-

fostering relationships" suggesting active participating by all parties leads to mutual development. In order for growth and healthy functioning, one must discover "Five Good Things"

1) Sense of zest or energy
2) Increase self-worth
3) Clarity: Increased knowledge of oneself and the other person in the relationship
4) Productivity: Ability and motivation to take action both in relationship and outside of it
5) Desire for more Connection: In reaction to satisfaction of relational experiences (Duffey & Somody, 2011; Hartling, Miller, Jordan, & Walker, 2019; Jordan, 2000; McCauley, 2013)

RCT suggested relationships are defined by the cultural context and psychological problems could be associated with chronic disconnections. The five outcomes of disconnect include (Jean Baker Institute, 2003; JBMTI, 2019):

1) Diminished energy
2) Diminished action
3) Confusion
4) Diminished sense of worth
5) Avoid relationships isolation

RCT puts forth that individuals grow and develop as a result of nurturing and mutually empowering connections with others (Duffey & Somody, 2011; Gomez et al., 2016; Hall, 2014). RCT counselors believe the central counseling process is to build

positive relationships, using the counseling relationship as a "template" to assist clients in working through challenges (Cannon et al., 2012). Fletcher and Regin (2008) and Oakley et al. (2013) emphasized that the context of the therapeutic relationship can prompt knowledge of one's development of their true self through relational connections. The original purpose for RCT was created to comprehend female psychological experiences from various populations and comprising all human experiences (e.g., individual, familiar, societal, cultural, and global connections) (Gomez et al., 2016; JMBTI, 2019; Jordan & Hartlin, 2002).

How one defines themselves can rely on the opinions or experiences of others. RCT explores powerful disconnections and how this impacts relationships. Disconnections are relational interactions that are devoid of mutual agreement opportunities for empowerment or ability to experience empathy (JBMTI, 2019). RCT suggest the clients' personal experiences may impact the counselors' ability to engage client in meaningful treatment (JBMTI, 2019; Miller, 2014). For examples, some females may have experienced isolation, shame, trauma, marginalization, physical, emotional, and environmental disconnect as a result of suffering or distress (Birrell & Freyd, 2006; JBMTI, 2019; Comstock et al., 2008l Gomez et al., 2016).

Clients experiences may cause fear as some clients may fear judgment if they present their authentic self, or desire to protect themselves by refusing to form meaningful relationship as a survival or protective strategy. All forms of disconnection, this phenomenon could prompt clients to seek approval from the perceived more

powerful individual seeing themselves as less powerful (Gomez et al., 2016; JBMTI 2019; Miller & Stiver; 1997; Walker, 2011). Counselors have an opportunity to prompt new learning-teaching individuals to relax previously learned and adopted coping strategies replacing them with mutually empowering skills, exploring the benefits of increased engagement (JBMTI, 2019). RCT suggest therapeutic relationships can prompt change and opportunities to heal using the counseling relationship as a test run for healthy interactions and connections moving forward (JBMTI, 2019; Jordan, 2001; Jordan, 2000; Jordan, 2012; Walker, 2011; Gomez et al., 2016).

Miller (2003) suggested it is important for youth to have at least one growing-fostering relationship. Some of the barrier's youth may face include, parent mental illness, separation from parents, marital discord, divorce, poverty, child maltreatment multifaceted or combinations of risk factors. RCT provides an opportunity for skills to be generalized, working to foster additional growth-fostering relationships, for example, parent-family connections, parent-school connections, school-connections, adult-connections, and community/social connections (Miller, 2003).

Application. Previous studies on related topics have used this theory. It was used to explore the impact cyberbullying via texting, and MySpace had on adolescent girls who ranged between the ages of 13 and 14 years old. All participants were in 8th grade each participant acknowledged their involvement in cyberbullying and other forms of aggression toward other group members. Group members were challenged to examine ways in which they have been marginalized and hindered their relational competence (Cannon et al., 2012).

Group Application. RCT has been applied in group therapy around issues related to teaching socialization skills, instilling hope for some group members who experience isolation, engage in non-mutual relationships and development of goals toward psychological well-being. Further teaching individuals to recognize their culture as well as become a member of the group culture helping each other (Cannon et al., 2011; Comstock et al., 2008; Lenz, Speciale, Aguilar, 2012).

Notable studies conducted by Lau and Ng (2014), Brooks and Steen (2012) and Okamoto (2004) suggested practitioners have an opportunity to develop intense relationships with clients based on the particular closeness of the therapeutic relationship. However, community-based counselors are also at higher risk and have unique challenges related to ethics, boundaries, limits, and client transference. Community-based counselors have an opportunity to interact with youth across multiple levels *(microsystem, mesosystem, ecosystem)* observing interactions with family, and peers, as well as interactions between the counselor and the youth (Bronfenbrenner, 1979; Duerden & Witt, 2010; Lorber, Hughes, Miller, Crothers, & Martin, 2011; McQuade, Achufusi, Shoulberg, & Murray-Close, 2014, Smith et al., 2012).

Literature Review

Female Adjudicated Youth

Young are the fastest growing segment of the juvenile justice population (Kushner, Herzhoff, Vrshek-Schallhorn & Tackett, 2017; Okamoto, 2004; Van, Ianctot & Lemieux, 2016; White & Miller, 2015). Cauffman (2008) argued that many of the primary causes of male and female delinquency may be similar. However, a substantial

body of research supports female offenders have higher rates of mental health problems, both internalizing and externalizing than male offenders. It was noted chronic childhood drama was linked to alcohol and drug abuse in adulthood as well as emotional disturbance, conduct disorder, aggressive behaviors, dropout, antisocial behaviors, and depression (Nicoll, 2014; Riefkolh, 2009). The Federal Bureau of Investigations' Uniform Crime Reporting (UCR) noted females accounted for 29% of all juvenile arrest in 2003, 59% arrested for running away from home, 69% prostitution and commercialized vice. Finally, between mid-1980's and mid-1990's, there was an increase in both male and female arrest rates, males increased by 75% and females 150%. Additionally, McQuade, Achufusi, Shoulberg, McQuade, et al., (2014) found that a clear majority of researchers focused on forms of aggression and boys are most commonly associated with physical aggression, while girls are more widely expected to engage in relational aggression (e.g., spreading rumors and gossip). McQuade et al., (2014) defined physical aggression as any behavior intended to cause physical harm (e.g., hitting, kicking, punching), and relational aggression as behaviors intended to harm others, by damaging their reputations, and relationships; spreading malicious rumors, or gossip, and using social exclusion.

Mental Health Diagnosis/Issues and Female Aggression

Literature suggested adjudicated female youths often engage in physical and relational aggression, and these behaviors put them at risk for charges related to criminal conduct (McQuade, Achufusi, Shoulberg, Murray-Close, 2014; Stickle, Marini, and

Thomas, 2011; Van Vugt et al., 2016). Moreover, female adolescents who commit serious crimes are at higher risk for mental/physical health problems, substance abuse, lower levels of educational achievement, less stability in vocational performance, and difficulty with interpersonal communication in adulthood (Corrado, Odgers, & Cohen, 2000; Kushner, Herzhoff, Vesheck-Schallhorn, Tacket , 2017; Lorber, Hughes, Mille, 2011; Martin, Martin, Dell, Davis, & Guerrieri, 2008; Smith et al., 2012; Taylor & Borduin, 2014; Van Vugt et al., 2016; White & Miller, 2015). Socioeconomic factors include age, race, ethnicity, language, socioeconomic status, and educational level (Bares, Delva, Kaylor-Grogan, & Audrade, 2011; Barrett, Katsiyannis, & Zhang, 2006; Eaton, 1999; Fleisher, 2009; Goodwin, Davis, & Tomison, 2011). Lane's study contends that inter-relationships between individual risk-factors, family risk factors, and age at first offense significantly affect the first sentencing of female offenders. Furthermore, there is a need for continued research to increase awareness of these risk factors, to raise support, and to provide education (Bares, Delva, Kaylor-Grogan & Audrade, 2011; Barrett, Katsiyannis, Zhang, 2006).

Risk Factors for Female Adolescent Youth

To understand the counseling process, one must understand the population being counseled. Developmental psychopathologists have highlighted for decades the need for multilevel perspectives in the study of maladaptive behavior patterns and, from a developmental psychopathology perspective, the influence of risk factors on behavior adaptation may vary depending on environmental context (Auwarter, Aruguete, 2008; Bares, Delva, Kaylor-Grogan & Audrade, 2011; Duerden & Witt, 2010; Fleisher, 2009;

Kayler, 2010; Lau & Ng, 2014; McQuade, Achufusi, Shoulberg, 2014; Okamoto, 2004). These further highlights the need to consider interactions across levels of analysis. There has been limited research to examine how relational aggression manifests in other youth-related settings (e.g., residential treatment, community-based counseling). To understand this population better, it was necessary to review literature that provides a foundation related to female youth risk factors. Lane’s (2003) study examined the underlying risk factors associated with criminal behaviors of female juveniles. These risk factors fell under three categories: *individual, family,* and *socio-demographics.* Individual risk factors included physical abuse, sexual abuse, school truancy, gang activity, poverty, drug and alcohol use, prostitution, and co-defendant crimes. Family risk-factors included parents' marital status, educational level, and involvement in the similar criminal activity, as well as family receipt of public assistance.

Looking at female delinquency specifically, Eaton (1999) claimed that Bronfenbrenner’s ecological systems theory model provides an opportunity for social analysis and prompts clinicians to look beyond the individual youth and to consider the family and other arenas which impact development, specific units of interactions, such as dyads, triads, family, friends, neighborhoods, exploring the nature of these relationships. Eaton studied factors in female gang participation, exploring the multiple subsystems of the female gang members, further, suggesting how parents are strong agents within the adolescents' ecology and contribute to the biopsychosocial makeup of adolescents.

Goodwin, Davis, and Tomison (2011) maintained that youth who have a family member who has been incarcerated are at significant risk for repeating the behaviors and

those who have mothers who gave birth at age 17 or less from low-income communities, single parents, and use physical punishment place youth at higher risk for criminality.

In addition, Taylor and Borduin (2014) asserted that females with relational aggression toward parents had higher incidence aggression over time. Cauffman (2008) contends that female offenders may require long-term support (e.g., community-based counseling, support groups, long-term alcoholic anonymous, narcotics anonymous, sponsorship, post-traumatic-stress disorder support group) to sustain long-term success and prevent the individual from the generational cycle of criminality. Fisher (2013) highlighted that from 1985-2005 there was a 400% increase of young detained in the United States these daunting statistics support his argument there is a need for research focused on recidivism prevention and community stabilization for adjudicated young .

Counseling Female Adjudicated Youth

As previously noted, there is a thirty-year span of literature related to aggressive behaviors of youth, gender differences, and risk factors on at-risk female youth; however, there is not much literature on the counseling experience or process. To this study, some major works include Okamoto's (2004) definition of relational aggression as "behaviors that harm others through damage (or threat of damage) to relationships, feelings of acceptance, friendships, or group inclusion" (p.2). Further, some research failed to find the difference in relational aggression among males and females, while some research suggested a higher prevalence of relational aggression in girls (Martin et al., 2008; McQuade et al., 2014).

Counselors who serve this high-risk population of female youth have reported experiencing anxiety related to their work with this population, suggesting that male practitioners would benefit from specialized training and supervision related to setting healthy boundaries, and self-awareness, primarily when working with females who present with relational aggression, and cross-gender relationships (Auwarter & Arugute, 2008; Banks & Nissen, 2017; Cauffman, 2008; Kushner et al., , 2017; Lau & Ng, 2014; Okamoto, 2004; Van, Ianctot & Lemieux, 2016). Okamoto (2004) interviewed 16 male practitioners from different youth-serving agencies in Arizona, using a semistructured interview schedule. Participants in this study reported sexual abuse allegations, as well as rumors directed at them in the form of relational aggression. Male practitioners in Okamoto’s study noted the need to be "cautious," "sensitive," or "hyper-vigilant" to avoid situations that could place them at risk for allegations. Finally, the results of this study suggested the need for further exploration into the unique challenges faced by male counselors and how to intervene with forms of relational aggression among girls in treatment.

Literature Review Related to Key Variable and/or Concepts

Two evidence-based programs proven effective in treatment of antisocial youth were Family Based Mental Health Services, and Multisystemic Therapy (Family Based Mental Health, 2019; Multisystemic Therapy, 2019). Both models align with Bronfenbrenner's ecological systems theory (EST) emphasizing the importance of full case conceptualization across youth's entire ecology. Bronfenbrenner established that better understanding of families could help strengthen social work delivery

(Bronfenbrenner, 1979). EST provided an opportunity to analyze and explore various factors impacting physically and relationally aggressive females. EST considers the human development an interplay of systems all impacting an individual (Bronfenbrenner, 2005). EST has been used in school research, mental health research, treatment model exploration.

In the past two decades, a larger population of adolescent girls has been treated in evidenced-based programs such as Family Based Mental Health Services (FBMHS) and Multisystemic Therapy (MST) (Brooks & Steen, 2010; Henggeler et al. 2009; MST Services 2019; FBMHS, 2019; PCS, 2019). These programs have been successful in treating males and females with physical and relational aggression (Brooks & Steen, 2010). Pennsylvania Counseling Services (PCS) defined FBMHS as a two-person team service provided in-home and in the community. Family-based in-home therapy is more intense than a community counseling experience and is typically authorized for a period lasting eight-month (32 weeks). FBMHS therapists are available 24 hours, seven days a week and provide team delivered services by master level clinicians, or a master level clinician paired with a bachelor level clinician.

FBMHS teams work to aid in crisis intervention and behavior stabilization. These teams work to strengthen families' skills for meeting the needs of their children, by teaching them the skills necessary to cope with and manage maladaptive behaviors, to prevent out-of-home placement. FBMHS focus on the entire family unit. Services are provided for youth up to age 21 who are at risk of out of home placement because they present with severe emotional and behavioral disorders or severe mental illness. FBMHS

teams assist families by coordinating services for successful solution and management of presenting treatment issues. PCS main goal of FBMHS is to reduce out-of-home placement, to strengthen and preserve the family unit, and to increase life skills and coping capacities of families previously separated due to the mental illness of their child (FBMHS; PCS, 2019).

According to MST Services (2019) Multisystemic Therapy (MST) is an intensive family and community-based treatment program that focuses on addressing all environmental systems that impact chronic and violent juvenile offenders. These environmental systems include their homes and families, schools and teachers, and their neighborhoods and friends. MST recognizes that each system plays a critical role in a youth's world and that each system requires attention when effective change is needed to improve the quality of life for youth and their families. MST works with the toughest offenders, ages 12 through 17, who have a long history of arrests. MST clinicians go to where the child is and are on call 24 hours a day, seven days a week. They work intensively with parents and caregivers to help them function successfully in society.

The therapist works with the caregivers to help the youth to remain focused on school and on gaining job skills. The therapist and caregivers introduce the youth to sports and recreational activities as an alternative to “hanging out.” MST is based on evidence proven to work and to produce positive results with the “toughest kids.” It blends the best clinical treatments, such as cognitive behavioral therapy, behavior management training, family therapy, and community psychology to reach this population.

After 30 years of research and 18 studies, MST has proven successful in keeping youth in their homes, reducing out-of-home placements up to 50 percent, in keeping youth in school, and in helping them to learn to avoid negative behaviors, reducing re-arrest rates up to 70 percent, all of which improve ~~s~~ family relations and functioning, as well as decrease ~~s~~ adolescent psychiatric symptoms, and drug and alcohol abuse. Previous studies have compared MST and FBMHS effectiveness in treating anti-social youth (Brooks & Steen, 2010; Calame, Parker, Amendola, and Oliver, 2011; Henggeler, Schoenwald, Borduin, Rowland & Cunningham, 2009; Taylor & Borduin, 2014).

Aggression Replacement Training (ART)

Calame, Parker, Amendola, and Oliver (2011) promote Goldstein's Aggression Replacement Training (ART), a psychoeducational approach, model currently used by the United States Office of Juvenile Justice and Delinquency Prevention (OJJDP), the United Kingdom Home Office, and the United States Department of Education. ART teaches prosocial and psychological skills to youth who have difficulty with interpersonal relationships. Further, Calame et al., (2011) mention Goldstein "recognized that the complex problems of youth would not yield a simplistic, narrow approach; instead, he formulated a three-part, multi-modal approach to problems behavior, emotions, and thinking" (p. 47); (1) "skill streaming" targets social skills and behavior; (2) "anger control" training focuses on regulating emotions; (3) "moral reasoning" focuses on values and cognition.

Calame et al., (2011) reported Bronfenbrenner theorized "social problems like aggression are influenced at multiple levels, while the interactions of characteristics

within the individual, family, neighborhood, and society may all contribute to the problem" (p. 48). Therefore, ART applies EST in its intervention development as evidenced by the structured training groups, and designed, so youth have an opportunity to learn transferable skills, while parents have an opportunity to obtain psychoeducation. Goldstein believed, for sustainable change, parents must work alongside their children, as parents and family are the best change agents to generalize skills learned in ART (skills streaming, anger control, and moral reasoning). Calame et al., (2013) contends that "lasting change is only facilitated when helping professionals interested in the troubled young person are involved with the total family system" (p.49).

Additional Treatment Options

Pennsylvania Psychiatric Institute (PPI) considers inpatient treatment as services to patients who are admitted to the hospital, suffering from depression, bipolar, disorder, anxiety disorder, schizophrenia, obsessive-compulsive disorder, substance-related disorders with psychotic symptoms, and patients who are non-compliant with medication (PPI. 2019). Patients who utilize inpatient treatment have access to and received care from board-certified psychiatrists, internal medicine physicians, psychiatric nurses, licensed therapists, care coordinators, and behavioral health specialists. Patients may stay in two modern units' day program/treatment from 9 AM – to 9 PM with a group therapy approach. Patients are expected to set goals, to learn coping skills to battle substance abuse, and to make efforts to decrease recidivism (PPI, 2019). Other programs provided at PPI are for inpatient residential treatment (group, individual, and family). Among the services offered are recreation therapy, pet therapy, music therapy, art therapy, exercise

therapy, health and lifestyle education, stress management, relaxation techniques, illness education, and relapse prevention.

Child and Family Focus (CFF) provides mental health care and supportive services to children and their families in the least restrictive family and community-based settings, in order to offer children, the opportunity for optimal growth and change. Child and Family Focus defines therapeutic foster care as similar to typical foster care when the children are unable to reside with their parents, and a temporary provider is needed. CFF is a more intense therapeutic approach to the foster care model. CFF families are trained to provide emotional and behavioral supports to youth in need (Child and Family Focus, 2019).

Perform Care, a full-service managed behavioral healthcare organization, provides coverage in-plan for a residential treatment facility (RTF) Drug and Alcohol – Detoxification rehabilitation and halfway house services are provided for in both in-hospital and out-of-hospital settings. Outpatient drug and alcohol rehabilitation is provided in the community, and these-services include evaluation of group and/or individual therapy (Perform Care, 2019).

The Light Program offers an intensive outpatient program (IOP) that provides group treatment for youth in crisis or who are struggling with mental health challenges. The groups are held four days a week in sessions lasting 2 hours and 15 minutes, offering a higher level of support and direction than support offered in traditional outpatient care. Our IOP is an effective step-down transition for individuals coming out of a residential program, and the program can also act as a preventative measure before inpatient

treatment is considered. The core treatment program involves group therapy sessions; individual and family sessions can be scheduled on an as-needed basis (The Light Program, 2019).

PCS (2019) classified "outpatient counseling and believes that people are valuable." The professional staff is focused on developing a variety of mission-driven treatment approaches that recognize the complexity of each. The strength-based approach to treatment encourages spiritual, emotional, and behavioral growth to help youth, adults, and families to discover their greatness". Outpatient counseling consists of individual, group, marriage, and family therapy. These therapies include psychiatric evaluation, medication management, as well as specialized treatment for groups and individuals dealing with eating disorders co-dependency, trauma and abuse issues, sexual addiction, bi-lingual (Spanish) therapy, anger management, cutting and self-injurious behaviors, ADHD, grief and loss, family and marital conflict, depression, and anxiety. Spanish speaking individual therapy, group therapy, intensive outpatient therapy, adolescent substance abuse, therapy, contingency management. Assessment services include psychological testing and counseling, vocational testing and counseling, as well as educational testing and counseling. Clinics developed to provide a variety of treatment approach diverse educational backgrounds a large multi-disciplinary practice outpatient children adults and families.

ACA (2019) described the private practice as therapy services performed by a practitioner who holds a master's degree or higher in counseling or a related field from a college or university that was accredited when the degree was awarded by one of the

regional accrediting bodies recognized by the council for higher education accreditation. Professional members must present proof of academic credentials upon request. Finally, private practice is a method of performing mental health, medical, and other services. Private practice practitioners have their own offices and typically set their own schedule (Good Therapy, 2019).

ACA (2019) noted the Substance Abuse and Mental Health Services Administration (SAMHSA) disaster distress helpline provides crisis counseling and support to patients experiencing emotional distress related to the natural or human-caused disaster. These include services provided to people in distress after hurricane sandy in 2012, the Boston marathon bombing in 2013, and the Ebola outbreak in 2016. Youth who experience various trauma may be referred for specialized trauma counseling depending on the presenting problem.

Environment/Influences in Treatment

Not all studies suggest a need for specialized treatment for adjudicated females who present with relational and physical aggression (Auwarter & Aruguete, 2008). Lane (2003) suggested the use of a comparison group with males to understand risk factors for males and females better. In most case studies, community-based counselors are encouraged to assess peer, family, community, and school influence all in an effort to promote wellness and positive change.

Keary Braxton is a film producer and executive producer along with Oprah of her new film *Released* which tells the stories of formerly incarcerated males and females and what it was like to get back into society after extended periods of time. The docu-series

aims to expose the topic and provide awareness and support for those re-entering society (Braxton, 2017). Research related to this subject suggest community-based counselors would benefit from the development of unique skills to best serve this population contributing to sustainable success preventing recidivism. There is sound evidence to support continued research on factors that contribute to adolescent incarceration as well as effective treatment models and interventions.

Summary and Conclusions

This literature review has provided an overview of the current pertinent research available on topics related to adjudicated female adolescents who present with physical and relational aggression, and psychological treatment for these females. According to the literature, female physical and relational aggression is on the rise (Barrett, Katsiyannis, Zhang, 2006; Fleisher, 2009; Martin et al, 2008; McQuade, Achufusi, & Shoulberg, 2014; Multisystemic Therapy, 2019, Mullis, 2001; Okamoto, 2004; Smith, Chang & Rice, 2013; Stickle, Marini & Thomas, 2011; Taylor & Borduin, 2014). Continued research that could enable clinicians and professionals to serve this population better is warranted.

Previous research on physical and relational aggression in adjudicated females suggested continued research from various perceptions, community-based focus, and multicultural considerations (Auwarter & Aruguete, 2008; Brooks & Steen, 2010; Nicoll, 2014; Owens, Stewart, & Bryant, 2011). There is a lack of qualitative studies that explore the LPC counseling process with physical and relationally aggressive adjudicated females (Brooks & Steen, 2010).

The current study aims to explore LPC community-based counselors' experiences working with adjudicated females who engage in physical and relational aggression. The next chapter will describe the methodology that will be used to complete this basic qualitative study. Interviewing LPC community-based counselors allows for identification of themes and patterns shedding light on rapport building, therapeutic alliance, and successful or unsuccessful treatment and discharge. The following chapter will present a thorough description of the proposed research design and rationale for the study as part of the overall research methods that characterize grounded research approach.

Chapter 3: Research Method

Introduction

The purpose of this basic qualitative study was to understand LPCs' experiences working with adjudicated females who engage in physical and relational aggression. The goal of this study was to understand how professional counselors engage adjudicated females who present physical and relational aggression in meaningful treatment as well as understand what specific techniques, strategies, and approaches counselors utilize.

In this chapter the research design used in this study is outlined. This chapter also includes a description of the intended participants and the process for participant selection and recruitment. The general procedures that will help contribute to this study's results are presented. Data collection and the data analysis plan are outlined along with tools that will assist in generating the data necessary to respond to the research questions. The strategies to enhance trustworthiness are described, and ethical considerations are indicated to express a commitment to best research practices.

Research Design and Rationale

A basic qualitative research study was proposed in order to investigate the following research questions:

RQ1: How do professional counselors report the counseling process working with adjudicated females who present with relational aggression?

SQ1. What specific techniques, strategies and approaches community-based counselors utilize in treating adjudicated females who present with physical and relational aggression?

SQ2. How do community-based counselors describe the factors that challenge the counseling process?

SQ3: How does physical and relational aggression present in treatment?

The central phenomenon of interest in this study was the experience of LPCs' providing service to female adjudicated youth. The research questions explored themes and context regarding the experiences of professional counselors. I utilized the one-on-one interview technique and teleconferencing with semistructured interview questions to capture the unique perspectives, thoughts, and feelings of LPCs' providing counseling to female adjudicated youth. Additionally, the theoretical framework of relational-cultural theory (RCT) did lend insight regarding the effects of relationship in the counseling process, and its ability to prompt positive change (JMBTI, 2019).

Research Tradition

The research design I selected for this study was the basic qualitative research approach (Caelli, Ray, & Mill, 2003; Merriam & Tisdell, 2015; Sandelowski, 2000). Morse and Richards (2002) maintain that qualitative approaches are ideal for exploring topics in which there is little knowledge about complex situations, constructing themes, and obtaining new insight regarding a phenomenon, increasing understanding of the phenomenon. Merriam (2009) and Merriam and Tisdell (2015) argued that basic qualitative research is focused on meaning, understanding process, and purposeful sampling, also data collection relies on interviews, observation, and documents. Moreover, Cooper and Endacott (2007) defined the generic qualitative method as "studies that seek to discover and understand a phenomenon, a process, or perspective and

worldview of the individuals involved" (p.817). Further, Merriam (2009) noted basic qualitative studies can be found throughout the disciplines and in applied fields of practice and is probably one of the most common forms of qualitative research found in education. Further, generic qualitative research is used when research is not guided in the form of one of the well-known or established qualitative approaches (Kahlke, 2014).

Creswell (2013) described five qualitative research approaches: (a) narrative research which focused on exploring the life of an individual, development of stories, drawing from anthropology, literature, history, psychology, sociology, and humanities; (b) the phenomenological approach is focused on understanding the essence of an experience. Or describe the essence of a lived phenomenon this approach draws from philosophy, psychology, and education; (c) grounded theory is used to focus on on developing a theory ground in data from the field, interested in the views of participants and draws from sociology; (d) ethnography is used to focus on describing and interpreting a culture-sharing group, focused on describing and interpreting the shared patterns of a shared group; and, (e) case study, which is used to focus on on developing an in-depth description and analysis of a case or multiple cases, draws from psychology, law, political science and medicine. Despite the differences in each approach, they have similar processes; for example, they employ data collection, interviews, observations, documents, audio and visual materials. Besides the five approaches Creswell described, Merriam and Tisdell (2015) added basic qualitative research; this approach captures the design that incorporates similar processes among different traditions.

Considering these traditions described, this study relied on basic qualitative approach as I sought to discover and understand a phenomenon, a process, perspective, and worldview of the studies participants (Further, Cooper, & Endacott, 2007; Kalilke, 2014; Merriam, 2002; Merriam & Tisdell, 2015). Morse and Richards (2002) maintain that the basic research design is ideal when little literature suggests continued research would be beneficial to learn more about community-based counselors experiences. The generic research design is excellent for exploring topics where little is known, and opportunities to make new discoveries (Morse & Richards, 2002).

I was concerned with the circumstances contributing to successful or unsuccessful discharge from LPCs' care, and community-based counseling programs (e.g., FBMHS, MST). Finally, I was looking to obtain a detailed response from LPCs' that would provide an opportunity for increased insight into their experiences rather than focus on the behaviors or factors that lead to the adjudication of female youth. Hence, basic qualitative research is the best research design for the current study.

Rationale for Research Design

The basic qualitative research design was appropriate for this study as it is a descriptive, interpretive, and reflective approach. The basic qualitative design included the interpretation of subjective opinions, attitudes, beliefs, or reflection on their experiences of things in the outer world (Percey, Kostere & Kostere, 2015). Further, the basic qualitative approach provides an opportunity to gain a meaningful contextual understanding of the community-based counselors' perception.

Thematic analysis was a good fit for the basic qualitative approach. The focus of thematic analysis is to understand an experience or phenomena that is not guided by an explicit or established set of philosophic assumptions in any one of the qualitative forms (Caelli et al., 2003). Thematic analysis was considered the foundational method of analysis for qualitative analysis providing core skills useful for conducting an investigation (Braun & Clarke, 2006, Caelli et al., 2003). Braun and Clarke (2006) noted another benefit of thematic analysis is its flexibility, an approach with potential to provide a rich, detailed, and sophisticated account of collected data.

Role of Researcher

I aligned with qualitative research tradition as “the researcher” is the instrument (e.g. research tool) in qualitative research (ACA, 2019; Creswell & Poth, 2017). As a clinician for 17 years, it was my ethical responsibility to do everything in my power to avoid prejudice and bias, strive to obtain trustworthiness while remaining authentic to the research process (ACA, 2019, Creswell & Poth, 2017). To achieve this, I developed an interview protocol and semistructured interview questions working to avoid potential areas of bias. Creswell (2017) noted researchers must work to remove bias when they are the primary research instrument. Throughout the interviews, I used memos following each interview to reflect to avoid taking detracting lengthy notes during the interview or observation.

Methodology

Population

Participants of this study were expected to be licensed professional counselors (LPC). To be eligible to participate in the interviews, each participant had to meet inclusion criteria: (a) PA licensed professional counselor (b) at least 2 years of experience, (c) must have experience counseling female adjudicated youth who present with physical and relational aggression.

Previous studies have compared multisstemic therapy and family-based mental health services and found them effective in treating antisocial youth, as well as youth with mental health and behavioral challenges (Brooks & Steen, 2010; Calame, Parker, Amendola & Oliver, 2011; Henggeler et al., 2009; Taylor & Borduin, 2014). Both programs work to identify the top clinical concern, explore interactional cycles, the network of natural and formal supports, and develop treatment interventions based on assessments. MST and FBMHS are concerned with sustainability and generalizability to decrease the likelihood youth would be placed out of the home (e.g., residential treatment facility, juvenile detention center).

Sample Procedure

I relied on purposeful sampling as it allows the researcher to select the information-rich population contributing to the central importance of the inquiry (Cooper & Endacott, 2007; Merriam; 2009; Merriam & Tisdell, 2015). In addition, I relied on snowball sampling defined as researchers' access to informants through contact information that is provided by other informants "word of mouth" (Chaim, 2008). Additionally, I utilized the Pennsylvania Department of State Bureau of Professional and Occupational Affairs obtain a listing of licensees confirmed with the PA State Board of

Social Workers, Marriage and Family Therapist, and Professional Counselors (Pennsylvania Department of State, 2019; Pennsylvania Department of State List Request, 2019), Psychology Today, Perform Care Provider Directory, MST Licensed Child & Welfare & Juvenile Justice Organization Directory . I utilized the Google search engine to identify Pennsylvania Family Based Mental Health Service Providers. I then sent confidential invitations via electronic mail to MST and FBMHS LPCs' program directors, Outpatient and Private Practice Psychotherapist (ACA, 2019; MST Services, 2019; Perform Care, 2019) asking them to view and distribute information about the study to LPCs' in their program. Interviews were conducted via teleconferencing software (e.g., Fuze, Zoom). I ensured research methods aligned with Walden IRB and ACA ethical standards of practice to ensure safety and confidentiality.

Merriam (2002) argued that there is no bounded system in the basic qualitative approach or development of theory based on study results; researchers are concerned with the identification of recurring patterns, and one interview is usually enough to understand the participant response. The data analysis plan for this study relied on thematic analysis that does not require the researcher to await completion of all interviews before data analysis can begin therefore allowing the researcher to determine when saturation has been reached (Braun & Clark, 2006; Clarke & Braun, 2013; Merriam, 2014). Merriam (2009) noted a general question for novice researchers in descriptive research is how many interviews, how many site visits, how many documents to review. Merriam noted there is "no answer." Researchers must ensure an adequate number of participants and sites to answer the research question. Additionally, sampling should continue until

saturation is reached and that is determined by informational determination when no new information is forthcoming, or new information becomes redundant.

Guest, Bunce, and Johnson (2006) noted saturation has become the gold standard by which purposeful samples are determined, and key to qualitative work in health science research. Further, saturation occurs when the researcher becomes empirically confident the category is saturated (e.g. similar instances repeatedly, no new information). In my Walden University IRB request, I presented my desired outcome to recruit and interview up to 12 LPC's.

Instrumentation and Materials

In addition to my role as researcher and primary instrument in this qualitative study, I utilized seven data collection instruments: the participation screening guide (Appendix A), the informed consent form, and interview guide (Appendix C), a debriefing form (Appendix D), the invitation flyer for recruitment (Appendix E), and audio recording of the interview.

Participation Screening Guide. The participant screening guide (Appendix A) was a guide to assist in determining if a participant and the study are a good match. The criteria for the screening guide was based on aspects such as the research purpose, research question, research ethical consideration and requirements. Data for the screening form was documented during the first phone conversation interview with the potential participant, which was scheduled after initial email contact with the potential participant. The phone conversation and screening process lasted approximately ten minutes.

Informed Consent Form. The informed consent form provided an opportunity to discuss and disclose the purpose of the study, how much time will be required, the potential risk and benefits of participation, the voluntary nature of participation, compensation, critical contact information, and assisted the potential participant in making an informed choice on whether to participate. This form was emailed to the potential participant after the screening telephone conversation, in which the potential participant was instructed to reply via email confirming they do wish to participate in the study by replying "I consent".

Interview Guide. The interview guide (Appendix C) was created based on the research purpose, literature review data, and theoretical concepts being applied in this study. The interview guide was intended to serve as a guide for semistructured interviews that allows for the participant to expand into areas that may not have been surfaced by the researcher. This form also included basic demographic questions, such as age, number of years' experience, educational level, experience counseling female adjudicated youth. These questions were asked at the beginning of the interview. The demographic questions assisted in gaining insight into possible themes that are developed during the analysis process among the participant's responses.

Debriefing Form. The debriefing form (Appendix D) provided at the end of the interview in which I read the form to the participant and provided an opportunity for them to ask any questions. I then emailed a copy of the debriefing form to the email address provided upon consent.

Invitation Flyer. The invitation flyer (Appendix E) was used to assist in the recruitment process of this study. The flyer detailed the purpose of the study and proved the criteria that should be met to participate in the study. This flyer was sent to MST and FBMHS program directors Private Practice and Outpatient Therapist. The flyer included a bulleted list of what the participant will be asked to do and how much time was expected of them as well as the incentive of receiving one $10 Sheetz or Turkey Hill gift card for those that met the participant requirements and wished to be a part of the study.

Audio Recording. The request to audio record interviews was included in the consent form and discussed before starting the interview. I used these recordings to develop transcripts using Microsoft Word document to assist in the analytical process.

Recruitment

The research flyer and participant letters were sent to approximately 170 possible participants. The recruitment procedure for this study included use of the PA State Board of Social Workers, Marriage and Family Therapist and Professional Counselors licensee list as well as contacting program directors and Family Based Mental Health Service, MST consultants/program directors, Outpatient Counselors and Private Practice all LPCs' asking them to identify participants that meet research participant criteria and distribute the invitation flyer (Appendix E) to potential participants. The letter of invitation also explained the full expectations and compensation (e.g., $10 Sheetz or Turkey Hill Gift Card) for participants that met the study requirements and chose to participate.

Potential participants contacted the researcher. I sent them the informed consent document via email. For future analysis all audio-taped interviews took place using the interview guide (Appendix C) in which the participants were asked open-end questions.

Participation

The potential participants that were interested in taking part of this study responded via email as listed in the invitation letter. After receiving the individual's interest to participate, I contacted the individual via phone to provide the purpose of the study, the procedures to take place and provide them with informed consent document. At this time, I also reviewed the participant screening guide to identify any exclusionary criteria, if the participant is a good match, then an interview time and date were scheduled to conduct a semistructured interview.

Data Collection

Participants that qualified to enter the study scheduled a one-hour semistructured interview to be conducted utilizing the interview guide (Appendix C). If the interview requires more than one hour, then a second interview would be scheduled to take place at-a-later date. Reasons the interview may run over could be the participants time to process questions and provide a detailed response, late start due to traffic or some other emergency, technical issues, or something we absolutely could not control for (e.g. sickness, death). I established early the goal was for the interview to conclude within an hour. A reason the interview could have been cut short (e.g. medical or personal emergency, scheduling barrier). If the interview required less than one-hour allotted time, the interview was concluded. At the end of each interview, the participant had the

opportunity to take place in debriefing. I read the debriefing form (Appendix D) to the participant and allowed an opportunity to ask questions. I then emailed the participant at the email address provided. At the beginning of the interview with teleconference participants I confirmed mailing addresses to send the gift-card post interview. I reminded the one face-to-face participant the gift card would be presented at the end of the interview.

Data Analysis Plan

Braun and Clarke (2006) defined thematic analysis "as a method of identifying, analyzing, and reporting themes and patterns [themes] within data" (p.3). Furthermore, thematic analysis differs from other descriptive analytic methods as it is not wedded to any pre-existing theoretical framework. In addition, themes were defined as capturing something important about the data in relation to the research question (Braun and Clarke, 2006). Additionally, Braun and Clarke (2006) outlined the six phases of thematic analysis

1. Familiarize yourself with the data: consist of reading, re-reading, transcribing data and noting down initial ideas
2. Generating initial codes: develop a systematic coding fashion across the entire data set, collecting relevant data to each code
3. Searching for themes: organize codes into potential themes, gather all relevant data
4. Reviewing themes: confirm themes work in relation to code extracts, the entire data set, generate the thematic map of analysis
5. Defining and naming themes: continuous analysis, refine specifics, acknowledge the

overall story the analysis tells, generate definitions and names for themes

6. Producing the report: relate analysis, develop a scholarly report

Issues of Trustworthiness

To ensure quality in a qualitative study, Shenton (2003) concluded researchers should indicate the 1) credibility, 2) transferability, 3) dependability, 4) conformability of the study.

Credibility

The credibility of this study was strengthened by utilizing strategies that were common in qualitative methods of research, such as triangulation, debriefing, and prolonged engagement (Lietz, Langer & Furman, 2006; Ravch & Carl, 2016). According to (Creswell, 2013) qualitative researchers have a great task in research data analysis and representation. Researchers are expected to "organize data, conduct preliminary read-through of database(s), coding, organizing themes, representing data, and forming an interpretation of them (Creswell, 2013; Gibb & Taylor, 2005; Patton, 2002). According to Creswell (2013) researchers must align with and practice from a specific data analysis format based on their research approach by doing so, this provides research structure, prompts validity and reliability as there is an increased chance for future replication (Patton, 2002; Creswell, 2013). Researchers' credibility is very much associated with conducting reliable and valid research from a specific approach (Patton, 20, Creswell, 2013).

Throughout the data collection and analysis stages I provided my findings and elicit feedback and dialogue from my research committee. This feedback improved my

ability to avoid bias by reflecting on the data in a more meaningful way during the analysis process. These collaborative process of having more than one researcher evaluate and provide feedback related to data increases the likihood for credibility, reduce bias and known investigator triangulation (Ravitch & Carl, 2016). Finally, committing to multiple contacts with participants, such as email and minimum of two phone conversations to establish credibility and trustworthiness (Creswell, 2017). For example, participant and researcher communication took place during the email contact, again during the initial phone screening, and finally during the one-on-one interview.

Transferability

Transferability is concerned with the reader's ability to use the information gained from this descriptive study and apply this information to another context (Creswell, 2013; Ravitch & Carl, 2016). Transferability is best accomplished by thick description (Creswell, 2007). Creswell and Miller (2000) argued that credibility in research relied on close collaboration with participants throughout the research process (p. 128). Further, the validity of a study is determined by the researcher's ability to present participants viewpoints. Thick descriptions were defined as dense, vivid, detailed accounts through the lens of participants. By contrast, thin descriptions lack detail a simple report of facts (Creswell & Miller, 2000). I planned for LPCs' to provide vivid detail accounts of their experiences providing treatment to female adjudicated youth who present with relational and physical aggression. I established transferability by carefully identifying, coding, and transcribing documents, and themes as they emerged in this study. I provided a rich and thick description of data and results to ensure the reader

makes an informed decision related to applicability and transferability of the presented results to other settings or similar context (Creswell, 2007; Creswell & Miller, 2000).

Dependability

According to (Golafshani, 2003; Ravitch & Carl, 2016) dependable qualitative research reflects the ability to be consistent and stable in relation to the researcher's rationale and approach to answering the research questions. The use of audit trails in the study included field notes, recorded interviews, and data analysis summaries. For instance, specific steps taken throughout data analysis was discussed. The audit trail provided several important aspects to qualitative studies to establish dependability. For example, having a detailed audit trail describes the research procedures and rationale, allows the researcher to follow their own procedures consistently, and leaves the work available for critique by other researchers (Lietz, Langer & Fruman, 2006).

Confirmability

Researcher objectivity has been an expressed concern related to qualitative research (Shenton, 2004). Cope (2014) defined confirmability as the researcher's ability to ensure the data represents the participants' viewpoint without researcher bias. Additionally, reflexivity was the researcher's awareness of their background, bias, values, decisions, beliefs, and previous experiences with a phenomenon that could affect the research process. In the spirit of transparency and accountability, I utilized a private reflective journal to document my thoughts, reactions, bias, and feelings throughout the research process (Cope, 2014; Lincoln & Guba, 1985; Shenton, 2004). Finally, provide access to audit trails which are collections of materials collected throughout the research

process (e.g., interview transcripts, data analysis, memos, process notes, and final report draft).

Ethical Procedures

Those individuals meeting the inclusion criteria, such as being an LPC with 2-3 years' experience as a community-based counselor, service areas Dauphin, Cumberland, York, Perry counties and beyond. The participants will be welcome to participate regardless of race, cultural practices, religious beliefs. Described next are the ethical concerns that include recruitment, data collection, management of the data, and protection of the data.

Recruitment: Before this study can begin, I submitted the Walden University institutional review board (IRB) form concerning ethical standards in research for approval. The potential participants were protected from pressure to participate in the study and were given enough information to make an informed decision to participate in the study. For example, the initial study invitation and participant screening guide (Appendix A) were used to describe the study and the study's purpose in a way that is impartial and did not pressure the potential participant one way or the other. The consent form (Appendix B) included a statement of confidentiality, benefits of the study, risk of the study, and discussion of the length of time the interview approximately (sixty minutes), the method of communication was used, and the consent to audiotape the interview was provided to all those participating. Discussions regarding early withdrawal were in place with potential participants prior to agreement to participate in the study and

the consent form addressed early withdrawal explaining that the participant will not be treated differently for choosing to withdraw at any point.

IRB information

According to Walden's Research & Compliance the Institutional Review Board (IRB) is responsible for ensuring Walden's students comply with ethical and federal regulations. Walden's IRB will not approve a study if students do not all meet specific conditions. Literature suggested you can gain qualitative data related to teens by assessing the perceptions of professionals through the lens of teachers/professionals who come into regular contact with youth (Creswell, 2013).

Data collection. The consent form (Appendix B) included language that is easy to understand and provided enough information to make an informed choice to participate in the study. The consent form stated the participant's right to decline participation or withdraw from the study at any time and stated that the participation and will not be treated differently at any time. The consent form included procedures for reaching services in the event the participant believed to experience an acute psychological state that requires assistance during the interview process. Additionally, the consent form provided the researcher's contact information and the consent information to reach the Walden University participant advocate department in the event the participant required more information or had a concern. Concerns about confidentiality and protecting the participant's identity were also addressed in the data collection process and acknowledged in the consent form. For instance, the participant's identity was masked by creating a pseudonym for each individual participant (e.g. Participant 1, Participant 2).

Further, the recorded interview, transcripts, and final write-ups were labeled with the participants' pseudonym to maintain confidentiality.

Management of the Data

Data collected for this study will be kept confidential and will not be shared or released without written consent from individual participants. Further, any collected data from the participants will not be released without explicit permission from the IRB. All information and identifiers provided by each individual participant will be kept confidential and excluded from the final write-up in this study.

Protection of the Data. All the materials, information, and data collected from the participants (i.e. informed consent forms, screening guide, debriefing forms, and transcripts) were kept in a locked cabinet in my office. I also retained all electronic Word and Excel documents (i.e. transcripts and reports) in a password-protected file on a password-protected computer. The participant's information was labeled with their respective pseudonym and the code sheet to link each participant was kept in a locked file cabinet separate from the participant's data that only I had access to. All data will be kept for a minimum of five years as required by Walden University IRB, before being destroyed. The data retention and disposal was also be stated in the participant informed consent form. Upon completion of the study participants can request a finalized copy from the researcher's email address. The participants were informed of this option within the informed consent form prior to agreeing to participate in the study.

Summary

The chapter has provided a description of how the descriptive basic research tradition was applied to this study to answer the research questions regarding LPCs' who counsel female adjudicated youth who present with relational aggression. This chapter has also reviewed the role of the researcher, design and methodology, and how potential bias that is common in qualitive studies would be addressed. The procedures for participant sampling, analysis issues of trustworthiness, and concerns for the ethical treatment of participants and data were also discussed. Sex offender treatment providers, Behavior Health and Rehabilitation Services (BHRS) clinicians, Aggression replacement Therapy (ART) facilitators, Trauma Focused – Cognitive Behavioral Therapy clinicians. Some clinicians have served in various roles over their years of experience providing vivid reports of their experiences.

Chapter 4: Results

Introduction

The purpose of this study was to understand the experiences of community-based counselors Pennsylvania Licensed Professional Counselors (LPC) with experience treating female adjudicated youth who present with aggression. Participants of the study gave their perspectives related to serving female adjudicated youth as well as adjudicated youth in general. The following research questions and subquestions guided the interview process.

RQ1 : How do professional counselors report the counseling process working with adjudicated females who present with relational aggression?

SQ1 : What specific techniques, strategies, and approaches do community-based counselors utilize in treating adjudicated females who present with physical and relational aggression?

SQ2: How do community-based counselors describe the factors that challenge the counseling process?

SQ3 : How does physical and relational aggression present in treatment?

An explanation of the relevant components that guided the data collection, data analysis and the study results including a comprehensive description of the participants, the settings, the codes, themes, and sub-themes that emerged from the community-based counselors' experiences with female adjudicated youth as well as the steps taken to ensure the trustworthiness of the study were also presented in this chapter.

Study Setting

After receiving the Institutional Review Board (IRB) approval notification (Approval Number 01-09-19-0345795) with the expiration date of January 8, 2020, Walden University authorized me to proceed with the data collection. The first step was to develop a system to keep track of professionals contacted by participants name, LPC verification, location, date contacted, response, screening call schedule, interview schedule, and interview complete date. Instead of referring to participants by name throughout the study, they are referred to as Participant 1, Participant 2 and so forth.

Using the Find a Therapist tool on the website Psychology Today, specific search filters (e.g., zip code, specialty, and treatment modality) made it easy to select a sample of LPCs. A thorough search based on several modalities relevant to this study (e.g., aggression replacement therapy, adjudicated youth, community-based counseling, female adjudicated youth, multi-systemic therapy, trauma-focused therapy, CBT, etc.), was conducted along with a search for zip code in order to limit the sampling to LPCs within the state of Pennsylvania. After identifying professionals on the Psychology Today website, an email which included a research flyer and an invitation to participate was sent to all potential participants. Next, a time to complete the initial phone screening with the participant was scheduled. Every participant who met all the criteria were then emailed an electronic consent form and a formal interview was scheduled. Participants reviewed the consent form and returned it with the reply “I consent.” The Psychology Today Find a Therapist tool allowed me to connect with several participants.

The Perform Care Children/Adolescent Services, MST provider choice form capital, was also used to identify MST providers. This resource provided access to

Participants 2, and 4. Participant 6 was added to the study from the Dauphin County Children's Mental Health Provider list 2017–2019. In addition to more traditional methods, a closed Facebook group for Pennsylvania Licensed Professional Counselors with the permission of the group administrators, Participant 7 made contact after my research flyer circulated the group. LinkedIn was another tool I used to identify licensed professional counselors with experience counseling female adjudicated youth. Participants 8 and 12 were selected for their wealth of knowledge related to the focus population. Of those two participants, one was dually licensed as an LPC in the state of Pennsylvania and New Jersey which added to the data sample. The remaining participants included a former MST supervisor and former school counselor with relevant experience treating female adjudicated youth who present with physical and relational aggression across central PA through Chester County.

The research flyer and participant letters were sent to approximately 170 possible participants using the aforementioned tools. A screening call was set up for participants from any platform (i.e., Psychology Today, LPC closed Facebook Group, Linked In, Snowball Sample, Mental Health Directory) who expressed interested. Only those participants who met all criteria were asked to sign a consent form and scheduled an interview. I obtained consent for phone interviews in an e-mail response stating, "I consent." I conducted a total of eleven phone interviews and one face-to-face interview at the participants' request. A $10.00 Sheetz electronic gift card was provided to all participants by the researcher; however, four participants refused gift cards due to a

conflict of ethics. No participants indicated they were unhappy with the conditions of the research study.

Demographics

The Pennsylvania State Board of Social Workers, Marriage and Family Therapist and Professional Counselors regulates and controls clinical licensing practices. Twelve participants of this study represented the PA licensing board (LPC), one participant was dually licensed in both Pennsylvania and New Jersey (Table 1). The participants varied in age, education, experience, and location as summarized in the table below. The age of the participants ranged from 28 to 47 years ($M = 37.9$).

Table 1

Participant Demographics

Participant	Age	Race	Gender	Years of Experience	Education	Geographical Location
1	38	Black	Female	10	Master's Degree	Eastern, PA
2	46	White	Female	13	Master's Degree	Western, PA
3	39	White	Male	12	Psy.D.	Western, PA
4	44	White	Female	10	Master's Degree	Central, PA
5	37	White	Female	11	Master's Degree	Central, PA
6	44	White	Male	23	Master's Degree	Central, PA
7	34	White	Female	8 ½	Master's Degree	Philadelphia/Bucks County
8	28	White	Female	5	Master's Degree	Philadelphia/Bucks County
9	35	White	Male	12	Master's Degree	Philadelphia/Bucks County – Central, PA
10	47	White	Female	6	Master's Degree	Central, PA
11	29	White	Female	9	Master's Degree	Philadelphia/New Jersey
12	34	White	Female	6	Master's Degree	North Eastern, PA

Data Collection

The data collection process for this investigation lasted 7 weeks from January 14, 2019 through March 1, 2019. After coordinating the times and dates of the interview using the participant directory I developed, interviews went on as scheduled. There were a few last-minute schedule changes with participants; however, there were no barriers to complete interviews in a timely manner. Of the 12 interviews, eleven were conducted via phone and one face-to-face interview was conducted at my professional office space to ensure confidentiality. A cell phone utilizing a voice memo application was placed on the

desk to record all interviews (Apple iPhone, 2019; Google Voice, 2019). To maintain the integrity of the study, I created a Google Voice phone number to ensure separation between personal calls and research related calls (Google Voice, 2019).

The first three participant phone interviews lasted between 30 and 40 minutes; in hindsight I know it was my nerves and strong desire to “stay in the lines” “avoid bias” – “stick to questions as written” I did not want to risk trustworthiness. After consultation with my dissertation chair I learned it was okay to develop a semistructured approach allowing for increased participant elaboration. Upon adopting the semistructured approach, the length of interviews increased. The remaining interviews lasted between 45 minutes to 1 hour and 15 minutes. The interview questions were open-ended to ensure participants could really provide detailed accounts of their experiences. I adjusted my interview style but did not deviate from the approved interview guide and research questions.

At the conclusion of every interview, all content was renamed and saved before being uploaded to Dropbox using my password-protected personal computer and documents. Each participant was assigned a number (i.e., Participant 1) and all interviews were filed by the participants' initials and/or numbers in Dropbox. I transcribed the first five interviews using Microsoft Word software and Google Docs. To avoid presenting identifiable information, the participant's full names and any slip of the tongue references to individuals counseled by participants were omitted. I kept a research journal throughout the interview process to jot down ideas, reactions to participant statements, and emerging themes. The information written in the journal helped to inform the

interview memos. No participants of this study voiced concerns or displeasure with any part of their participant process, they were reminded they could contact Walden IRB.

Data Analysis

I relied on on basic qualitative methodology and thematic analysis to conduct this study. Thematic analysis has been defined "as a method of identifying, analyzing, and reporting themes and patterns [themes] within data" (Braun & Clarke, 2006, p.3). Additionally, Braun and Clarke (2006) outlined the six phases of thematic analysis:

1) Familiarize yourself with the data: consist of reading, re-reading, transcribing data and noting down initial ideas.

2) Generating initial codes: develop a systematic coding fashion across the entire data set, collecting relevant data to each code.

3) Searching for themes: organize codes into potential themes, gather all relevant data.

4) Reviewing themes: confirm themes work in relation to code extracts, the entire data set, generate the thematic map of analysis.

5) Defining and naming themes: continuous analysis, refine specifics, acknowledge the overall story the analysis tells, generate definitions and names for themes

6) Produce the report: relate analysis, develop a scholarly report

The data analysis plan for this study did not require the completion of all interviews before data analysis could begin therefore allowing me to have an idea of when saturation was reached (Braun & Clark, 2006; Clarke & Braun, 2013; Merriam,

2014). I originally planned to interview up to 12 LPC participants or until saturation was reached (Cooper & Endacott, 2007; Guest et al., 2006; Merriam et al., 2015). To keep data organized, I used a coding template along with the transcription of each interview. The template for Interview 1 Coded included columns for the interview text, line by line coding and focused codes.

Table 2

Sample of Research Coded Interviews

Interview	Line by Line Coding	Focused Coding
Researcher: First will you describe your experience working with females in your family-based program? Participant: Sure. Over time we've had a couple that I worked with specifically and a couple that I've supervised, um, and they tend to present pretty differently, so I've had…The females tend to get caught doing something	I've worked with females and they tend to present differently than boys. Boys tend to be more aggressive, where girls tend to get caught doing something (e.g., doing something in school, stealing or and getting probation).	• Differences between boys and girls • School fights • Theft • Teen assaulting parents

and then end up on
probation for that. Whereas
like the males that I've
worked with they tend to
be sort of more aggressive
and they get caught. And
my females get caught
stealing or they have a….
Researcher: That's a really
good point.
Participant: Or they've
done something at school.

I maintained a research journal throughout data collection. The information related to reactions, thoughts, and patterns were used to inform the interview memos at the end of each coded interview. All line-by-line coding, focused coding, development of codebook, and development of a family of codes were hand coded. The codebook was developed as a tool to operationally define participants' use of words, professional jargon, and phrases (Braun & Clarke, 2012; Braun & Clarke, 2006). The codebook helped in defining each code within the context of each interview. Once memos and codebooks were completed for each interview, individual codebooks were assembled into one single codebook.

After full immersion in the data, the codebook was reviewed, revised, and refined again to identify recurring patterns. After the comprehensive codebook was developed, I considered what code and themes seemed to be the most meaningful to participants, which is how the themes and sub-themes for this study were developed (Braun & Clarke, 2006). After carefully analyzing the data, three major themes emerged: therapeutic strategies, cross-system collaboration, and expressions of aggression. Within these central themes, five sub-themes emerged which provided a more focused definition of the broader themes in relation to the research question discussed in the introduction. Table IV was used to categorize data into central and sub-themes.

Table 3

Emerging Themes and Sub-Themes Based on Research Questions

Therapeutic Strategies	• Theoretical orientation • Clinician self-care
Cross-System Collaboration	• Parental factors that impact treatment
Expressions of Aggression	• Exploring gender

Negative Case Analysis

There were no significant differences across interviews in terms of the landing at central themes. Despite different examples and contexts presented, the core content of the interviews did not significantly deviate from one another. The data collected from all twelve participants repeatedly presented similar patterns and themes across interviews.

The similar findings demonstrated that the participants drew the same conclusions around what is required to engage female adjudicated youth in meaningful treatment.

Trustworthiness

Chapter three outlined the ethical responsibility necessary to avoid prejudice and bias while conducting the research study in adherence to research standards outlined by the Walden University Institutional Review Board, Dissertation Committee, and the American Counseling Association Code of Ethics (ACA Code of Ethics 2014; Creswell & Poth, 2017; Walden University, 2019). This was achieved by developing an interview protocol which included maintaining a research journal throughout the research process and the use of semistructured interviews. Further, memos were created following each interview to reflect on the interview including, but not limited to, pertinent journal notes or reactions.

I maintained professional contact with participants throughout the research process to establish credibility and trustworthiness by contacting participants via email with an initial invitation followed by a thank you email and screening call to those who contented to the terms defined in the study. All correspondence was recorded either digitally or electronically and stored in password protected files. There was no variation in the original data collection plan referenced in chapter three; thus, all research samples were protected in an ethical manner. Creswell and Miller (2000) argue that credibility in research relies on close collaboration with participants throughout the research process.

Credibility

To achieve credibility, I used a basic qualitative approach as a guide to collect and examine data. This study was built on direct findings related to the treatment of female adjudicated youth. However, this study was unique in the sense that there was limited literature specifically on treatment of female adjudicated youth who present with aggression from an LPC community-based clinician perspective. As it related to this study, Patton (2013) and Creswell, (2013) implied, researcher credibility is very much associated with conducting reliable and valid research from a specific approach. I captured the essence of participants' experiences captured by applying a semistructured interview approach to data collection rather than a ridged interview approach which would limit the scope of the interviews.

Transferability

The intent of this study was to shed light on the meaningful treatment options for female adjudicated youth who present with aggression by identifying central themes and sub-themes as defined in Table IV. The validity of this study was determined by the ability to articulate participants' viewpoints. Creswell and Miller (2000) described such descriptions as dense, vivid, detailed accounts through the participants' lens. The participants in this study provided rich, detailed accounts of their experiences working with female adjudicated youth who may or may not present with aggression. Transferability was established by transcribing text, coding, and identifying main themes, and sub-themes as they emerged. It is my responsibility as a researcher to present the rich and thick description of data and results in a manner so that the reader can make an informed decision related to the applicability to other setting or similar context (Creswell,

2007; Creswell & Miller, 2000). To ensure for quality in this qualitative study, I adhered to Shenton's conclusion (2013) that researchers should indicate credibility, transferability, dependability, and conformability in practice.

Dependability

A detailed audit trail was used to describe the research procedures and rationale, allowed me to follow specified procedures consistently, and left the work available for critique by other researchers (Lietz, Langer & Fruman, 2006). To increase this project's dependability, each step of this project was described in detail, and the evidence of empirical expectation and guide for the researcher. Throughout the data collection process, I used audit trails by keeping a research journal, through the use of a voice memo application, diagrams, and interview memos. The audit trail provides several aspects to establish dependability.

Dependable qualitative research must reflect the ability to be consistent and stable about participants' rationale and approach to answering the research question (Golafshani, 2003; Ravitch & Carl, 2016). Dr. Verdinelli also conducted a peer review of all interview transcripts. This level of collaboration and oversight was to ensure I conducted this research study with integrity and fidelity.

Confirmability

Cope (2014) defined confirmability as the researcher's ability to ensure the data represents the participants' viewpoint without researcher bias. Through reflexivity the researcher's awareness of participants' background, bias, values, decisions, beliefs, and previous experience (s) with a phenomenon that could affect the research process were

taken into account. To ensure for clarity I asked participants to define jargon and terms providing operational definitions for the reader. As outlined, I did not deviate from the use of audit trails (e.g., interview transcripts, memos, and research journals).

Study Results

One main research question and three subquestions guided the development of this study that explored how professional counselors report the counseling process working with female adjudicates who present with relational aggression. Three major themes emerged during data analysis. The first emerging global theme was therapeutic strategies which was subdivided into two sub-themes: theoretical orientation and advice for clinicians. The second main theme that became evident was cross-system collaboration which produced the two sub-themes referral behaviors and parental factors that impact the treatment. The final central theme identified was expressions of aggression with one sub-theme exploring gender. Definitions for each theme and sub-theme were based on study results. A total of eleven interview questions addressed the main research question and subquestions (Appendix C). Participants responded to open-ended questions, and the answers were recorded using cell phone voice recorder technology. To ensure for confidentiality, all the subjects were changed to Participant and assigned a number one through twelve.

Central Theme 1: Therapeutic Strategy

Therapeutic strategy highlights specific theoretical orientations, treatment modalities, and strategies used to conceptualize and treat aggression in female adjudicated youth. For the sake of this study, therapeutic strategies are defined as the

specific skills community-based counselors used to engage families in meaningful treatment. Below are specific therapeutic strategies used by the PA LPC community-based counselors interviewed for this study. These therapeutic strategies reflect the attitudes and interventions in meaningful treatment used to engage female adjudicated youth who present with aggression.

Peeling back the layers. Participants found it useful to refer to the metaphor of peeling an onion when describing working with female adjudicated youth. In most cases, challenging behaviors such as assault, truancy, shoplifting, verbal aggression, and physical aggression present in female adjudicated youth. Participants described working to understand the underlying factors causing youth to demonstrate maladaptive behaviors. Community-based counselors report in many cases youth who present with maladaptive behaviors have experienced trauma thus, potentially, their behaviors are a symptom of the youth's trauma and problematic ecology. There were similar perspectives shared by participants regarding the impact trauma had on female adjudicated youth who present with aggression.

[Your formatting for participant quotes is incorrect throughout the remainder of this chapter. Please note that participant quotes follow the same rules as all quotes. Quotes that include 39 words or fewer are written in quotation marks; e.g.: According to Participant 6, "With the girls, is peeling an onion back, and peeling their layers back to finally get into that core of who they are." Quotes that are 40 words and longer must be written as block quotes. For more information on block quotes, please see APA 6.03. This problem must be fixed throughout the remainder of the chapter. You must introduce

quotes and put them into the proper context. They must be formatted according to APA rules regarding quotation marks and block quotes. Do not use headings to introduce the words of a particular participant; instead, craft a paragraph that allows you to put the quotes in context.]

> *Participant 6.* with the girls, is peeling an onion back, and peeling their layers back to finally get into that core of who they are.

Listening to stories with respect. Participant 6 spoke to the importance of "listening to stories with respect" and with an unbiased and non-judgmental ear.

> *Participant. 6.* Um, I ask people, I tell them their job is to be as honest as they are able to be, um, with me and hopefully that level of honesty grows over time. And sometimes it can happen quickly, and sometimes it can take a very long period of time. But, um, yeah, I mean, I think trust, obviously respect. So, I have to be respectful of who they are, how they are, uh, where they're coming from. It is not my job to change people, it's not my job to have an agenda for who they should be or how they should be. Um, so I want to respect them as individuals, I want to respect them as people carrying potentially stories, and part of my job is to listen to their story and respect and honor that story.

Addressing the elephant in the room. In several instances' participants reported addressing race and cultural differences in treatment with adjudicated youth. Those participants were very open and willing to talk about engagement (e.g., attending regular sessions, alignment with treatment goals and objectives) and cultural differences with their clients. Participants also highlighted the importance of embracing multicultural

counseling principles. Participants provided a detailed narrative of their experience counseling from a multicultural perspective.

Participant 11. Another layer that I often had is, most of the clients that I had in Philly, were black, brown, Latino, like they- and I'm white- so also walking into this space as a white female, I had to talk about that from the jump. Like, I had to say okay let's go through our consent paperwork. And once they finished that I would- I would-I learned to say like okay, what experiences have you had with other white females, with white men? How do you think it'll be working with a white therapist? Because I found that in my early career when I didn't address it, there was this unspoken power dynamic that- that eventually went away once they got to know me, but it took the engagement process longer. Whereas when I addressed it from the beginning, they felt like oh so you're aware, a) that there's a power dynamic, b) that you hold privilege in this room, and c) that I've probably had negative experiences with people that look like you. Like okay, you get it. There's like that understanding of like you get it you understand it. So- so that gets taken care of right away.

Participant 5. So I just channel that when I'm thinking about it and make you know what this this race thing needs to be on the table so that’s been helpful for I think when it comes to this population is what I usually tell them is. Don't be afraid. you are missing the story how did this happen because the person telling the story goes right through don't' forget to look at what's underneath. How did this happen is the person telling the story it's going to filtrate through their lens?

Self-awareness. Participants spoke to the importance of self-awareness. Clinicians described the importance of feeling comfortable and knowledgeable of what makes them tick, their values, prejudice, professional expectations, and bias. Participants expressed the importance of being aware of your authentic self as families can easily spot an imposter. If this self-awareness was not apparent, it could impact treatment as youth and families would test them. PA licensed community-based counselors described being tested by youth as a way to ensure the clinician was someone they can trust.

Participant 6. I think you, um, bring, you bring up a good point around self-awareness. How important is self-awareness for a counselor who's going to work with this population? Um, I think it's pretty massively important Just that even in the idea of like knowing where, um, trying to know where people's biases start, what their assumptions are- Like, we all come to the table with a certain level of experience, and if you're working with someone who has a very different, different kind of-So, if I'm working with, you know, like a, an African-American woman or, say, a Hispanic teenager or something like that, they've had very different experiences than I have, and so I have to be aware of that, that this is not about who's right and who's wrong. It's about that they see the world from a different perspective. It's not my job to convince them of a new perspective, it's my job to listen.

Building trust. Community-based counselors also described the expectation of formal courts (e.g., criminal court system, family court systems, district court) to "fix the kid" within a relatively short time period. However, participants note it took time to build rapport and trust with youth, especially with youth who have experienced trauma,

presented with resistance or had prior bad experiences with systems whether personally or a family history of incarceration of siblings, parents, cousins or peers. Another notable discovery of this study was that community-based clinicians' unique challenges and rewards were associated with becoming significantly involved in the fabric of families' lives.

> *Participant 8.* I think also they could tell that I was truly and genuinely invested in their child and that I cared about their child and that I was there to support them. I mean, I would be doing homework with not my identified client, but her sibling, or helping mom do the dishes while we talked. I really tried to do whatever... one time I fixed these people's shower head because the kid was refusing to go to school. We brainstormed because there wasn't a working shower. How are we going to fix this shower? I think I really tried to put on different hats.
>
> *Participant 7.* Right. Absolutely, and you know, I think that's one of the faults of our system. Is that, people want us to, you know, quote unquote, fix these children. And, why isn't this working, she's been in counseling for a month and let's be honest, I mean, when a child's been hurt by a loved one, that's something that takes time for them to open up and confess to.

Avoiding the power struggle. LPC community-based counselors in this sample also described experiences with youth who caused division between parents, caseworkers, courts and/or counselors. This behavior was referred to by participants of this study as splitting or triangulation. Participants spoke to the importance of developing a unified front across systems. Ensuring the lines of communication were open to hold

youth accountable across systems. Several participants spoke about youth's effort to split their treatment team. This idea of avoiding power struggles with teens came up in several interviews.

Participant 4. Um, and so I think that is why he entertained the few conversations that we had, and I didn't ruin it by being getting a power struggle with him.

Participant 12. And so, I think if I would go in there ... If I would have went in there and acted like the parent, I think it would've ended poorly, especially for adjudicated youth. They're used to a power struggle. That's what they know.

Relatability. In response to the research question some participants believed that it took a special kind of person, one who was likable and authentic, to successfully engage in community-based counseling. Participants of this study stressed the importance of being able to join with families and this doesn't always occur between the hours of 9:00 AM – 5:00 PM. The non-traditional hours and expectations of community-based counselors is another way counselors engage in meaningful treatment. Hence, participants referenced the importance of relatability as "some things can't be taught" this was an important statement because clinicians must understand human service work calls for a special person with unique skills, patience, support, and resources to have a positive impact on families. Participant 11 provided a detailed account of the need for community-based counselors to step outside of their personal comfort zone.

Participant 11. They saw that I was comfortable coming to their community, their home, whatever. And, I didn't have a problem with being uncomfortable at times. Like, if I'm standing outside and there's a drug deal happening at the end of the

corner, like yeah of course I'm going to make sure everything's cool. Whereas like the kid I'm working with is probably like eh whatever, this is every day. But I was okay with feeling that discomfort because it gave me at least even a five-minute opportunity to see what their entire childhood has been like. So, I'm uncomfortable, what must it be like to live in this community. And I just feel like that, like I was just comfortable with those uncomfortable conversations. and like I said, being genuine, like I'm just not gonna bs anybody. I think that- that is what, what helps with the engagement. It's not clinical, I don't think I could ever teach anybody to do it. It's just your personality really. And it's a willingness to do it too because of course there will be people who like aren't willing to go to certain neighborhoods.

In addition, participant 11 and participant 3 described colleagues who resisted when assigned to work with youth in particular neighborhoods. *Participant 11.* And it's a willingness to do it too because of course there will be people who like aren't willing to go to certain neighborhoods- Go to certain projects. And it's that willingness to go there.

Participant 3. I remember some of the neighbors being like hey your parking in my spot. but I feel community factor to you know just being aware of the rules of a neighborhood.

Participant 10. Princess Street is not the greatest neighborhood. I had a dad; he was so funny. He would make me call him before I would leave the office and he would stand outside at a parking spot, tell me where to park, and he would walk

me into the house. He was so cute. He did not like me coming to the neighborhood. He was like, "I'm going to make sure that you're okay."

Setting the stage for therapeutic work. Community-based clinicians must present with professionalism despite the relaxed treatment setting. For example, during family sessions at clients' houses community-based counselors may find TV shows enjoyable, distracting or inappropriate. A discussion with the family about establishing session expectations and rules (e.g., TV will be off, only take emergency calls or no scrolling on social media) during family sessions in the home were an essential part of setting the stage for working with them. Cell phones seemed to be the most distracting object. Cell phone use by clinicians and families came up during interviews. Therapists found it imperative to set session rules about cell phones. Cell phones were a distraction that directly influenced the effectiveness of sessions. One participant mentioned that when clinicians picked up their phones during session it is like telling the family the phone was more important than the work in session.

Sub-theme 1: theoretical orientation. Participants described how theoretical orientations were integrated into their work with female adjudicated youth (e.g., multi-systematic therapy family-based mental health services, trauma-informed-cognitive behavioral therapy, aggression replacement training and the sanctuary model). Halbur and Halbur (2014) suggested counselors learn helping skills and have a unique opportunity to use them in intentional ways. Tenants from specific schools of thought contributed to the basis for many community-based techniques participants discussed in this study which are represented in Table 4. The American Counseling Association

(2019) indicated counselors' theoretical orientation was a large part of their professional identity. Further, theoretical orientation influenced how to conceptualize individuals' presenting issues, and provided a foundation for treatment planning, development of goals and interventions.

Participants referenced specific training and treatment models they used, such as trauma informed-CBT to address trauma-related issues looking beyond the presenting behaviors (e.g., cutting, eating disorder, disrespect to adults and authority or promiscuous) and explored the unmet emotional needs of youth who engaged in these problematic behaviors.

> *Participant 8.* A lot of them are just honestly little girls that have been just taken so badly advantage of, have been abused by their families. They're very different than MST, anti-social, wanting to hang out with the ... that was kind of like the rough crowd, the fun crowd, they liked to socialize. We're now in secure facilities, these are the girls who girls who have had high trauma, have been involved in serious crimes. They've probably been forced into it, a lot of the time.

Community-based counselors referenced functional behavioral assessments (FBA). This tool assisted clinicians understanding of why an individual behaved in a certain manner. If clinicians can better understand what is behind the challenging behavior, they can select the treatment model to best meet the therapeutic needs of the youth. Furthermore, a key element of FBA was to identify and understand triggers for certain behaviors and attitudes. In many cases, youths' challenging behaviors were the direct result of an unmet need(s) or the desire to get out of a situation. The example

provided by Participant 11 was an excellent example of the how combing therapeutic strategies, theoretical orientation, cross-system collaboration, and treating trauma can be used together to provide meaningful treatment options.

Furthermore, as it relates to the relationship between theoretical orientation, trauma, theoretical orientation will prompt the use of tools like adverse childhood experiences study (ACEs). According to the Center for Disease Control and Prevention (2019), the sum of a youth's ACEs score had a "tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity." The ACEs questionnaire rates youth's exposure to violence, abuse, neglect, observation of violence in addition to knowledge of family members' attempts or death as a result of suicide. The 10-question questionnaire investigates environmental factors and youth's sense of safety from birth to seventeen years of age.

In addition, Halbur and Halbur (2014) contended that the theoretical tool belt consisted of basic skills reflection of feelings, open-end questions, empathy, and immediacy to specific techniques related to their selected theory. The report gained from study participants suggested theoretical orientation is the road map that provided counselors with the framework by which they engaged in treatment with female adjudicated youth providing intentional counseling (Halbur & Halbur, 2014).

Table 4

Participants' Theoretical Orientation

School of Thought	Therapy Model	Branches
Humanistic	Person Centered	Person centered planning (e.g., planning alternative tomorrows with hope, PATH and MAPS) ACEs
Family Approach	Structural and Strategic	Multi-systemic therapy (MST), family-based mental health services (FBMHS) and functional family therapy (FFT)
Constructivist	Feminist and Multicultural Counseling (MCT)	Relational cultural theory (RCT)
Pragmatic	Cognitive Behavioral	Cognitive behavioral therapy
Behavioral	Behavioral	Aggression replacement training (ART), trauma informed and/or focused cognitive behavioral therapy (TF-CBT, TI-CBT), dialectical behavior therapy (DBT), restorative justice model, sanctuary model and functional

Some participants outlined an expectation to correct youth's challenging behaviors; however, behaviors could also be symptoms of the underlying trauma. In addition, youth who had experienced trauma benefited from treatment models designed to meet the sensitives needs related to treating trauma. Participants described youth trauma-based behaviors that they have experienced which impacted treatment (e.g., youth refusing to attend a session, triangulation, splitting, aggression, crying, inappropriate attachment and testing boundaries). Therefore, community-based counselors must rely on theoretical orientations and models that will provide skills and techniques to best manage these behaviors in treatment.

Participant 5. Like a bullying kind of thing, so it comes in such different ways,

and how it comes off in therapy is so different, so the one who is attacking Mom's car doing things like that, she's got this really long history of neglect and abandonment and trauma so for her she's like why am I even working with you and she presents a little bit more like our males but she also has a little bit more of the same pattern.

There were at least two participants who spoke to the specific use of trauma-focused cognitive behavioral therapy (TF-CBT). TF-CBT is an evidence-based treatment for children and adolescents and families impacted by trauma. Evidence-based research confirmed TF-CBT successfully targeted difficult behaviors associated with complex trauma. Another participant described various systems (e.g., schools and juvenile probation) expect youth's behaviors to change without considering the impact trauma had on said behaviors.

Participant 1. But always coming from a trauma-focused approach. Um, just coming from that type of approach understanding the situation they may be coming from and we would talk about it through building rapport and explaining creating a very non-judgmental environment creating an environment.

Participant 11. contended that adjudicated youth's trauma history should be assessed in order to engage youth in meaningful treatment. Community-based counselors' "theoretical tool kit" should be equipped with trauma-informed treatment models to meet the needs of this delicate population.

Participant 11. Yeah so, TFCBT is my main orientation now, yes. So, I think because what I found was that I- I would be really hard-pressed to think of any of the

adjudicated youth I work with to name one that did not experience some type of trauma. Um, so that's important. At my current job, what I love, is that we- our agency is actually made up of social workers, LPCs, psychologists, psychiatrists, and medical doctors. So, when we have an adolescent or kid who's experienced sexual abuse, they first get a medical exam from the medical doctors who are specifically trained to do a medical exam for sexual and physical abuse. So, they tell us a lot and they're also components of trauma-focused therapy.

Participant 6. Especially young have that traumatic history, and that abuse, like it, is just so important. I think, you know, again, as a male figure, I recognize I have the possibility of being kind of a corrective experience for people. So, for young that have maybe an abusive father, an absent father, not that I'm their father but in my role, they learn you can have a male figure in your life that is willing to listen and respect you and not hurt you.

Family-based mental health services, and trauma-focused cognitive behavioral therapy, and the sanctuary model were named as effective treatment modalities used to engage female adjudicated youth and their families in meaningful treatment by participants of this study. Of the various evidence-based programs referenced by study participants, multi-systemic therapy (MST) was found quite widely used by participants. MST was described as another treatment strategy proven effective in treating antisocial behaviors with at-risk youth as was multi-systemic therapy, an intensive community-based treatment model for serious juvenile offenders. MST therapists work across the youth's full ecology (e.g., home, school, community) and are on call 24/7. MST therapists

provide tools and resources for parents and families. Participants referenced research demonstrating MST reduced criminal activity with 87% of youth having no arrests (MST Services, 2019). Eight of the twelve participants had experience with MST treatment.

> *Participant 12.* No. I haven't found anything that works better than MST to work with the female adjudicated youth. I think something why that is, is because you're trying to change the family system. You're not just working with the individual female. And so, anytime we can get in there and change the system, I think it's going to be beneficial, and that's where you're going to have the most sustainable change, if you can get the whole family to change with the kiddo, versus if I'm meeting individually with the kid and not doing any family work, well, what good is that? The kid goes back to that family every night, and the kid is kind of powerless to make changes in the family. So, you have to engage the whole family, I think. And that's something I think MST gets really, really right. I think we find similar things in the ART program because it's in a group setting. There's support built in. And we know, especially for teenagers, those peer relationships making pro-social choices rather than smoking weed or having sex or doing things that are going to get them in trouble.

In the narrated accounts, participants referenced Dr. Sandra L. Bloom's theory-based sanctuary model. According to Dr. Bloom, the sanctuary model is a set of interactive tools designed to change people's minds and the way we go about working together, thinking together, acting together, and living together. According to Bloom and Sreedhar (2008), the sanctuary model is a trauma-informed treatment method for creating

and changing and organizational culture. The model was originally developed for individuals victimized as children and has since evolved into a current evidence-based treatment model. A treatment model that places emphasis on not maintaining an "unhappy status quo" but creating "the heat that generates changes" generated through trauma-informed interactions between clients and staff, and client's peer relationships. Ford and Courtois (2013) contend that the sanctuary model has been used by over 250 human service systems mostly serving children and adolescents around the county.

At least three participants subscribed to this theoretical orientation at some point in their career and revealed the importance of knowing what makes "human being tick", what stress, adversity, and trauma do to individuals and groups. All of which are relative to the scientific underpinning of the sanctuary model. Participant 11 provided a detailed narrative of implementing the sanctuary model.

> *Participant 11.* The sanctuary model I used more when I was in the wellness and resiliency program which was essentially a partial hospitalization program in the Um, and with those kids, we had certain, uh, pillars. So, there was the idea that uh- so it was like a community, you had a responsibility to your community. Um, there was social responsibility, uh there was communication. Um, emotional intelligence, uh and I'm of course going to forget the other pillars. But basically, what we would do is we would get trained in it so we would have an understanding of how from the top, down the sanctuary model was implemented in our agency. And then we would teach it to the kids. So, say this week was about emotional intelligence. And it gave them like a sense of purpose and when I

> tell you these kids loved hanging out with those adults- like they really worked hard to be able to get that earned um outing is what they thought of it as. So, the sanctuary model and then we would have what's called a red flag meeting. So, if something was occurring in the community that was impacting the community, anyone could call a red flag meeting and it would be similar to the restorative justice conversations where everyone would talk about what their role is and whatever it is that's happening. Share their feelings without any fear of like repercussions or judgment and then talk about okay what are we gonna do with a solution. And come up with a plan- They also had safety plans that they carried around and had safety plans of things that they would do if they did find themselves getting dysregulated. That they made a commitment they would use to avoid destructing property, like any self-harm or behavior, anything like that.
>
> Yeah, so the sanctuary model I used more when I was in the wellness and resiliency program which was essentially a partial hospitalization program.

Participants described using FBMHS which was designed to reduce the need for psychiatric hospitalization and out-of-home placement (Children and Family Focus, 2019). FBMHS includes family and individual therapy, case management coordination, crisis intervention and stabilization, school-based consolation and intervention, cross-system collaboration, psychiatric care, and referral, and support parents in implementing effective behavioral management, and parenting. Finally, participants referenced that the goals of FBMHS enabled parents to care for youth with serious mental illness or

emotional disturbance within the home, strengthened and maintained the family unit, improved family coping skills and communication.

Sub-theme 2: clinician self-care. Participants described the importance of self-care in working with female adjudicated youth. Glennon, Pruitt and Polmanteer (2019) outlined the importance of clinicians developing and implementing an individualized self-care plan that should focus on relaxation, self-reflection and self-awareness to achieve wellness. The results of this study suggested that clinicians' ability to effectively implement therapeutic strategies relied on their self-care regime. Clinicians experiencing burn-out were not as effective. Further, Glennon, Pruitt and Polmanteer (2019) maintained that the importance of real-time self-care strategies were particularly critical for those engaged in trauma work. Clinicians who engaged in trauma work were at greater risk of burn-out due to the sensitive topics they were exposed to. Long (2018) asserted that self-care is a core competency for all clinicians. Clinicians who engaged in self-care stand to strengthen professional and personal satisfaction, connectivity, and clinical effectiveness when they are proactive to avoid burnout.

Pennsylvania licensed professional counselors with experience counseling female adjudicated youth provided invaluable feedback related to the importance of recognizing the symptoms of burn-out and clinician self-care. In many instances, PA community-based counselors described the importance of taking care of yourself mentally, physically, emotionally, and spiritually. In addition, working with female adjudicated youth can be exhausting work. Within this theme, there was rich information regarding advice to clinicians related to the importance of clinician self-care. Participants of this

study expressed the complexities and challenges of working with female adjudicated youth.

Participants stated the importance of self-care and treatment approaches as a contribution to their longevity in the field. Community-based counselors narrated the importance of having a supportive network. In addition, understanding that the community-based counselor job was not a typical nine to five job, it requires a lot of second shift hours and non-traditional work conditions. Clinicians wear multiple hats as you become, as one participant described a part of "the fabric" of a family during treatment. One participant released the following statement regarding advice from her own experience working as a community-based counselor.

> *Participant 12.* Well, one of the things I said is, you know, this job is about the families, and we have to change our schedules, but we have to have our own outlets. We have to have our own way of just leaving the job there and coming home to friends and a supportive family.

A participant of this study referred to clinician self-care as "vital" to professionals in the helping profession who are expected to give continuously of your, time and energy; therefore, you must take time to refuel the tank. For another participant it was important to go to the gym, time off to do something enjoyable in addition to develop a healthy way to manage stress.

> *Participant 12.* That's where I am a self-care... I work hard, I play hard, I have a good time. It's all about the self-care. If you're talking about new clinicians coming in, it's that balancing act of, "You've got to give 110% to your job, but

you also got to give 110% to you in the self-care." That's why I've lasted so long. I try not to take anything personally from the families, and it also helps when you have a lot of success, and your reputation is out there, and people trust that reputation.

In conclusion, in order to effectively implement therapeutic strategies, community-based counselors must engage in self-care.

Central Theme 2: Cross-System Collaboration

Cross-system collaboration refers to the ability for youth, families, and community-based counselors to interact with referral source caseworkers (e.g., family court, criminal court, district court, personal referral) and juvenile probation officers (JPO). Participants in this study defined cross-system collaboration as communication between therapist, families, providers, and formal systems (e.g., juvenile probation or the family court system).

Participants of this study indicated the following systems usually referred youth to community-based programs such as the following: juvenile probation office (mandated), children and youth services (mandated), district court judge (mandated), school district, psychologists or psychiatrist, county case management unit, community-based youth adolescent screening tool used to identify mental health services, and voluntary self-referral.

In addition to the common referral sources, participants described differences in engagement and alignment with treatment goals and objectives of those mandated (e.g., court-ordered) to treatment and those who entered treatment voluntarily. Some

participants described individuals mandated as not fully interested in change but rather saying what was necessary to meet the conditions of probation or family court judge.

LPC Community-based counselors also described typical referral behaviors such as assault, drug use, drug sale, theft, truancy, physical, and verbal aggression. Community-based counselors distinguished referral behaviors often seen in males from females. For example, females may be referred to a treatment for shoplifting, fighting or engaging in self-injurious behaviors such as cutting; whereas males were often referred to treatment for assault, gang activity, drug sales or violent crimes. If families and youth prompted triangulation and splitting, then treatment was unsuccessful. Participants of this study referenced the need to ensure formal systems (e.g., JPO office and family court) hold youth accountable when therapist and families work to shift behaviors in the home, but also not overreact when youth have difficulty making adjustments to the change in the family structure and hierarchy. As participants describe youth become arrogant when they learn rules and expectations can be maneuvered or dismantled, based on their behavior, or as a result of not being held accountable for non-compliance. Participant 10 provided a detailed account of when cross-system collaboration along with juvenile probation that was not successful.

> *Participant 9.* So, um, and then ... So again, she had a diagnosis of ADHD. So, seventh grade rolls around, and she again falls in with this girl, who she's not supposed to be around. Um, she ... Well, this ... If I remember right, what happened was, this ... Her, two other girls, set afire behind the library. They took an aerosol spray. There was somebody who was wheelchair-bound, she was like

non-verbal, can't talk, and in the evening, she sits on the porch with this family- Um, they- they lit a fire. They took an aerosol to that guy's face, was the third thing that they did, and as seventh graders. They would videotape themselves smoking pot. They're doing all these things, and of course, she's got an ankle bracelet on. And we're taking these videos and stuff to the probation officer, and all we got was, "Well, I'll talk to her." And then uh, word on the street was probation wasn't going to place her somewhere. I mean, she was in violation of her probation like every day. It was super fucked up. And probation was like, "Well, to save money we'll let the school place her," and the school was like, "We don't have the money to place" Like probation, you really need to do this, and nothing happened. And then it reached a point where, again, she's then I think like got locked up or something.

Participant 5. We also get a lot of probation threatening this is your last chance if you do this is going to get you locked up and then they do nothing, that lack of follow-through and that's really difficult for us to navigate because one of the things we are saying is one of your goals is to get off of probation and you know we're working with that and then there's no more often if you get on probation it's there's a lack of accountability at your own family system every now and then but most of the time there's a lack of accountability and so then to enter into a system that actually has the power to hold somebody accountable and then they don't and they don't you feel like you're spinning your wheels sometimes of stop we had this one girl and they would threaten her all the time all the time. She's breaking

curfew all the time like pull her ankle monitor you will know that, and the PO said well we know she’s in the area so it’ okay.

In addition, Participant 10 provided details about the importance of cross-system collaboration with schools and juvenile probation.

Participant 10. I think the school just didn't realize what was going on and once I was able to get in there and recognize this was a depression issue, the kiddo is not getting up, she’s sleeping 15 hours a day and completely unmotivated ... The school would view it very much as she's being lazy and resistant versus no, this is a really depressed kid. Or anxiety. When I referenced the clinical eye and working to bridge that gap between mental health and maybe the school's perception of how she's presenting participant twelve went on to say Yes. Very much so. Even with probation, too. Because probation would kind of buy into what the school was saying, like, "This is just a lazy kid." And the parents would kind of throw their hands up in the air like, "We just can't get her up out of bed." Well, because she's so clinically depressed. Or anxiety. Anxiety was a huge one too. Just significant social anxiety. Being in the school, the peer pressure with friends, whether there's bullying or just that really bad generalized anxiety where it's constant and kids couldn't escape it. The shoplifting I thought was a lot of peer pressure and making bad choices. It wasn’t necessarily out of need. I saw it pretty often that it was just ... In fact, I have a teenager now who has a shoplifting history and it's not out of need. It's very much just out of the peer group that she hangs out with. The truancy tended to be from bullying. There would be bullying,

that girls were getting bullied. Had a couple with significant depression, undiagnosed mental health issues, anxiety and depression.

Participants recommended cross-system collaboration between families, schools and mental health providers focused on emotional regulation, signs of depression, anxiety, and/or bullying as additional ways to benefit youth. This participant makes a great point related to the importance of being proactive instead of reactive when it comes to promoting healthy executive functioning in youth.

Participant 8 agreed with the cross-system collaboration concept by elaborating on efforts made to engage youth, families along with internal and external systems in cross-system collaboration. It is important to note community-based counselors' goal of the cross-system collaboration is to build a sustainable network of support for youth and families.

Participant 8. Yeah, I definitely tried to reach out to anybody and everybody. I would literally get releases to talk to neighbors, to talk to grandparents, any support in their family. Actually, something that I got into the habit of was when I would set up a referral or an intake session, I would say, "Please invite anybody that would be supportive or helpful for you in this process." I would get a lot of family members, and then right away I could kind of start making a list of who we can all utilize that's making this connection to them. That was usually multiple people because I mean, let's face it, therapists, we are really great listeners, we're really great problem solvers, it's hard, I found, for families to find all those qualities in one person. Whatever mom really took away from us, whether it was

> practical support or emotional appraisal, trying to delegate people to those specific roles. A lot of times, I would see family meetings ... I know Justice Works is notorious for their family group meetings- it would kind of but kind of assigning family roles, making sure they're on board, but absolutely trying to replace myself. I know you're probably familiar with the PATH and MAP assessments, which I totally forget what that stands for, but basically, a support assessment to identify who could help caregivers with different tasks to try to get them in that role as soon as possible.

Participants highlighted that to help adjudicated youth, it is essential to work across systems and connect the therapeutic work with family and school. In addition, establishing a reliable team comprised of natural supports (e.g., teachers, coaches, family and peers) to hold youth accountable while offering support, safety, and encouragement made for a more effective treatment model.

Participant 1 referenced her work with some female adjudicated youths residing in homeless shelter who participated in a parenting group. Participant 1 also described some participants' struggles with systems (e.g., family court or criminal court) the fallacies of the criminal justice system, and family court systems as it related to their life experience.

*Participant 1. Y*es, they were yes definitely and very for lack of better words we're bitter about the system and feeling that the system was unfair to them they may be attempting to do better, but they may come in with a focus to focus on the topics each week we had a different focus they would talk about their own give examples depending

on the topic and personal examples of how things impact them, and we'd sometime veer off into talking about the fallacies of the system.

In conclusion, this main highlighted the importance of identifying the problems youth experience, then teaching new skills that can be sustained over time with a committed network of support to hold youth accountable. Cross-system collaboration was an important component to the successful implementation of therapeutic strategies. Access to others such as school officials, coaches, or families who have direct contact with youth allowed the clinician to learn more about how the youth operated in the other systems and gained perspectives from others who could assist in generalization and sustainability of positive change.

Sub-theme 1: Parental factors that impact treatment. Cross-system collaboration with families becomes challenging when parents do not address their own personal issues. Often participants of this study spoke to the increase of parental drug use (e.g., opioid and alcoholism), incarceration and low motivational buy-in negatively impacted the treatment. Community-based counselors associated with this study referenced the need for parents to address their personal mental health and addiction issues as it had a direct impact on youth and their behaviors.

> *Participant 11.* You know, and she'll say in our training, it's really a lot of the same thing. You know you do have the incarcerated parents, the drug and alcohol involved parents, getting more and more and more of the opioid, you know, addiction. It's looking at the severe mental health of the parents. It's also that's not always the case and stuff. I don't know. I sort of lost track of your question. Yes,

there are incarcerations. There are drug and alcohol. Yet, it's also just looking at cycles. You know, the enmeshment. The mental health of the parents, sometimes.

Participant 9. I'm pretty sure Mom was an opioid user. So, seventh grade rolls around and... I don't know how this girl passed the sixth grade, but she did. Um, she was also young for her grade, which is bad.

Participant 4. Okay one example is with a kid who with a family system of father alcoholic mother had become addicted to narcotics as a registered nurse and lost her job this is what we were coming into, and the kid was referred for abusing marijuana and caught with a small amount of marijuana and it was the district justice referral and um, you know initially they were like we're not even going to take this case because it wasn't nothing it was just possession but as soon as we met the family and saw the dynamics then we realized the depth of addiction we were like wow we need to help this kid not get into anything worse. so, the older brother was a part of a heroin ring in that area and has spent time around that time we opened was in a residential facility for substance users. so, we know this was hot and heavy so this kid what's super disengaged from his parents and so angry that probation was involved.

According to the Juvenile Law Center (2019) in Pennsylvania, there was a finding that determined that a juvenile court would need to make accommodations to provide child welfare services and/or placement in addition to court supervision for a case. Youth may be adjudicated dependent when abuse and neglect issues or when difficulties at home that prevent parents from adequately caring for or supervising their

children. In Pennsylvania, truancy and running away may be grounds for dependency adjudications. A dependency adjudication precludes a child's placement in foster care or another substitute care setting. However, the court can allow youth to return home even if there was an adjudication. Participants spoke to the various reasons why youth and families have become involved with treatment.

In addition, PA community-based counselors, LPCs, interviewed provided great insight into youth's experiences, and in many cases, youth's behaviors were merely the symptoms of a dysfunctional home and/or community environment. Miller (2003) suggested it was important for youth to have at least one growing-fostering relationship. Some of the barriers youth may face included parent mental illness, separation from parents, marital discord, divorce, poverty, loopholes in supervision and monitoring, child maltreatment or combinations of risk factors. Participants spoke to youth being expected to not engage in the very behaviors being modeled for them by parents and siblings (e.g., drug use, incarceration, drug sale and assault). Another participant referenced the glorification of street life while another participant provided an example of a female adjudicated youth who was proud of being able to fight and having people that would fight with her or for her. Still another participant provided an example of a parent fighting with the female adjudicated youth or encouraging youth to engage in theft behaviors.

Goodwin, Davis, and Tomison (2011) maintained that youth who have a family member who has been incarcerated are at significant risk for repeating the behaviors and those who have mothers who gave birth at age 17 or less from low-income communities, single parents, and use physical punishment place youth at higher risk for criminality.

Participant 11. What I feel was their thinking patterns were consistent with the communities that they were living in. So, I'm in North Philly and I'm working in a school in North Philly and you've got an ankle monitor and I'm asking you like okay what happened. Like, whatever, and your response is "well I don't think it's a big deal because this is what my mom has done, my dad has done, my aunt has done, my sibling has done so I'm not like I- I know- I know in society this is wrong but tell me how else I put food on the table".

Participant 8. I think that they built up a lot of resentment about that. I had one girl, her dad...well, actually there have been quite a few where their fathers had been in prison and I know that really took such a toll on him and that they had so much resentment towards those parents. They just felt totally neglected. A lot of girls I had in MST had RAD and you could just tell that they struggled to build those attachments. I know that's where a lot of that source of anger came from.

Several participants of this study spoke to the multi-levels of engagement youth have with parents, siblings, peers, school, community, probation officers, and children and youth caseworkers. With so many individuals involved with youth and families, it is important for all systems are effectively communicating.

Participant 8. But I did find overall the parents really wanted to be helpful, they just weren't sure how and they were very responsive to me. And you know what I liked about doing community-based youth was that I was so involved in so many facets of their life. Sometimes I'd be hearing about basketball and working with the coaches. Or

it would be school and working with the teachers. I really enjoyed seeing them as multi-dimensional persons just in the counseling session.

Community-based counselors interviewed for this study described parental factors that impacted the treatment. Participants described an increase in parental unmet mental health needs, and drug use as factors impacting treatment (e.g., cancellations, no shows, homelessness, and refusals). When you think of the family hierarchy in order for youth to be successful, they need a healthy functioning parent/caregiver to set the foundation, provide warmth and structure. In many cases, participants spoke to the expectation for youth to behave properly without looking at the home system factors (e.g., school attendance, hygiene, access to negative peers and adults) that impact youth.

Global Theme 3: Expressions of Aggression

The final major theme outlined how aggression presented in community-based treatment. PA community-based counselors interviewed for this study provided great insight into what aggressive behavior looked like when working with female adjudicated youth. Participants referenced experiences with both males and females and were able to speak to the differences and similarities of male and female adjudicated youth. Further, participants provided operational definitions of aggression. Verbal aggression was defined as yelling, cursing, screaming, and making threats. Relational aggression included spreading rumors, plotting to get rid of someone in the family system (e.g., parent or paramour) they no longer want in the home by making allegations, working to ruin relationships, flirting with authority figures and refusing to attend counseling sessions. Pulling mother's hair, pushing a parent down the stairs, fighting with siblings

and peers, physical assault in the community, getting in the face of treatment staff and hitting treatment staff were characteristics defined as physical aggressions.

For example, a male participant described working with an adjudicated female youth who was flirtatious toward him, seemed to brag about her advanced sexual knowledge and sexual escapades, and wore revealing clothing. Additionally, this participant spoke about a female adjudicated youth who was outside of the typical idea of good girl after this youth physically assaulted another youth in the community, made threats to push a pregnant teacher down the stairs, stab her and her unborn baby, and other extremely aggressive toward school staff. Participants spoke to girls engaging in both relational and physical aggression.

> *Participant 9.* Yeah. I- I- I would take it ... It's even beyond flirtatious, that it's more like ... Like the- the um, second girl I'm thinking about, like her ... She'd have her breasts, like hanging out and then ... and then like, they love to show off on the sexual stuff that they know. You know, and it's just sort of like ... like I don't ... You know what I mean? Like trying to impress me as an older guy. and I swear, some like, people might find that attractive and appealing and like-You know, "I can get a victim here, because like, she's like advertising all the sexual stuff she knows at such a young age." Which can put them easily in a victimization role, for the ... It's like baiting people. I almost sort of see that as like, if I can ... If I can convince you to have sex with me, you're now ... you're now like kind of at my whim. I let you know about this secret, everything. It is

kind of a way sort of like powerful, too. Like they can kind of use the body as a weapon like that.

Some research suggested girls were significantly more relationally aggressive than boys, while in contrast, while other studies found no significant gender difference in the use of relational aggression (Lansford et al., 2012; McQuade et al., 2014). Taylor and Borduin (2014) noted the findings of their study concluded female adjudicated youth often engaged in physically aggressive behaviors that were often more difficult to treat than males.

Participant 7. So, you know, I would say that, um, I mean, you know, I hate to- I'm, looking at such a small population I realize, so I-I'm always like, hesitant to report on that. But, in my experience, a lot of their aggression was towards themselves, honestly. Um, you know, a lot of self-harm. A lot of cutting, a lot um, self-injures behaviors that I had never even seen before. Like, burning themselves. You know, very self-destructive behaviors that I assume is coming from some type of internalization of trauma, who knows. Um, I have been assaulted by juvenile you know, delinquents before. Um, a female on two occasions and-you know. I think that's more rare, you know, again in my experience, staff isn't really assaulted by the females. Um, a lot of females would become verbally aggressive with each other.

Participant 11 and Participant 8 provided a thoroughly narrated accounts to capture the essence of female relational aggression.

Participant 11. They need to be more physical because they feel that they, um need to be because they feel that they need to be just as, if not better than their male counterparts. So, they will be very quick to physical aggression...the girls I work with were proud that they knew how to fight. With the relational aggression…they were really good at um, pinning people against each other and then also manipulating relationships to serve their purpose…and then if you are my best friend you can't be best friends with this person that I hate…Um, so I saw them using relationships, really as weapons, they're out of control in so many other areas of their lives, whether it be their or the traumas they've experienced or anything else that if that's the one thing they can control, then at least they feel control in one area of their life.

Participant 8. If I'm cutting myself and I'm aggressive towards myself, people are afraid of me and they'll leave me alone. So, this avoidance, um, I have also, you know, as trauma, means that manifests in many different ways. For example, a girl didn’t want to be pretty. Because her abuser would always say, well this is happening because you're pretty. If you weren't so pretty, I wouldn't be attracted to you and so, you know, a desire to make herself, un-you know, not wanted by other people. I think the physical-physical aggression towards others, I definitely experience that towards me as control.

Participant 8 further stated that despite some literature suggesting girls were difficult to treat this participant described a positive experience working with female adjudicated youth.

> *Participant 8.* I really enjoyed it. To be honest, probably the most rewarding out comes I had were with the females. I built really close relationships. I felt that a lot of times they were misunderstood by their communities. They were labeled as troubled girls, but overall, I felt that they had amazing qualities about them. I loved to utilize their strengths and see them grow. Every time I see ... if I see them in public, they always have such a warm response to me and that makes me feel like oh, I know what I did was rewarding

> Participant 3, asserted his work with female youth in a community-group home was a challenge, but that the girls were resilient, caring, and willing to work in treatment.

Participant 3. When I was working in the group home setting like I said my girls were awesome I had a great connection with them. And they did well they went on to move on one went to the Navy one went to the Army.

In summary, all participants of this study were asked to describe how aggression presented in their work with female adjudicated youth. The majority of study participants reported they had not been the victim of physical assault in treatment. There were some instances where participants described youths' physical aggression toward them in therapy as youth "getting my face" being "hit" and "spit on" during a work with adjudicated youth (Participant 11, Participant 8). Finally, participants described relational aggression in treatment as youth refusing to attend a session or engaging in splitting or triangulation behaviors in an effort to disrupt therapeutic alignment between the

parent/caregiver and therapist responsible for prompting change within a youth's ecology.

Addressing Research Questions

The rich data collected from participants answered the research questions that were central to this investigation. The overarching question that guided this study asked how professional counselors reported the counseling process working with female adjudicated youths who presented with relational aggression. The detailed responses given by participants led to the emergence of global themes and sub-themes in this study. In discussing their experiences as community-based counselors, participants shared their specific experiences with female adjudicated youth. Community-based counselors described their theoretical orientation or specific therapeutic strategy that emerged from a particular school of thought.

The first sub-question in this study questioned the specific techniques, strategies, and approaches community-based counselors utilized in treating adjudicated females who presented with physical and relational aggression. The responses to this question provided a wealth of information. Participants named eight therapeutic strategies 1) peeling back the layers, 2) listening to stories with respect, 3) addressing the elephant in the room, 4) self-awareness, 5) building trust, 6) avoiding the power struggle, 7) relatability, and 8) setting the stage for therapeutic work.

The second sub-question that directed this study was concerned with how community-based counselors described the factors that challenge the counseling process. Data obtained from participants' responses to this question suggested the most common

challenges were failed efforts to establish cross-system collaboration and parental factors (e.g., drug use, incarceration, deceased parent, poverty or working multiple jobs) that impact treatment.

Finally, the third sub-question in this study focused on how physical and relational aggression presented in treatment. In most instances' participants did not report experiencing physical aggression in treatment. In one instance a participant described an experience with a female youth "swung on me" during a family session but did not actually assaulting her (Participant 8). In addition, the same participant described being hit and spit on by a female adjudicated youth while working at a secured facility. Participant 11 noted the increased likelihood of being assaulted by female adjudicated youth in a secured treatment or detention unit with this behavior being a norm. Participants of this study mostly referenced their knowledge of female adjudicated youth's aggression toward others. A male participant provided a detailed account of a female adjudicated youth who engaged in physical and relational aggression toward peers and adults. In addition, participants of this study suggested their experiences with relational aggression in treatment typically looked like youth refusing to attend session(s) or working to split the treatment team.

Summary

The purpose of this investigation was to explore the lived experiences of LPC community-based licensed professional counselors with experience counseling female adjudicated youth who present with aggression. The flexible nature of the interview schedule that guided the data collection process in this study did yield a large amount of

data. Along with pertinent demographic information about participants, this chapter discussed data collection, data analysis, and the trustworthiness of the findings. Participants contributed insightful information to the study. Participants were eager to share and were genuinely concerned with contributing to the pool of knowledge that could improve treatment practices to serve female adjudicated youth most effectively. The themes that emerged from this study filled the gap in the limited literature related to community-based counselors' experiences with female adjudicated youth.

The observed data showed the different perspectives on how the sampled Pennsylvania community-based counselors engaged female adjudicated youth who presented with aggression in meaningful treatment. Some community-based counselors LPCs’ expressed having difficulty supporting female adjudicated youth, while others had not experienced difficulty. Most participants in this sample had no difficulties describing their experiences with female adjudicated youth who present with aggression. There were no internal conflicts across participants.

The purpose of this investigation was to explore the lived experiences of Pennsylvania licensed professional counselors who have counseled female adjudicated youth who present with relational aggression. Using thematic analysis as a method of inquiry allowed me to capture the essence of the lived experiences of Pennsylvania’s LPC community-based counselors. The intent was to understand how these clinicians engaged in the practical application of theoretical orientation and the impact it had on female adjudicated youth who presented with aggression. A total of 12 participants met the criteria for participation and during the interviews provided a thorough description of

their experiences. The emerging themes and sub-themes were thoroughly evaluated and incorporated as a part of the results presented in this chapter. Chapter 5 will provide a comprehensive description of the research findings and how they were interpreted, the limitations, and the implications for future research to be presented.

Chapter 5: Discussion, Conclusions, and Recommendations

Scholarly literature exploring the professional experiences of community-based licensed professional counselors who have counseled female adjudicated youth has been limited. The purpose of this study is to investigate the lived experiences of Pennsylvania LPCs' who have treated female adjudicated youth who present with aggression within the community-based treatment setting. This study relied on interviews from twelve counselors licensed through the Pennsylvania State Board of Social Work, Marriage and Family Therapy, and Professional Counselors.

Three themes emerged from the data analysis of this study. First, therapeutic strategies were identified that proved to be meaningful in the treatment of female adjudicated youth. Second, cross-system collaboration was noted to be of critical importance to the successful treatment of female adjudicated youth who presented with aggression, who were enrolled in a community-based treatment program. Third, explanation was offered of how aggression presents in community-based treatment. In this chapter, I interpret these findings as they relate to the existing literature on the topic of community-based treatment for female adjudicated youth who present with aggression. I also outline the limitations of this study and suggest recommendations for future studies.

Interpretation of the Findings

Theme 1: Therapeutic Strategies

Participants interviewed in this study described therapeutic strategies that guided their treatment with female adjudicated youth. I organized participants suggestions in the

following therapeutic strategies: (a) “peeling back the layers,” (b) listening to stories with respect, (c) addressing “the elephant in the room,” (d) self-awareness, (e) building trust, (f) avoiding the power struggle, (g) relatability, and (h) setting the stage for therapeutic work. These were the most significant treatment strategies participants referenced.

Both Dierkhising et al. (2013) and Oetzel and Scherer (2003) contended it is a challenge to engage youth in meaningful treatment. To address this challenge, both studies concluded the following as strategies for meaningful engagement with difficult youth, particularly youth at-risk of out of home placement (e.g. residential treatment facility, juvenile detention center): (a) build a strong therapeutic to engage youth in meaningful treatment, (b) develop therapist empathy and genuineness (c) use adequate and developmentally appropriate strategies and interventions (d) review what is known about youth, children, and families, (e) how adolescents regard the therapy environment, (f) address stigma, and (g) provide opportunities to increase choice. Finally, Dierkhising et al. and Oetzel and Scherer suggest the importance of exploring how interactions can present barriers to engagement and how to overcome those barriers. Using these strategies increases the likelihood that a community-based counselor may engage in meaningful treatment with female adjudicated youth who present with aggression.

Another major point to discuss is participant reports on the impact of trauma on female adjudicated youth. In addition, participants reported that symptoms of trauma may present differently in every individual. Dierkhising et al. (2013) concluded that 90% of youth involved with the juvenile justice system reported experiencing trauma. Additionally, high numbers of youth were diagnosed with PTSD, while consideration

was also given to the probability of undiagnosed youth. Consistent with other studies was the suggestion that the earlier the trauma occurs, the more disruptive the impact. The Mandt system was one of the first aggressive management programs developed, in 1975, in response to the need for effective ways to manage uncooperative and aggressive behavior (Morris & Love, 2003). Participants of this study report the continued need for strategies to manage aggressive behavior.

Participants of this study referenced adverse childhood experiences (ACEs) scores and their impact on youth development. The ACEs score is a tally of different types of abuse, neglect, and other significant events that negatively impact youth before the age of seventeen (Center for Disease Control and Prevention, 2019). In addition, Kerker et al. (2015) found that half of the children involved in the child welfare system have an ACEs score of four or more (Kerker et al., 2015). Consistent with participant reports, youth with an ACEs score of four or more are more likely to endure emotional, sexual, and physical abuse, attempt or commit suicide, become alcoholics, or engage in injecting drugs (Kerker et al., 2015; Center for Disease Control and Prevention, 2019). Youth with increased ACEs are at higher risk for medical concerns, social isolation, increased mental health concerns, and decreased quality of life. Understanding the effects of trauma is essential to community-based counseling (Center for Disease Control and Prevention, 2019; Kerker et al., 2015). ACEs disrupt neurological development, impacts physical development, are an indicator of health risk and behaviors, predisposes to disease and disability, indicates social problems, and even suggests susceptibility to early

death (Kerker et al., 2015; Morris & Love, 2003; Center for Disease Control and Prevention, 2019).

Personal experiences that affect interpersonal violence are sexual abuse, physical abuse, severe neglect, loss, and witnessing violence. Kerker et al. (2015) reported on the ACE retrospective study collaboration between the Center for Disease Control and Kaiser-Permanente. The focus of their study was to determine the long-term effect of adverse experiences (e.g. unhealthy lifestyles, disease, cumulative stress, and neurobiological changes). Dierkhising et al. (2013) conducted a study of 658 adolescents recently involved with the juvenile justice system who were registered on the National Child Traumatic Stress Network core dataset (NCTSN-CDS). The results of their study provided evidence that youth who are exposed to trauma in their formative years are more likely to become involved with the juvenile justice system. Therefore, trauma-informed treatment would not only meet the needs of female adjudicated youth but also decrease recidivism.

In conclusion, the participant reports of this study were congruent with scholarly literature relevant to the topic. Treatment of adjudicated youth can be extremely challenging. Below is a list of treatment models, evidenced based-programs, and tools participants referenced utilizing in their work with female adjudicated youth who present with aggression. Each of these models prescribe specific treatment strategies and interventions:

- Multisystemic Therapy (MST)
- Family-Based Mental Health Services (FBMHS)

- Aggression Replacement Training (ART)
- Trauma-Focused CBT (TF-CBT)
- Functional Family Therapy (FFT)
- Weekend Wilderness Program
- Dialectical Behavioral Therapy (DBT)
- Adverse Childhood Experiences (ACEs) *Assessment tool
- Functional Behavioral Analysis (FBA) *Assessment tool
- Structural Family Therapy
- Strategic Family Therapy
- Restorative Justice Model
- Person-Centered Plans (i.e., MAPS, PATH) *Assessment/Planning tool
- Private Practice
- Outpatient Counseling
- In-patient treatment (Sex offenders' unit)
- Mobile Trauma Unit
- Behavioral Health Rehabilitation Services (BHRS)
- Mobile Therapy (MT)
- Behavior Specialist Consultant (BSC)
- Therapeutic Staff Support (TSS)
- Host Home – Foster Care
- Sanctuary Model
- Motivational Interviewing

- Group Counseling

Theoretical orientation. The participants in this study expressed the importance of selection and alignment with the counselor's theoretical orientation when treating this population. Nicoll (2014) indicated that at-risk youth present with complex issues and came from a wide variety of backgrounds; therefore, counselors must have adequate skills for engaging this population in meaningful treatment. Halbur and Halbur (2014) maintain that theoretical orientation is the roadmap providing counselors direction throughout treatment. It is important for community-based counselors to utilize the treatment model that will best meet the individual's need.

Clinician self-care. Participants of this study provided a wealth of advice to new and current clinicians serving and supporting the female adjudicated youth population. Participants defined self-care as the intentional steps counselors take to ensure their own overall wellness (i.e., emotional, spiritual, physical, mental). Glennon, Pruitt, and Rouland Polmanteer (2019) suggested that clinician self-care regimen should include self-awareness, self-reflection, relaxation, and proper use of supervision. Participants referenced the importance of having a supportive personal network. Participants also described the importance of establishing a balance between personal and professional life (e.g., advocating the importance of personal therapy), recommending the necessity of enjoying leisure time.

Community-based counselors providing trauma-based therapy with the focus population should be extremely diligent in developing and maintaining a personal care regiment. Literature suggests that clinicians who lack a self-care regiment are at greater

risk of experiencing poor treatment outcomes, professional impairment, vicarious trauma, distress, compassion fatigue, secondary traumatic stress, and burnout (Adams & Figley, 2015; Evans, Ward, and Chan, 2019; Glennon, Pruitt and Rouland Polmanteer, 2019; Long, 2018; Posluns & Gail, 2019). In contrast, clinicians who engage in self-care practices (e.g., diet/exercise, personal counseling, supervision, relaxation, self-awareness, self-reflection, spirituality) are more likely to enjoy their work and achieve longevity in the field.

Theme 2: Cross-system collaboration

In this section, participants with years of experience expressed the need for cross-system collaboration. According to Van Dorn et al. (2006) those who engage in cross-system collaboration have an opportunity to foster and strengthen informal and natural supports. One point derived from this study was, “you can't just fix the kid"; there must be change across all environments/systems, and increased development of natural supports in order to obtain and sustain positive change.

Participants of this study defined female adjudicated youth referral behaviors as the types of behaviors youth engage in to become involved with a formal system like the juvenile court system or family court system. Referral behaviors included assault, drug use, drug sale, theft, truancy, as well as physical, and verbal aggression. Participants spoke to referral behaviors often seen in males and females. For example, females may be referred to treatment for shoplifting, fighting, and engaging in self-injurious behaviors (e.g., cutting). In contrast, most males were referred to treatment for assault, gang

activity, drug sale, and violent crimes. The following systems can refer female adjudicated youth to a community-based program:

- Juvenile Probation (mandated)
- Children & Youth Services (mandated)
- District Court Judge (mandated)
- School District
- Psychologist/Psychiatrist
- County Case Management Unit
- Community-based (Youth Adolescent Screening Tool) to identify mental health services
- Voluntary Self-Referral

There is a reference to voluntary vs. mandated treatment. Participants described success and lack-of-success with mandated and voluntary individual/family treatment. Van Dorn et al. (2006), explored the relationship between community-based mandated community treatment and barriers to mental health care and found that individuals mandated to treatment were more likely to report barriers to treatment (i.e., internal resistance, impaired functioning). Individuals mandated to treatment were likely to report barriers to reliable and consistent transportation. In addition, the researchers found that individuals refereed to treatment must weigh-the advantages and disadvantages of engaging in treatment.

Participants expressed the need for open lines of communication with referral sources (e.g., court system) to develop a unified front. If families and youth cause

triangulation and splitting between the treatment team, treatment will not be successful. Participants assert that there is a need to ensure that formal systems (e.g., JPO office, Family Court) hold youth accountable when therapist and families are working to shift behaviors in the home, but they also advise therapists not to overreact when youth have difficulty in adjustment to changes in the family structure and hierarchy.

Participants summarized how adjudicated youth become arrogant when they learn rules and expectations can be maneuvered or dismantled, based on their behavior or as a result of not being held accountable for non-compliance. Keys, Bemak, Carpenter, and King-Sears (2011) contended that both community and school counselors are essential to the development and implementation of mental health programs impacting youth and families. Collaborative consultation can be useful in preventing fragmentation of the treatment team and duplication of efforts. Participants of this study described both positive and negative interactions with school officials, probation officers, and other key stakeholders. In the reports of adverse treatment outcomes related to cross-system collaboration, participants referenced systems' low acknowledgment and understanding of the actual pace of systemic change, behavior change, and impact of trauma. Noonan, Matone, Ziotnik, Hernandez-Mekonnen, et al. (2012) stated that innovative approaches to cross-system collaboration between education and child welfare systems are needed to affect positive outcomes. The assertion, as mentioned above, is consistent with the opinions of the participants of this study.

Parental factors that impact the treatment. The sub-theme identified under the cross-system collaboration global theme was parental factors that influence the treatment.

According to the Juvenile Law Center (2019), in Pennsylvania, a juvenile court would need to make an order to provide child welfare services and/or placement in addition to court supervision of the case. Youth may be adjudicated dependent when there are abuse and neglect issues or when there are difficulties at home that prevent parents from adequately caring for or supervising their children. In Pennsylvania, truancy and running away may be grounds for dependency adjudications. A dependency adjudication precludes a child's placement in foster care or another substitute care setting. However, the court can allow youth to return home even if there is an adjudication. Participants described the various reasons why youth and families have become involved with treatment.

In addition, participants provided great insight into youth's experiences, and in many cases, youth's behaviors were merely the symptoms of a dysfunctional home and/or community environment (Fleisher, 2009; Taylor & Borduin, 2014; Nicoll, 2014). According to the JBMTI (2019), it is essential for youth to have at least one growing-fostering relationship. Growth-fostering relationships are needed throughout life, and disconnections from relationships can be problematic. Relationships are highly defined by cultural context (Hartling, Miller, Jordan, & McCauley, 2013; Walker, 2019). Some of the barriers youth may face include parental mental illness, separation from parents, parents' marital discord, divorce, poverty, loopholes in supervision and monitoring, child maltreatment multifaceted, or the combinations of these risk factors. Participants suggested that youth are expected to not engage in the very behaviors being modeled for

them by parents, siblings, extended family (e.g., drug use, incarceration, drug sale, assault).

Some participants described their observation of "glorification of street life"; for example, a participant described a female adjudicated youth who was proud of being able to fight and having "people" that would fight with her or for her. In addition, another participant described a parent fighting with the female adjudicated youth and/or encouraging the youth to engage in theft behaviors. Goodwin, Davis, and Tomison (2011) maintained that youth who have a family member who has been incarcerated are at significant risk for repeating the behaviors. Those whose mothers gave birth at age seventeen or younger from low-income communities, those who reside in single-parent households or where physical punishment is used are at higher risk for criminality.

Lane (2003) outlined underlying risk factors associated with criminal behaviors of female juveniles. These risk factors fell under three categories: *individual, family,* and *socio-demographic~~s~~*. Individual risk factors included physical abuse, sexual abuse, school truancy, gang activity, poverty, drug and alcohol use, prostitution, and co-defendant crimes. Family risk-factors included parents' marital status, parents' educational level, parents' involvement in ~~a~~ similar criminal activity, as well as family receipt of public assistance. There was a plethora of parental factors that impact treatment identified in the study, to name a few:

- Parental drug use
- Parental criminality
- Parental untreated mental illness

- Parents overwhelmed by multiple systems with multiple children
- Parents working numerous jobs
- Parents not having skills to manage behaviors
- Parenting out of guilt
- Parenting with a lack of warmth
- Parents not bought into services
- Parental/Child/Family managing grief/unresolved grief - death of a parent, immediate family, extended family

Participants who align with ART and with Calame et al. (2011) reported that Bronfenbrenner theorized that "social problems like aggression are influenced at multiple levels, while the interactions of characteristics within the individual, family, neighborhood, and society may all contribute to the problem" (p. 48). Therefore, ART applies EST in its intervention development as evidenced by the structured training groups. Therapy is designed so youth have an opportunity to learn transferable skills, while parents have a chance to obtain psychoeducation. Goldstein believed, for sustainable change, parents must work alongside their children, as parents and family are the best change agents to generalize skills learned in ART (skills streaming, anger control, and moral reasoning) (Calame et al. 2013). In conclusion of the point, Goldstein contend~~ed~~ that "lasting change is only facilitated when helping professionals interested in the troubled young person are involved with the total family system" (Calame et al. 2013, p.49).

I reference that counselors who serve this high-risk population of female youth have reported experiencing anxiety related to their work with this population, suggesting that male practitioners would benefit from specialized training and supervision related to setting healthy boundaries~~,~~ and self-awareness, primarily when working with females who present with relational aggression and cross-gender relationships (Auwarter & Arugute, 2008; Banks & Nissen, 2017; Cauffman, 2008; Kushner et al., 2017; Lau & Ng, 2014; Okamoto, 2004; Van, Ianctot & Lemieux, 2016). In conclusion, some participants expressed great satisfaction in working with female adjudicated youth, noting their experiences as both challenging and rewarding in most cases.

Global Theme 3: Expressions of Aggression

The participants of the study reported that aggression was an expected characteristic and notable challenging behavior associated with treating female adjudicated youth. Participants described youth engaging in both physical and relational aggression within the home, school, and community. The participants of this study described relational aggression as girls' intentional efforts to undermine relationships through intimidation and character assassination. Physical aggression was defined as youth engaging in acts of violence (e.g., hitting, kicking, punching, cutting).

Some research reviewed for this study suggested that females are significantly more relationally aggressive than males. For example, Taylor & Borduin (2014) concluded that female adjudicated youth often engage in socially aggressive behaviors that are often more difficult to treat than the behaviors of their male counterparts. In

contrast, some studies outline that both males and females engage in aggressive behavior, even though its presentation may look different based on gender norms and environment (Lansford et al., 2012; McQuade et al., 2014). Based on participant responses, the bottom line of this study was that both females and males present unique challenges~~,~~ and counselors should be prepared. Further, males are victimized just as much as females per participant reports. In most cases, participants of this study referenced their knowledge of youth aggression toward others.

A male participant of this study described his work with female youth in a community-group home. He agrees it was a challenge, but he described "his girls" as resilient, caring, and willing to work in treatment. Of the four male participants interviewed for this study, two report~~ed~~ having a meaningful experience working with female adjudicated youth with no issues with relational aggression toward them during treatment. Two male participants provided very colorful examples of being directly impacted by relational aggression working with at-risk females.

Most participants did not report being the target of aggression in treatment with female adjudicated youth. However, some participants described having youth "get in my face," being "hit," and/or "spit on" by female adjudicated youth served within the community-based counseling environment and residential treatment facility. Based on participants' responses, aggression toward staff is more common in a secured treatment setting. The community-based counselors interviewed in this study described youth relational aggression toward them as refusing to attend sessions or attempting to split the treatment team.

The findings of this study are not exactly aligned with the scholarly literature reviewed early on. For example, most literature discussed upticks in female aggression towards others (e.g. peers, males, parents, authority figures), with no specific mention of aggression toward community-based clinicians. Whereas, community-based counselors interviewed for this study suggested that the most common forms of aggression they experienced in treatment were relational (e.g. youth skipping sessions, button pushing, triangulation, splitting).

Theoretical Framework

The theoretical framework selected for this study was relational cultural theory. RCT focuses on personal experiences, feelings of isolation, and shame that may force submission and marginalization. RCT presupposes the developing of mutually empowering relationships that are more dynamic and function as a central component of psychological growth and connection to true feelings (JBMTI, 2019). The Jean Baker Miller Training Institute (2019) suggested that growth-fostering relationships are a central necessity for such growth. According to the JBMTI (2019) clinicians who subscribe to RCT are concerned with transforming lives, pursuing social justice, supporting human growth and social-psychological development, promoting mutual respect, and assuring that the changes are sustainable.

Clinicians who apply RCT have an opportunity to promote healing and sustainable change, to help form meaningful connections, and to empower clients to live their best lives, developing skills to manage conflict, and set and sustain healthy boundaries (Haley, 1976). RCT posits that exposing cruelty, disempowerment,

marginalization, and inequality can prompt social change (JMBTI, 2019). Additionally, RCT's foundation is empowerment and social justice (Cannon et al., 2012; Lenz et al., 2012; Patton & Reicherzer, 2010).

Tenets of RCT. The RCT principles are: "growth-fostering relationships, empathy, mutual empathy, authenticity, strategies of disconnection, the central relational paradox, relational images, relational resilience, and relational competency" (Duffey & Somody, 2011, p. 226). Jordan (2000) further described the eight core principles of the relational-cultural theory

1. People grow through and toward relationships throughout the life span
2. Movement toward mutuality, rather than movement toward separation, characterizes mature functioning
3. Relational differentiation and elaboration characterize growth
4. Mutual empathy and mutual empowerment are the core of growth-fostering relationships
5. In growth-fostering relationships, all people contribute to growth or benefit; development is not a one-way street
6. Therapy relationships are characterized by a special kind of mutuality
7. Mutual empathy is a vehicle for change in the theory
8. Real engagement and therapeutic authenticity are necessary for the development of mutual empathy (Jordan, 2000, p.1007).

The treatment strategies of the participants in this study align with several RCT principles. Although no one participant of this study referenced RCT as their theoretical

orientation, its tenets inform this study. The underpinnings of RCT propose that growth-fostering relationships are needed throughout life and disconnection from relationships can be problematic. RCT provided an understanding of the importance of the therapeutic relationship.

RCT suggested the establishment of a healthy counselor-client relationship is the blueprint to learning (Cannon et al., 2012; JBMTI, 2018; Jordan, 2000; Jordan, 2012; Miller, 2014). The data reviewed from this study indicates participants believed the counselor client relationship if managed appropriately can catapult positive interactions. According to Duffey and Somody, 2011 change and development occur in the context of a therapeutic relationship. Participants of this study noted that the development of a healthy therapeutic relationship often takes time, and "where there is trauma, it often takes even longer" to build rapport and trust with female adjudicated youth.

It was my intention to enter participant interviews with a clear mind and focus, mainly interested in presenting the pre-approved questions in a semistructured format and gain authentic participant response. I did not work to compare participant response to RCT simultaneously during interviews. However, if the participant referenced a point relevant to RCT I did jot down my thought, or keyword in my research journal. Once data analysis was completed, I intentionally looked for overlap in participant response and tenants of RCT.

Limitations of the Study

There are some notable limitations of this study that can inform future research related to meaningful treatment strategies relevant to working with female adjudicated

youth who present with aggression. One of the limitations of this study is the geographical representation. This study is focused on Pennsylvania LPC community-based counselors and is in no way suggesting that all the results of this study are generalizable to other locations. Some participants have transitioned from their role as community-based counselors working in secured facilities, private practice among other treatment modalities. Furthermore, this study relied on PA State Board definitions, credentials, titles, and descriptions as licensing criteria varies state-to-state, and internationally.

In addition to this limitation, there were some qualities of participants that lacked diversity. Most participants identified with similar nationality and ethnic~~s~~ groups, with no real outliers (e.g., male/female, black/white). A potential limitation associated with this investigation is based on the fact that the data in this study solely depends on the narrated voices and experiences of a group of individuals who share the same or similar experiences. This study relied on the accuracy of the LPC community-based counselors' self-reporting. Therefore, it is imperative that participants give open and honest feedback as it directly impacts the study outcome.

Throughout the data collection process, I maintained an audit journal with notes of my findings~~,~~ and opinions to control for bias that would influence the study findings. I recognize in some cases~~,~~ that holding phone interviews could be more limited than holding face-to-face interviews. It was my decision with the permission of the committee to conduct the majority of the research with phone interviews, with one face-to-face interview. An additional limitation includes the expertise of the researcher; this was a

new academic venture for me as a scholar-practitioner, having never completed a scholarly contribution of this magnitude. Finally, the scope of this study was limited by the fact that I only interviewed counselors with experiences relevant to this study. I did not obtain the perspectives of youth and families or other community-based systems to get their opinion of community-based counseling services.

Recommendations

Throughout this dissertation, there have been references to the hope that this study will contribute to the pool of scholarly research. Specifically, it serves as a foundation on which other studies can be built related to treatment for female adjudicated youth. To my knowledge, there are several studies related to anti-social youth, inpatient, and community treatment, but non-directly focused on PA LPC community-based counselors experiences.

In order to fully conceptualize this phenomenon, it would be beneficial to interview female adjudicated youth to learn their experiences with PA LPC community-based counselors and all counselors within the helping profession. Adding youth's perspectives could fill gaps in the data collection, and data analysis experiences related to the meaningfulness of treatment. A central question would explore what specific techniques and approaches female adjudicated youth found harmful or helpful. Clinicians' ability to learn from the lived experiences of female adjudicated youth would be invaluable.

Community-based counselors, schools, the criminal justice system, family court system, key community-stakeholders, and mental health treatment providers may be able

to utilize the findings of this study to engage in cross-system collaboration to promote meaningful treatment for female adjudicated youth who present with aggression. Adams and Foster (2007) urged counselor-educators to serve as gatekeepers to the profession. Participant six spoke to the sub-theme advice to all clinicians stating~~,~~ that new counselors should "keep in mind they are representing the field as a whole." Therefore, when counselors are not self-aware or aligned with a treatment orientation, they put themselves at risk for malpractice suits for providing harmful treatment.

Implications

Female adjudicated youth who present with aggression was the previously understudied population explored in this study. The exhaustive literature review presented in Chapter two presented general treatment strategies related to anti-social at-risk youth. However, there were no studies that specifically involved licensed professional counselors' experiences with female adjudicated youth, therefore, giving this study a foundational position. Previous studies have compared Multisystemic Therapy, Aggression Replacement Training (ART), and Family Based Mental Health Services and found them to be effective in treating antisocial youth, as well as youth with mental health and behavioral challenges (Brooks & Steen, 2010; Calame, Parker, Amendola & Oliver, 2011; Henggeler et al., 2009; Taylor & Borduin, 2014). However, as a result of this study, there were many references to the impact of trauma on the focused population and the need to utilize trauma-informed treatment orientations (e.g., TF-CBT). Participants of this study referenced trauma-focused treatment models as being effective in treating anti-social female adjudicated youth who present with aggression.

Future researchers and counselors can use the limitations of this study to further advance the knowledge base for strategies to engage this population. Thinking of the peeling back the layers analogy, it is advisable not to base full conceptualization of youth based on the presenting challenging behaviors, but instead to work to build trust and rapport necessary to look at the cause for more in-depth issues and triggers. Each scholarly inquiry can raise awareness of the specific clinical needs of youth and remind professionals never to use a one-size-fits-all approach ~~to~~ in dealing with youth and families. The bigger picture is if at-risk youth and families are engaged in meaningful treatment, this is a benefit to society promoting healthy, happy youth and families making for increased quality of life.

Conclusion

The purpose of this basic qualitative research study was to explore the professional experiences of licensed professional counselors (LPCs) who provide community-based treatment to female adjudicated youth. I was successful in this endeavor. Throughout this exploration, the three global themes of *Therapeutic Strategies, Cross-system collaboration, and Expressions of Aggression* emerged. Building trust and listening to stories was the cornerstone of this inquiry as participants report there is no positive outcome if youth and families do not trust the therapist; there is no way they will share their most profound most intimate experiences and trauma history with a stranger without establishing trust and rapport.

Participants spoke to the importance of understanding that building trust takes time, and it does not always fit into the ideal service authorization timeline. Clinicians

who practice from an authentic place carry a non-threatening judgmental approach that will still fare better than those who come in as the expert or “authority” of youth and family situations. Cross-system collaboration is essential to sustainable positive systemic outcomes.

References

Abowitz, D., and Toole, M. T., (2010). Mixed Method Research: Fundamental Issues of Design, Validity, and Reliability in Construction Research. *Journal of Construction Engineering and Management. 136*(1). 108-116.

Adelphoi (2019). Community-Based Services. retrieved from http://www.adelphoi.org/community-based-services/

American Counseling Association. (2014). Code of Ethics. Retrieved from http://www.counseling.org/Resources/aca-code-of-ethics.pdf

American Psychiatric Association (2013). Diagnostic and Statistical Manual of Mental Health Disorders, 5th Edition: DSM-5.

Auwarter, A.E. & Aruguete, M.S. (2008). Counselor perceptions of students who vary in gender and socioeconomic status. *Soc. Psychological Education*, *11*, 389-395. doi 10.1007/s11218-008-9056-0

Bala, N., & Eunnae, S. (2019). Female incarceration reveals a cruel and broken justice system. Retrieved from http://thehill.com/opinion/criminal-justice/384781-female-incarceration-reveals-a-cruel-and-broken-justice-system

Bares, C.B., Delva, J., Kaylor-Grogan, A., Audrade, F. (2011). Personality and Parenting Processes Associated with Problem Behaviors: A Study of Adolescents in Santiago, Chile. *Social Work Research*, *35*(4), 227-240. doi: 10.1093/swr/35.4.227

Barrett, D.E., Katsiyannis, A., Zhang, D. (2006). Predictions of Offense Severity,

Prosecution, Incarceration, and Repeat Violations for Adolescent Male and Female Offenders. *J Child Fam Stud*, *15*, 709-719.

Bank, M., Nissen, M. (2017). Beyond spaces in counseling. *Qualitative Social Work.* 0(00) 1-28, doi:10.1177/473325016680284

Banks, A. (2006). Relational therapy for trauma. *Journal of Trauma Practice, 5*(1), 25-47. doi: 10.1300/J189v05n01_03

Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. doi: 10.1191/1478088706qp063oa

Bronfenbrenner, U. (1979). *The ecology of human development*. Cambridge, MA: Harvard University Press.

Bronfenbrenner, U. (2005). *Making human beings human: Bioecological perspectives on human development.* Thousand Oaks, CA: Sage.

Brooks, M., & Steen, S. (2012). "Brother Where Art Thou?" African American Male Instructors?" Perceptions of the Counselor Education Profession. *Journal of Multicultural Counseling and Development, 38*, 142-153.

Boscarino, J.A., Adams, R.E., Figley, C.R. (2011). Secondary Trauma Issues for Psychiatrist. *Psychiatric Times 27*(11), 24-26

Caelli, K., Ray, L., & Mill, J. (2003). Clear the Mud: Toward Greater Clarity in Generic Qualitative Research. *International Journal for Qualitative Methodology (HQM). (2)*2, 1-14.

Calame, R., Parker, K., Amendola, M., & Oliver, R. (2011). Resiliency and Aggression Replacement Training with Families. *Reclaiming Children & Youth, (20)*3, 47-50,

Cannon, K.B., Hammer, T.R., Reicherzer, S., Gilliam B.J. (2012). Relational-Cultural Theory: A Framework for Relational Competencies and Movement in Group Work With Female Adolescents. *Journal of Creativity in Mental Health, 7,* 2–16. doi:10.1080/15401383.2012.660118

Caelli, K., Ray, L., & Mill, J. (2003). 'Clear as mud': toward greater clarity in generic qualitative research. International journal of qualitative methods, 2(2), 1-13.

Capella, E., & Weinstein, R. (2006). The Prevention of Social Aggression Among Girls. *Social Development, 15*(3). 434-462. doi: 10.1111/j.1467-9507.2006.00350.x

Center for Disease Control and Prevention. (2019). Adverse Childhood Experiences (ACEs). Retrieved from https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html

Child and Family Focus (2017). Retrieved from https://www.childandfamilyfocus.org/

Child Welfare Information Gateway (2019). Retrieved from https://www.childwelfare.gov/

Clarke, C., & Braun, V. (2013). Teaching thematic analysis: Overcoming challenges and developing strategies for effective learning. *The Psychologist, 26*(2), 120-123.

Cope, D.G. (2014). Methods and Meanings: Credibility and Trustworthiness of Qualitative Research. *Oncology Nursing Forum, 41*(1), 89-91, doi: 10.1188/14.ONF.89-91

Corrado, R.R., Odgers, C., Cohen, I.M., (2000). The incarceration of young female offenders: protected from whom?. *Journal of Criminology*, *42*(2), 189-207.

Comstock, D.L., Hammer, T.R., Strentzsch, J., Cannon, K., Parsons, J., & Salazar, II, G. (2008). Relational-cultural theory: A framework for bridging relational, multicultural, and social justice competencies. *Journal of Counseling & Development, 86*(3), 279-287. doi: 10.1002/j.1556-6678.2008.tb00510.x

Cooper, S., & Endacott, R. (2007). Generic qualitative research: A design for qualitative research in emergency care? *Emergency Medical Journal, 24*, 816-819. http://dx.doi.org/10.1136/emj.2007.050641

Creswell, J. W. (2014). *Research design: Qualitative, Quantitative, and Mixed Methods Approaches* (4th ed.). Thousand Oaks, CA: Sage.

Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). Thousand Oaks, CA: Sage Publication, Inc.

Creswell, J.W., Miller, D.L. (2000). Determining Validity in Qualitative Inquiry. *THEORY INTO PRACTICE, 39*(3), 1-7. https://people.ucsc.edu/~ktellez/Creswell_validity2000.pdf

Creswell, J. W., & Poth, C. N. (2017). *Qualitative inquiry and research design: Choosing among five approaches*. Sage publications.

Creswell, C. J. (2009). Research design: Qualitative, quantitative, and mixed methods approaches (3rd ed.). Thousand Oaks, CA: Sage Publications.

Dierkhising, C.B., Ko, S.J., Woods-Jaeger, B., Briggs, E.C., Lee, R. & Pynoos, R.S. (2013). Trauma histories among justice-involved youth: findings from the National Child Traumatic Stress Network, *European Journal of Psychotraumatology*, 4(1), 1-12, doi:10.3402/ejpt.v4i0.20274

Duerden, M. D., &Witt, A. P. (2010). An ecological systems theory perspective on youth Programming. *Journal of Park and Recreation Administration*, *28*(2), 108-120.

Duffey, T., & Somody, C. (2011, July). The role of relational-cultural theory in mental health counseling. *Journal of Mental Health Counseling*, *33*(3), 223–242. doi:10.17744/mehc.33.3.c10410226u275647

Evans, C.T., Ward, C, Chan-Oliver, H.C., reviewing editor (2019). Counseling sex offenders and the importance of counselor self-care, *Cogent Social Sciences,* 5(1), doi: 10/1080/23311886.2019.1595878

Gibbs, G.R., & Taylor, C. (2005). How and What to Code. Retrieved from: http://onlineqda.hud.ac.uk/Intro_QDA/how_what_to_code.php

Glennon, A., Pruitt, D.K., Rouland-Polmanteer, R.S (2019). Integrating self-care into clinical practice with trauma clients, *Journal of Human Behavior in the Social Environment,* 29(1), 48-56, doi:10.1080/10911359.2018.1473189

Grant, C., Osanloo, A. (2014). Understanding, selecting, and integrating a theoretical framework in dissertation research: Creating the blueprint for your "house".

Good Therapy. (2019). Private Practice. Retrieved from https://www.goodtherapy.org/blog/psychpedia/what-is-private-practice

Golafshani, N. (2003). Understanding reliability and validity in qualitative research. *The qualitative report, 9*(4), 597-606.

Gómez, J.M., Lewis, J.K., Noll, L.K., Smidt, A.M., & Birrell, P.J. (2016). Shifting the focus: Non-pathologizing approaches to healing from betrayal trauma through an emphasis on relational care. *Journal of Trauma & Dissociation, 17*(2), 165-185.doi: 10.1080/15299732.2016.1103104. Retrieved from

https://www.ncbi.nlm.nih.gov/pubmed/26460888

Gordon, K.A. (1995). Self-concept and motivational patterns of resilient African American high school students, *Journal of Black Psychology, 21*(3), 239-255, doi: https://doi.org/10.1177/00957984950213003

Family Based Mental Health Services (2019). Family Based Mental Health Services. Retrieved from http://www.childandfamilyfocus.org/services/family-based-mental-health-services

Fleisher, M. (2009). Coping with Macro-Structural Adversity: Chronic Poverty, Female Youth Gangs, and Cultural Resilience in a US African-American Urban Community. *Journal of Contingencies and Crisis Management*, *17*(4), 274-284. whose time has come. *Educational Research. 33*(7). 14-26.

Hall, K.G., Barden, S., Conley, A. (2014). A Relational-Cultural Framework: Emphasizing Relational Dynamics and Multicultural Skill Development. *The Professional Counselor, 4*(1), 71-83, doi, 10.15241/kgh.1.71

Hartling, L.M., Miller, J.M., Jordan, J.V., Walker, M. (2019). Introducing Relational-Cultural Theory: A New Model of Psychological Development, Retrieved from http://www.tribal-institute.org/2004/download/pppresentations/C10%20-%20Pamela%20Burgess-Responding%20to%20Violence%20Against%20Native%20LGBT-Handouts.pdf

Hempfield Behavioral Health (2019). Multisystemic Therapy. Retrieved from http://www.hempfieldpa.com/

Henggeler, S.W., Schoenwald, S.K., Rowland, M.D., & Cunningham, P.B. (2002).

Serious Emotional Disturbance in Children and Adolescents: Multisystemic Therapy. New York, NY: Guilford Publications

Henggeler, S.W., Schoenwald, S.K., Borduin, C.M., Rowland, M.D., & Cunningham, P.B. (2009). *Multisystemic Therapy for Antisocial Behavior in Children and Adolescents.* New York, London: The Guilford Press.

Ireland, J.L., Birch, P., Ireland, C.A. (2019). The Routledge International Handbook of Human Aggression: Current Issues and Perspectives, Taylor & Francis: New York

Johnson, R.B., and Onwuegbuzie, A.J., (2004). Mixed methods research: A research Paradigm

Jordan, J.V. (2000). The role of mutual empathy in relational/cultural therapy. *Journal of Clinical Psychology*, In session, *56*(8), 1005-1016. doi: 10.1002/1097-4679(200008)56:8<1005: AID-JCLP>3.0.CO;2-L

Jordan, J. V. (2001). A relational-cultural model: Healing through mutual empathy. *Bulletin of the Menninger Clinic, 65*(1), 92–103. doi: 0.1521/bumc.65.1.92.18707

Jordan, J. V. (2004). Relational resilience. In J. V. Jordan, M, Walker, & L. M, Hartling (Eds.). *The complexity of connection: Writings from the Stone Center's Jean Baker Miller Training Institute* (pp. 28-63). New York, NY: Guilford Press.

Jordan, J. V. (2005). Relational resilience in girls. In S. Goldstein & R. B. Brooks (Eds.), *Handbook of resilience in children* (pp. 79-90), New York, NY: Springer Science/Business Media.

Jordan, J. V. (2010). *Relational-cultural therapy.* Washington, DC: American

Psychological Association.

Jordan, J. V. (2012). Relational resilience in girls. In S. Goldstein & R. B. Brooks (Eds.), *Handbook of resilience in children* (pp. 73-86). New York, NY: Springer. doi: 10.1007/978-1-4614-3661-4

Jordan, J.V., & Hartling, L.M. (2002). New developments in relational-cultural theory. In M. Ballou & L.S. Brown (Eds.), Rethinking mental health and disorders: feminist perspectives (pp.48-70). New York, NY: Guilford Publications.

Jordan, J. V., Kaplan, A. G., Miller, J. B., Stiver, I. P., & Surrey, J. L. (1991). *'s growth in connection: Writings from the Stone Center*. New York, NY: Guilford Press.

Kahlke, R. M. (2014). Generic qualitative approaches: Pitfalls and benefits of methodological mixology. *International Journal of Qualitative Methods*, *13*37-52

Kayler, H. (2010). Book Review: Understanding Girl Bullying and What to Do About It: Strategies to Help Heal the Divide. *Professional School Counseling, 13*(5), 278-280. doi: http://dx.doi.org/10.5330/PSC.n.2010-13.278

Kerker, B.D., Zhang, J., Nadeem, E., Stein, R, Huriburt, M.S., Heneghan, A., Landsverk, J., and Horwitz, S.M. (2015). Adverse childhood experiences and mental health, chronic medical conditions, and development in young children. *Acad Pediatric,15*(5), 510-517. doi:10.1016/j.acap.2015.05.005

Keys, S.G, Bemak, F., Carpenter, S.L., King-Sears, M.E. (2011). Collaborative Consultant: A New Role for Counselors Serving At-Risk Youths. *Journal of Counseling & Development, 76*(2), 123-133. doi: https://doi.org/10.1002/j.1556-6676.1998.tb02385.x

Kolbert, J.B., Field, J.E., Crothers, L.M., Schreiber, J.B., (2009). Femininity and Depression Mediated by Social and Relational Aggression in Late Adolescence. *Journal of School*

Counseling, 9(3), 289-302. doi:http://dx.doi.org/10.1080/15388220.2010.483181

Kushner, S.C., Herzhoff, K., Vrshek-Schallhorn, S., Tackett, J.L. (2017). Depression in early adolescence: Contributions from relational aggression and variation in the oxytocin receptor gene. *Aggressive Behavior, 44,* 60-68, doi10.1002/ab.21724

Lansford, J.E., Skinner, A.T., Sorbring, E., Di Giunta, L., Deater-Deckard, K., Malone P.S., Oburu, P., Pastorelli, C., Tapanya, S., Tirado, L.M.U., Zelli, A., Al-Hassan, S.M., Alampay, L.P., Bacchini, D., Bombi, A.S., Bornstein,M.H., Chang, L. (2012). Boys’ and Girls’ Relational and Physical Aggression in Nine Countries. *Aggress Behav*, 38(4), 298-308. doi:10.1002/ab.21433.

Larkin, M., & Thompson, A. (2012). Interpretative phenomenological analysis. *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners*, 101-116.

Lau, J., & Ng, K-M. (2014). Conceptualizing the Counseling Training Environment Using Bronfenbrenner’s Ecological Theory. *International Journal for the Advancement of Counseling, 36*(4), 423-439.

Laureate Education, Inc. (Executive Producer). (2010c). *Doctoral research: Interviewing techniques, part II*. Baltimore: Author.

Lenz, A.S., Speciale, M., & Aguilar, J.V. (2012). Relational-cultural therapy intervention with incarcerated adolescents: A single-case effectiveness design. *Counseling*

Outcome Research and Evaluation, 3(1), 17-29. doi: 10.1177/215013811435233

Lenz, A. S. (2016). Relational-cultural theory: Fostering the growth of a paradigm through empirical research. *Journal of Counseling & Development, 94*(4), 415-428. doi: 10.1002/jcad.12100

Lincoln, Y.S., & Guba, E.G. (1985). Naturalistic inquiry. Newbury Park, CA: Sage.

Long, S.J. (2019) Clinician Self-Care. In: Creutzfeldt C., Kluger B., Holloway, R. (eds) Neuropalliative Care. Springer, Cham

Lorber, C.M., Hughes T.L., Miller, J.A., Crothers, L.M., Martin, E. (2011). Callous and Unemotional Traits and Social Cognitive Processes in a Sample of Community-Based Aggressive Youth. *International Journal of Offender Therapy and Comparative Criminology, 55*(8), 1291-1307, doi:10.1177/0306624X11386012

Jean Baker Miller Training Institute (JBMTI). (2019). Retrieved from https://www.jbmti.org/

Jones, K.E., Meneses da Silva, A.M., Soloski, K.L. (2011). Sexological Systems Theory: an Ecological Model and Assessment Approach for Sex Therapy. *Sexual and Relationship Therapy, 23*, 127-144. doi:http://dx.doi.org/10.1080/14681994.2011.574688

Juvenile Law Center (2019). Retrieved from https://jlc.org/glossary/glossary

Martin, D., Martin, M., Dell, R., Davis, C., Guerrieri, K. (2008). Profile of incarcerated juvenile: comparison of female and male offenders. *Adolescence*. *43*(171), 607-22.

McCauley, M. (2013). Relational-Cultural Theory: Fostering Healthy Coexistence

Through a Relational Lense. Retrieved from https://www.beyondintractability.org/essay/relational-cultural-theory

McQuade, J.D., Achufusi, A.K., Shoulberg, E.K. (2014). Biased self-perceptions of social competence and engagement in physical and relational aggression: The moderating role of peer status and sex. *Aggressive Behavior, 40*, 512-525. doi:10.1002/ab.21552

Merriam, S. B., & Tisdell, E. J. (2015). *Qualitative research: A guide to design and implementation*. New York, NY: John Wiley & Sons.

Merriam, S.B. (2009). Qualitative Research: A guide to design and implementation. San Francisco, CA: The Jossey-Bass:

Merriam, S.B. (2014). Qualitative Research: A Guide to Design and Implementation. San Francisco, CA: Jossey-Bass

Miller, J. B. (2014). *Toward a new psychology of* (eBook). Boston, MA: Beacon Press. (original work published 1976).

Miller, J. B., & Stiver, I. P. (1995). *Relational images and their meanings in psychotherapy (*Work in Progress No. 74). Wellesley, MA: Stone Center Working Paper Series.

Miller, J. B., & Stiver, I. P. (1997). *The healing connection: How form relationships in therapy and in life.* Boston, MA: Beacon Press.

Morse, M. J., & Richards, L., (2004). Readme First for the User's Guide to Qualitative Methods. *Forum: Qualitative Social Research, 5*(1), 1-280.

Morrison, E.F., & Carney-Love, C. (2003). An evaluation of four programs for the management of aggression in psychiatric settings. *Achieves of Psychiatric Nursing, 17*(4), 146-155.

Mullis, F. (2001). Lifestyle Profiles and Interventions for Aggressive Adolescents. *The Journal of Individual Psychology*, *57*(3), 224-245.

Multisystemic Therapy. (2019). Breaking the cycle of criminal behavior by keeping teens at home, in school and out of trouble. Retrieved from http://mstservices.com/index.php

Nicoll, M. (2014). The development of emotional intelligence in at-risk adolescents. *Dissertation Abstracts International: Section B. Sciences and Engineering, 75*(3-B), E.

Noonan, K.G., Matone, M., Ziotnik, S., Hernandez-Mekonnen, R. Watts, C., Rubin, D., & Mollen, C. (2012). Cross-system barriers to educational success for children in foster care: The front-line perspective. *Children and Youth Services Review 3*(2), 403, doi: http://dx.doi.org/10.1016/j.childyouth.2011.11.006

Noy, C. (2008). Sampling knowledge; the hermeneutics of snowball sampling in qualitative research. Retrieved from https://www.ssoar.info/ssoar/bitstream/handle/document/5386/ssoar-ijsrm-2008-4-noy-sampling_knowledge_the_hermeneutics_of.pdf?sequence=1

Oakley, M. A., Addison, S. C., Piran, N., Johnston, G. J., Damianakis, M., Curry, J., Dunbar, C., & Weigeldt, A. (2013). Outcome study of brief relational-cultural therapy in a 's mental health center. *Psychotherapy Research: Journal of the*

Society for Psychotherapy Research, 23(2), 137-51. doi: 10.1080/10503307.2012.745956

Oetzel, K.B., & Schere, D.G., (2019). Therapeutic Engagement with Adolescents in Psychotherapy, *Psychotherapy: Theory, Research, Practice, Training, 40*(3), 215-225. doi: 10.1037/0033-3204.40.3.215

Owens, D., Stewart T.A., Bryant, R.M. (2011). Urban African American high school female adolescents' perceptions, attitudes, and experiences with professional school counselors: A pilot study, *GSCA Journal*, *34*, 41.

Okamoto, S.K. (2004). Relational Aggression of Girls in Treatment: A challenge for male practitioners. *Residential Treatment for Children & Youth*, *21*(3). doi 10.1300/J007v21n03_05. 89-100

PA Code. (2019). The Pennsylvania Code. Retrieved from https://www.pacode.com/secure/data/049/chapter49/s49.13.html

Pennsylvania Department of State. (2019). State Board of Social Workers, Marriage and Family Therapist, and Professional Counselors. Retrieved from https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/SocialWorkersMarriageanFamilyTherapistsandProfessionalCounselors/Pages/default.aspx

Pennsylvania Department of State. (2019). List Request. Retrieved from PAypal.com/mep/dashboard

Posluns, K. and Gail, T.L. (2019). Dear Mental Health Practitioners, Take Care of Yourselves: a Literature Review on Self-Care, *International Journal for the*

Advancement of Counseling. Retrieved from doi: http://doi.org/10.1007/s1047-019-09382-w

Patt, Y-F. (2013). Working with Immigrant Children and Their Families: An Application of Bronfenbrenner's Ecological Systems Theory, *Journal of Human Behavior in the Physical Environment*, 23, 954–966 doi: 10.1080/10911359.2013.800007

Patton, M. Q. (2002). Qualitative research and evaluation methods (3rd ed.). Thousand Oaks, CA: Sage Publication, Inc.

Patton, J., & Reicherzer, S. (2010). Inviting 'Kate's' authenticity: Relational cultural theory applied in work with a transsexual sex worker of color using the *Competencies for counseling with transgender clients. Journal of LGBT Issues in Counseling, 4*(3-4), 214-227. doi: 10.1080/15538605.2010.524846

Percy, W., H., Koetere, K., & Kostere, S. (2015). *The Qualitative Report, 20* (2), 76-85. Pennsylvania Counseling Services (2019). Retrieved from https://www.pacounseling.com/

Pennsylvania Psychiatric Institute (2019). Retrieved from http://www.ppimhs.org/programs/adult-psychiatric-programs/inpatient-psychiatric-program

Perform Care (2019). Retrieved from http://www.performcare.org/

Perform Well (2019). Retrieved from http://www.performwell.org/index.php/identify-outcomes/education/10-indicators/137-physical-aggression

QSR International. (2019). QSR. Retrieved from http://www.qsrinternational.com/.

Ravitch, S.M., & Carl, N.M. (2016). *Qualitative research: Bridging the conceptual,*

theoretical, and methodological. Thousand Oaks, CA: Sage Publications.

Riddell, J.K., Barnes, M.E., Mills, L., Creighton, V., Pepler, D. (2019). Better Relationships, Mental Wellness and Self-Development: What Parents Expect from Residential Treatment for Their Struggling Youth. *Journal of Therapeutic Schools and Programs,10* 186-212 doi10.19157/JTSP.issue.10.01.09

Riefkolh, R.M. (2009). A gender-specific counseling theory for group therapy with at-risk adolescent females. *Dissertation Abstracts International: Section A: Humanities and Social Sciences*, *69*(12-A), 4643.

Sandelowski, M. (2000). Focus on research methods:whatever happened to qualitative description. *Research in Nursing & Health, 23*, 334-340.

Shenton, A.K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information, 22*, 63-75.

Substance Abuse and Mental Health Services Administration (SAMHSA) (2019). Retrieved from https://www.samhsa.gov/

Smith, S., Kern, R.M., Curlette, W.L., & Mullis, F. (2012). Lifestyles Profiles and Interventions for Aggressive Adolescents. *The Journal of Individual Psychology*, *57*(3) 224-245.

Stewart, L.A., Chang, C.Y., & Rice, R. (2013). Emergent Theory and Model of Practice in Animal-Assisted Therapy in Counseling. *Journal of Creativity in Mental Health, 8*, 329-348. doi: 10.1080/15401383.2013.844657

Strauss, A., & Corbin, J. (1998). *Basics of Qualitative Research.* CA: Sage Publications.

Taylor, E. K., & Borduin, C. M., (2014). The family context of relational aggression in

"difficult to treat" female juvenile offenders. *Journal of Marital and Family Therapy*, *40*(3). 357- 366.

The Light Program (2019). Retrieved from https://thelightprogram.pyramidhealthcarepa.com/programs/adults/intensive-outpatient/

The Routledge International Handbook of Human Aggression Current Issues and Perspectives Ireland J. L, Birth, P, Ireland, C.A. (2019) New York, Taylor and Francis Group

Thornberg, R. (2017). School bullying and fitting into the peer landscape: a grounded theory field study. *British Journal of Sociology of Education, 39*(1), 144-158, http://doi.org/10.1080/01425692.2017.1330680

Van Dorn, R.A., Elbogen, E.B., Redlich, A.D., Swanson, J.W., Swartz, M.S., and Mustillo, S. (2006). The relationship between mandated community treatment and perceived barriers to care in persons with severe mental illness. *International Journal of Law and Psychiatry, 29,* 495-506, doi:10.1016/j.ijlp.2006.08.002

Van Vugt, E., Ianctot, N., Lemieux, A., (2016). Can institutionalized adolescent females with a substantial history of sexual abuse benefit from cognitive behavioral treatment targeting disruptive band delinquent behaviors*? Criminal Justice and Behavior*, *43*(7), 937-950.

Walker, B.E. (2011). What's a feminist therapist to do? Engaging the relational paradox in a post-feminist culture. *& Therapy, 34*(1), 38-58. doi: 10.1080/02703149.2011.532689

White, A.C., & Miller, C.J., (2015). Delinquency in emerging adult females: The importance of callous-unemotionality and impulsivity. *Deviant Behavior*, *36*(4), 245-258. doi: 10.1093/swr/35.4.227

Winter, C.R., McKenzie, K. (2017). Teachers' Perceptions of Female Student Aggression at an All-Girls School. *Journal of Adolescent Research.32*(4), 509-525.

Yakushko, O., & Chronister, K.M. (2003). Immigrant and Counseling: The Invisible Others. *Journal of Counseling & Development, 83*, 292-296.

Appendix A: Participant Screening Guide

Hi, my name is Ericka Pinckney, I am in the Counseling Education and Supervision doctoral program at Walden University. Thank you for contacting me about your interest in participating in this study. I will be asking you a few questions to ensure that your history and experience relevant to the purpose of this study is an excellent match to answer the research questions. This will take approximately ten minutes to complete, and you are welcome to discontinue at any time or choose to pass on any question.

Recruitment Needs for this Study

- The participant must have at least two years' experience as a community-based Counselor (e.g. LPC, MST and/or FBMHS)
- The participate be able to speak, read, and write in English
- The participant must have experienced counseling female adjudicated youth who present with
  physical relational aggression
- The participants must have provided services in Dauphin, Cumberland, Perry, and York Counties
- The participant must have a master's degree in counseling, social work, or psychology

Incentive

Each participant will receive a $10 Turkey Hill or Sheetz gift card in conclusion of the interview. The gift card will be mailed to the participant's preferred address.

Participant Screening Questions

1. What is your gender?
2. What is your age?
2. What is your number of years' experience as a community-based counselor?
3. Are you currently a LPC, MST or FBMHS Therapist providing counseling to female adjudicated youth?
4. Are you currently working with female adjudicated youth who present with relational aggression?

If the participant does not meet the eligibility of the study, say: Thank you for your interest and willingness to participate in this study. However, it is important I only interview individuals who meet the specific criterion. After reviewing the information, it appears we are not able to interview you for this study. Again, I appreciate the time you have provided and your interest.

If the participant does meet the requirement for the study, say: Thank you for taking the time to speak with me today. The scheduled interview will take up to one hour of your time. You will be given a $10 gift card to Sheetz or Turkey Hill after the interview has concluded. This gift card will be mailed to the mailing address you have provided me.

End of the screening process, terminate the phone conversation.

Appendix C: Interview Guide

Demographic Questions

1. Gender
2. Age
3. Degree
4. Professional training
5. Number of years working as a community-based counselor
6. Length of time working with female adjudicated youth
7. Percentage of your time that you spent working with female adjudicated youth in your practice
8. LPC Verification

Interview Guide

RQ1: How do professional counselors report the counseling process working with adjudicated females who present with relational aggression?

SQ1. What specific techniques, strategies and approaches community-based counselors utilize in treating adjudicated females who present with physical and relational aggression?

SQ2. How do community-based counselors describe the factors that challenge the counseling process?

SQ3: How does physical and relational aggression present in treatment?

1) Please describe your experience working with female adjudicated youth who present with relational aggression.

a. Please describe the professional context in which you serve this population.

2) How did you begin working with this population?

3) What strategies or techniques do you utilize to build rapport with female adjudicated youth who present with relational aggression?

4) What factors impact the counseling relationship?

5) What specific counseling strategies do you use when working with female youth who present with physical and relational aggression?

    a. Do you integrate other professionals or family members in your treatment?

6) Have you received specific training to work with this population?

7) Please describe the challenges you experience in working with female adjudicated youth.

8) What are the challenges that this population experience?

9) How do you work with these challenges?

10) How specifically the physical and relational aggression that youth demonstrate present in treatment?

11) How is it different to work with this population when you compare other groups you work with?

Appendix D: Debriefing Form

For this study, you were asked to take part in a teleconference interview that was one hour in length. You were asked questions in regard to your experience providing community-based counseling to female adjudicated youth who present with relational aggression. You were informed the purpose of this study is to increase understanding of the experience of LPCs' providing counseling to female adjudicated youth who present with relational aggression. The true purpose of this study is the same as the one stated to you.

A copy of the concluded study may be requested band provided to the participant by contacting the researcher via email. The researcher will provide a finalized copy of this study after it has been approved by Walden.

If later you have any further questions about this study or your rights as a participant, you are encouraged to contact the Walden University Research Participant Advocate at or by email irb@mail.waldenu.edu

Referral Information

I would like to thank you for your participation in this study. The incentive gift card discussed in the consent form and invitation flyer will be mailed to the address you proved the researcher.

Appendix E: Essential Takeaways Summary of Each Participant Interview

Participant	Essential Takeaways
Participant 1	Participant 1 · Presented group management skills (e.g., managing disrespect, relational aggression-mean girls) · Feelings of bitterness participants may have toward systems (e.g., family court, criminal court) · Exploring fallacies of the system · Sometimes you must meet with the individual to protect the safety of the group – find out the underlying reasons for their disruption or attitude toward a group member · Understand the impact of trauma – environmental factors · Working with the sex-offender population · Parenting group/Homeless shelter experience · Work with young – 9-week parenting group – parenting skills – communication – anger management · The difference between mandated treatment and voluntary - Well, news for 1 I recognize that they are coming into the service not requesting the service or requesting the work; it's a very different experience when you are mandated to do the work. It's very different when you are coming into Services mandated then when

	you are coming into services for yourself many of them came into the environment with not very receptive to or resistant throughout depending on, they were very resistant people and at times disrespectful · Establish an affirming environment · Practice in an empathetic manner – see people in a different way – engage in active listening – people need support assistance acclimating back into society · Youth dealing with father incarceration and sexual assault charges · Acknowledge the importance of father-daughter dynamic
Participant 2	Don't be afraid to use humor to engage families · Don't disrespect or discard at-risk youths' peers try to find value and work them into treatment · BHRS model – the level of engagement with youth and family vs. MST intensive treatment model focused on teaching sustainable skills · Use of motivational interviewing · Work to understand the protective factor of behaviors · BHRS – MST Expert Consultant experience - RTF
Participant 3	Managing family low engagement – contact with supervisor –

	supervision · Acknowledge neighborhood rules (e.g., parking spots) be respectful · Had a favorable experience working with female youth – 92 % success rate · Appreciates the intensity of the MST model that requires family sessions three times per week · MST – Private Practice experience
Participant 4	Collaboration with JPO – the importance of healthy cross-system collaboration · Use of humor and laughter in engaging families · Engagement differences between boys and girls (e.g., girls interested in winning the conversation game, boys must find a benefit in engaging, no so interested in self-awareness and communication). · Adolescents like to be treated as adults not as children being told what to do – avoid the power struggle · FBMHS – MST Consultant
Participant 5	Girls engage in physical and relational aggression (e.g., smashing Mom's car, assaulting Mom)

	· BHRS, FBMHS, MST referrals – Family history of services · Girls get a slap on the wrist in some cases, boys are already on edge for being sent away · Explore trauma history · Boys often have more outward defiance and drug and alcohol · Girls tend to engage in relational aggression through gossip, trying to hurt and belittle others. For example, a girl falsified documents to make it appear her Dad was cheating on Mom it took six months for the team to figure out she'd fabricated the entire thing · Cross-system collaboration · FBMHS employment span of 1.7 years · Address the elephant in the room related to race etc · School-based counseling – FBMHS Supervisor – Director
Participant 6	Community-based programs · Range of female charges (e.g., arson, drug-related, simple assault, driving violations · Understand behavioral cues · Recognize the history of abuse · Consider functional behavioral analysis – Figure out the triggers – reaction to trauma

	· Working with diagnosed with PTSD · Crisis work – not sending the opposite sex to complete assessments · Don't re-create triggers · Be respectful when going into people's homes – if they ask you to leave- leave, "the payoff is much better than any allegation." · Staff violation of professional boundaries example · Trust takes times – talking to strangers takes courage · Respectfully listen to stories - honor stories – the clinical obligation to listen · Recognize your personal style "there's a lid for every pot." · Counselor self-awareness is massively important · Be caring, sympathetic – "it's not your job to fix the person" – "it's not your problem, it's not your solution," "the outcome is theirs good or bad." · For males think of your role, who you may represent in relation to trauma · Counselors are the gatekeeper of the field – be mindful – don't let your actions be the reason someone refuses treatment · Crisis-mobile unit – Private practice
Participant 7	· "Try to find something good in all youth – demonstration of poor

	behavior doesn't define the person." · Experience with adjudicated youth has been an uphill battle · Humor is a therapeutic strategy · Building trust is a challenge · Youth experience abuse and neglect and come from broken families · There is only so much treatment providers can do once a child is returned to the home from out-of-home placement (e.g., JPO referred) · It is important to meet adjudicated youth where they are · You can't just jump right in and expect youth to disclose – disclosure takes time · You cannot "fix the kid" – give youth time and space – be part of the teamwork collaboratively · Youth keep secrets this is why it's great to have cross-system collaboration · Mental health education during the informative years – "by the time we get kids in detention centers, they have already established bad habits." · Peer pressure - kids with developing brains lash out · Adults be mindful of what you say – avoid self-fulfilling prophecy effect (e.g., you won't be anything)

	Two females have assaulted · · Has experienced girls being destructive and verbally aggressive toward each other · Girls experience a significant amount of abuse · Understand the source of aggression – manipulation – attention-seeking behaviors – avoidance · Girl cutter – desire to be less attractive as her abuser blamed her for his attraction to her · Physical aggression can be a means to control · Youth have addiction issues · Youth put in a position be to behave as adults – expected to care for younger siblings · Parents and siblings already incarcerated involved with the criminal justice system · Domestic violence modeled in the home · "I don't think any one person can define trauma." · Anxiety is not anxiety – look for the underlying factors – is their mental illness · Influence laws (e.g., PA Juvenile Lifers) – Reduced sentencing based on the acknowledgment of trauma history · Looking at the relationship between trauma and criminality · Forensic psychology expert

Participant 8	Mother was an MST Therapist admired her work and treatment model · Loved working as an MST Therapist – "loved the kids." · Experienced rewarding outcomes with girls – especially those labeled "troubled girls" they had great qualities about them and strengths · Some female adjudicated youth were misunderstood by their families · Some families were hesitant to engage in treatment – "sometimes parents want to be helpful but are not sure how to be helpful." · Be careful when providers say things like "good luck with that family" – avoid pre-conceived notions · Importance of cross-system collaboration – skill transference · "no matter what – show up" – "remember why you began the work – "it's rewarding working with youth and families." · Spoke to the multiple hats of MST Therapist (e.g., fix shower head, help with homework) · Parents want to know you are genuinely vested in working with their children · Non-traditional hours of MST no 9 am 5 pm – you must work around the families schedule

	· Be practice – look at deeper issues -brainstorm figure out what's is going on · Engage peers and siblings in treatment – siblings have often had services in the past · Bring food (e.g., pizza, donuts) – sometimes families are afraid of "therapy" "do it over food." · Referral sources (e.g., school, JPO, psychologist, CYS) – expect you to do a good jo · · Parental substance use – mental health issues impact treatment – no-call no-show · Western PA – rural treatment · Girls coming from broken homes – RAD – Fathers incarcerated · Girls feelings of rejection and abandonment – significant trauma abused by older men · People don't point out the positives – Person-Centered Plans · Aggression replacement training used in residential treatment – valuable peer feedback · MST effective treatment · Girls raised by single mothers – loopholes in supervision and monitoring – parents working crazy hours · Girls demonstrate antisocial behaviors (e.g., smoking, vaping,

	partying over the weekend, defiant) · Girls had a long history of FBMHS · Parents have "insane criminal records (e.g., burning down the home for insurance money, robbery of a liquor store, statutory rape · Inattentive parents – parents not screening content oversharing about their colorful or criminal past (e.g., just because I smoked weed doesn't mean you should), then teen says, "well you smoked weed, and you survived." · Sexual education – STD issues girls most commonly diagnosed with chlamydia and gonorrhea - horrible reputations related to STD's · Secure unit works – youth sex offenders ages 13-21 – extreme trauma – almost "swung on by a girl."
Participant 9	Counseling girls as a male therapist · School-based counseling – school counselor role · Adoption – Host home – Foster Care · Functions of behaviors · Inappropriate sexual behavior of female adjudicated youth · Rarity of a male therapist · Self-injurious behaviors · Strategic family therapy

	· Sexual education (e.g., birth control, teen pregnancy) · Career inventory · Building connections · Cross-system collaboration with JPO, Parents, and School · Trauma focus · Neurosciences – Youth executive functioning · Histrionic personality disorder · Broken families – family history of criminality – substance use (e.g., opioids) – negative home life · Expressions of aggression – (e.g., girl hitting a disabled student with an aerosol can, threats to harm pregnant teacher and unborn child) · Boys diagnosed with ADHD · Weekend wilderness program · System holding youth accountable – cross-system collaboration · Establishment of healthy boundaries · Trauma-informed treatment · Recommendations: documentaries: Paper Tigers – Check it – Book The boy who was raised like a dog · Importance of supervision and personal support is important
Participant 10	· Functional Family Therapy - FFT model implementation

	· System issues – "fix my kid issues" – "fix the kid." · Teach each member of the family to take a piece of responsibility – family pie analogy each person is responsible for one piece of the pie – one person's piece may be smaller than others, but we all have a piece · Limitation: FFT model required the entire family to meet for sessions sometimes it was impossible to coordinate schedules · Intensive work · Taking a one-down-approach · "Therapist is not the expert of the family." · Parents and youth should be a part of the goal development process · Home atmosphere must be safe – establish rules · Cross-system collaboration - School Education: School and JPO label kid as lazy not considering the symptoms of anxiety and depression – social anxiety – peer pressure-bullying – generalized anxiety · Dysfunctional families (e.g., parents drug use, alcoholism) · Youth general crimes (e.g., shoplifting, drug offense) – gangs male dominates no girls in the program – girls truancy, bullying expressions of relational aggression · "Kids are kids they show up with a lot of the same stuff" male or

	female · School Education: School and JPO label kid as lazy not considering the symptoms of anxiety and depression – social anxiety – peer pressure-bullying – generalized anxiety · Societies socialization of boys and girls – personal efforts to teach her sons to be self-aware acknowledging their feelings and emotions – not aligning with the "boys will be boys" way of thinking · Difficulty engaging parents – youth splitting – triangulation · Functional Behavioral Analysis – FFT – MST · High turnover in community mental health services – concerns with productivity – not a 9 am-5 pm type of job – you are at the mercy of the family's schedule – tough schedule for someone with children · In private practice, you can control your schedule more than community-based services · Private practice people can "hide their crap" the outpatient therapist is at a disadvantage, they control what we see, community-based counselors see it all · Pets are in need of love and often will want the attention of the Therapist (e.g., chaotic homes often have pets) · Community-based counselors should be aware of neighborhood

	rules and safety (e.g., parking) · Ensure for self-care – I must work out get my heart rate up · Don't take everything personally · Provide support for a male therapist working with female adjudicated youth – the importance of documentation - girls flirt
Participant 11	· Acute trauma responder – Dual license LPC PA and NJ trained to treat PTSD – complete risk assessments – restorative justice model – youth values/morals restoring themselves · Sanctuary Model · Teens need a sense of belonging · Hard pressed to find an adjudicated youth without some trauma - Impact of trauma · Family history of incarceration · Youth must feel heard and understood · Many youths experience physical abuse · New Jersey is more focused on trauma-informed – preventative services – Treatment teams in New Jersey consist of LPCs' Psychologist and Psychiatrist – all the pieces to get a full picture · Pennsylvania – punitive nature – basic need barriers · People sense b/s be authentic when engaging families – don't' be afraid to address issues related to race, and gender – address the

	elephant in the room – urban connectivity · Relatability – "some things you just can't teach." · Step out of your comfort zone (e.g., clinician refusing to go to particular neighborhoods) · Engage parents – "parents want to know you care about their kid." · Youth will use relationships as a weapon – pin people against each other – manipulation – cross-system collaboration is important · Girls come in with substance use, sex-traffic, prostitution, assault, robbery charges not so much dug dealing but drug use · Boys can be tough to engage; girls struggle with being girly and tough · Girls have a lot of layers – girls will test you – be prepared they are a challenge · TF-CBT orientation of choice · "Be genuine; these are good kids; they will surprise you."
Participant 12	MST supervisor – ART Facilitator – Private Practice – Evidence-based programs – victim and community awareness training – communication training – skill building · Signs of therapist burnout (e.g., missing sessions, pessimistic) can cause harm if you are not on board · Well being of therapists, "self-care is vital" - "veggies over fries."

	· Haven't seen anything better than MST and ART in treating the behaviors of female adjudicated youth · ART is a great group model – "the power of the group is huge." · Cross-system collaboration is huge · Avoid power struggles – clinical approach can impact change · Treating any kid who has been neglected they are mad it doesn't matter if they are male or female · Boys have more testosterone, more physical not as relational whereas girls are given permission to be relational - socialization of youth – how youth are supposed to behave – "Girls friend today mortal enemy tomorrow" – girls in drag-out fights with sister/peers · I see more self-injurious behaviors (e.g., cutting) with girls not as much with boys. · Rural vs. City Treatment – not a lot of trauma-based programs in rural Pennsylvania