

RESIDENTIAL TRADE/SCHOOL PROGRAM SUCCESS RATES
AMONG ADJUDICATED YOUTH WITH MENTAL HEALTH DIAGNOSES

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ABSTRACT

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The role of mental illness and how it relates to criminal behavior continues to be a popular focus in terms of prevention and intervention strategies. How well those interventions work for youth with emotional behavioral disorders has been a curious facet as well. The rehabilitation for youth who have been charged with criminal offenses is not a one-size fits all approach. Failure to rehabilitate certain youth is likely due to many variables. Several studies have looked at vocational skills training combined with psychiatric and therapeutic treatment as a way to address the needs of youth with mental illness. The purpose of this study is to determine if there is a significant difference between the successful completion rates of youth enrolled in a vocational trade school program with mental health diagnoses of ADHD and/or mood disorders and youth without these diagnoses. The successful completion rates of 38 youth divided into two groups of 20 and 18 individuals were compared using a 2x2 chi square test. Archival data was collected from Gulf Coast Trades Center, a vocational trade school, and youth were assigned to groups according to their existing mental health diagnoses. It was hypothesized that youth who were diagnosed with ADHD and/or mood disorders were less likely to successfully complete a vocational trade program at GCTC than were youth without these diagnoses. Results indicated that there was no significant difference between the two groups, suggesting that the presence of an ADHD and/or mood disorder does not predict successful completion rates at residential vocational programs.

KEY WORDS: Adjudicated youth, Juveniles, Mental health, ADHD, Mood disorders,
Vocational, Completion, Probation

TABLE OF CONTENTS

	Page
ABSTRACT.....	iii
TABLE OF CONTENTS.....	v
CHAPTER I: INTRODUCTION	1
Mental Health Challenges and the Juvenile Justice System.....	4
Interventions	7
CHAPTER II: LITERATURE REVIEW	8
CHAPTER III: METHODS	13
Participants	13
Setting	14
Instruments/Measure.....	15
Procedure	16
Data Analysis Plan.....	17
CHAPTER IV: RESULTS	18
CHAPTER V: DISCUSSION	21
REFERENCES	23
VITA.....	28

CHAPTER I

Introduction

The need for rehabilitation of disadvantaged youth is a priority nationwide. A disadvantaged or “at risk” youth, for the purpose of this study, is a young person who has had fewer educational and/or societal opportunities than his peers. According to Gardner, juveniles have the “right to a meaningful opportunity to be rehabilitated,” a right granted by the Eighth Amendment of the Constitution (2016). The thinking behind this is the recognition that children are different from adults psychologically and neurologically, due to their developmental immaturity (Scott, Grisso, Levick, & Steinberg, 2016). Children’s brains are more malleable than adult’s and as a result they are more rehabilitative. In addition to the challenges that youth face during the transition to adulthood, disadvantaged or “at risk” youth often suffer from emotional and behavioral difficulties (Tung, Lee, Langley, & Waterman, 2017). Some of these difficulties include externalizing behaviors such as difficulty regulating emotions and aggression (Tung, et al., 2017). They may have been subject to maltreatment by parents and/or caregivers such as abuse, neglect, or violence in the home. Adjudicated youth with a history of criminal activity, drug use, truancy, a lack of familial and community support, physical and/or sexual abuse fall into the category of disadvantaged or at risk. Adjudicated refers to the finding (by a judge) that a criminal act has been committed. Just as an adult who has been found guilty of committing a crime is convicted, a youth who has been found delinquent is adjudicated. Some of the most prevalent criminal behaviors seen in juveniles are theft, assault, property crimes, and drug violations (OJJDP Statistical Briefing, 2010). When these children enter the criminal justice system, the courts have many options in deciding

their disposition or final settlement and sentencing. Some options include juvenile detention, boot camp, secure placements, residential treatment centers, and probation.

Youth who are tried and sentenced as adults would be sent directly to a juvenile detention center (JDC) until they are 19 years of age and then transferred to an adult facility.

Research indicates that incarceration in juvenile detention alone results in higher rates of recidivism than other types of rehabilitation such as residential treatment and vocational training (Ameen & Lee, 2012). Recidivism is the act of reoffending. National recidivism rates do not exist for juvenile offenders due to differences in the way each state defines, measures, and reports these rates. In 2011, in recidivism rates among Juvenile offenders in the state of Texas was 72.9% at a three-year follow up (Legislative Budget Board, 2016).

The type of rehabilitation delinquent youth receive depends on many factors. One important factor that will be explored in the current study is the impact of mental health disorders on the likelihood of successful rehabilitation. Williams (2016) indicates that, “A growing concern of the criminal justice system is how to effectively treat the high percentage of incarcerated youth who suffer from mental health issues” (p.24).

Depression, attention deficit hyperactivity disorder (ADHD), post traumatic stress disorder (PTSD), and anxiety disorders are among the most common disorders faced by delinquent and adjudicated youth. Currently, multiple modes of treatment are being utilized in an aim to rehabilitate these youth. Treatment types may include psychotherapy, substance abuse education and therapy, sex offender therapy, positive peer culture group therapy, team building exercises (eg; ropes courses; sports teams; art and play group), psychotropic medication, and vocational skills training. Youth who are

diagnosed with mental health disorders likely face obstacles that others do not when working through treatment programs. According to Scholte and van der Ploeg (2006), some studies show that “30-50% of the youngsters in residential care leave the institution prematurely. Their departure is often the result of an inability to resolve their behavioral problems” (p. 641). Leaving the program prematurely would be considered program failure, and the youth may be sent to a more secure placement or even juvenile detention by way of a court order.

Vocational education is a modality of rehabilitation that came about to address delinquent youths’ needs for life skills. It takes the integration of academic experiential skills with vocational learning. This is indeed contemplating the alliance between an individual’s physical and/or emotional status, and the perspective of his usefulness in the community (Robinson, 2014). Therefore, instead of focusing solely on academic achievement or improvement of mental health symptoms, there is an integration of both of these concepts, along with teaching life skills. One way that Flanders (2015) addressed the right that a juvenile has to rehabilitation, is the claim that they are most in need of vocational training. Juveniles in this instance are generally defined as being between the ages of 10 and 18. The option for educational and vocational advances give youth the opportunity not only to develop necessary life skills through training, but also to mature during the process. As youth are maturing, they are developing adult-like competencies that are applicable not only in criminal situations, but society as well. Through maturity, youth can develop a foundation for renewal, remorse, and rehabilitation (Flanders, 2015). The goal of rehabilitation is to reduce recidivism. The idea is to equip juveniles with skills that will aid them in achieving autonomy and self-sufficiency, a mode of

intervention directed towards reducing recidivism. The expectation is that the youth will develop positive work habits, identify a vocational self-concept, become more competent in new and existing work skills, and foster a sense of social responsibility (Robinson, 2014). By equipping juveniles with job-related skills and bringing awareness to their strengths, talents, and accomplishments, the hope is to facilitate their rehabilitation and provide such youth with job skills they can put to use after their transition back into the community. Due to positive results in adult inmate populations who have received rehabilitation via vocational training since the 1970's (Ward, 2009), the practice is now being used more frequently in the rehabilitation of juveniles (Unruh, Povenmire-Kirk, Yamamoto, 2009).

Mental Health Challenges and the Juvenile Justice System

Environmental factors are often the trigger for emotional and behavioral problems in children who are born with a genetic predisposition to mental illness. It has been argued that youth's ability to regulate their emotions and behaviors is affected by problems in their family such as parental mental illness and discord, as well as the presence of family violence and abuse (Burriss, Breland, Webster, & Soto, 2011). Quite often many mental health disorders are diagnosed after a child has already started exhibiting risky behaviors and even engaged in criminal acts. It is no surprise then that most adolescents who have been involved with the juvenile court have at least one significant emotional or learning impairment (Mallett, 2014). Similarly, 65-70% of youth who have been involved with the legal system have at least one mental health diagnosis, and the most common are mood disorders, ADHD, and conduct disorder (Bonham, 2006; Fazel, Doll, & Langstrom, 2008; Burriss, et. al, 2011). It is also noted that juvenile courts

face their greatest challenge when working with adolescents who have comorbid mental health diagnoses and a history of child maltreatment because they are at the highest risk for criminal recidivism. Burriss and colleagues explain that they have trouble controlling their behaviors; more specifically, externalizing behaviors that may include violent crime (2017). Due to these special challenges, juvenile justice placements such as probation, detention, residential treatment facilities (RTC) have a more difficult time collaborating to rehabilitate such youth. While legal entities may be more focused on punitive justice, clinicians and social workers generally lend more towards the idea of treatment as an intervention. In collaborating, the idea would be to integrate the objectives of all involved professional parties in order to meet the end goal of reducing recidivism. For successful rehabilitation, mental health factors must be taken into account along with the criminal issues at hand.

To make progress in meeting the needs of juvenile detainees, it is important to understand their mental health diagnoses (Teplin, 2006). Comorbidity refers to the presence of two or more mental health diagnoses given to one individual simultaneously and is common for juvenile delinquents. The rate of depression and dysthymia (persistent/chronic depression) among juvenile detainees is concerning, considering the occurrence is higher than what is seen in the general population, this among youth between the ages of ten and eighteen years old (Teplin, 2006). Nearly 88% of incarcerated juveniles are diagnosed with psychiatric disorders and 80% with substance use disorders (Karnik, et al., 2010). The prevalence of mood disorders is also higher in juvenile offenders, at an increase of approximately 17% (Ryan & Redding, 2004). Juvenile detention center (JDC) is a lock down facility that houses juvenile offenders for

the duration of their length of stay (LOS). Juvenile placement facilities are an alternative to JDC and serve as secure or non-secure housing or residential detainment. Juvenile detention centers and placement facilities often struggle to face the challenge to simultaneously treat their mental health symptoms and address their criminal behavior, not to mention providing primary academic educational and additional services. Common modalities used to address the mental health needs of delinquent youth include positive peer culture (PPC), cognitive behavioral therapy (CBT), psychoeducational, and behavioral approaches (Mathys, 2017; Di Rezze, Nguyen, Mulvale, Barr, Longo, & Randall, 2016). In combination with these psychotherapy approaches, psychiatric medication can be utilized to treat symptoms of some disorders, such as impulsivity, inattention, insomnia, anhedonia, feelings of sadness, fatigue, anger, irritability, and mania. CBT is utilized to equip juveniles with the skills needed to identify and address their cognitive distortions and instill coping strategies to improve behavior, specifically criminal behavior (Jewell, Malone, Rose, Sturgeon, & Owens, 2015). These techniques, in combination with vocational learning, are associated with a decrease in criminal behaviors. Likewise, positive peer culture (PPC) techniques lend to the development and nurturing of interpersonal skills and positive behavior patterns (Laursen, 2010). PPC is a group therapy modality wherein the youth in the group, run the group. Therapy sessions might encompass an array of topics, depending on the setting and context of the group.

Because of the challenges professionals face in simultaneously treating juveniles' mental health symptoms and addressing their criminal behavior, reviewing the successful program completion rates of youth who have been diagnosed with mental health disorders is of interest. According to Underwood, Molsholder, and Dresner (2008),

When treating adolescents in residential settings, services are generally ambiguous when it comes to integrating mental health needs and other appropriate services.

Interventions

Vocational treatment programs, both inpatient and outpatient, have attracted a lot of attention in the community over the last few decades (Ward, 2009). They provide a community like experience with a family type environment and have been a popular alternative to detention. The aim of vocational programming is to address the unique challenges that adolescents, youth, and young adults with mental health diagnoses face during this time of developmental transition. In vocational intervention programs, opportunities are provided for youth to acquire skills to a specific trade. By learning these skills, youth have an increased preparedness for future jobs as well as their transfer back into the community. A meta-analysis review of nine studies that looked at developmental transition interventions being implemented for juvenile justice involved youth with mental health disorders between the ages of twelve and twenty-five years determined that predominately focusing on vocational needs is helpful in creating programs for this population (Di Rezze, et al., 2016). Most of these interventions focused on vocational needs rather than education and social activities due to the focus of transitioning youth into adulthood. Given that this specific population is at such a crucial stage of development and at such a high risk for recidivism, intervention programs have been a focus given high priority within the juvenile justice system. The hope has been that this mode of intervention would enhance the quality of rehabilitation, increase the success rate of mental health treatment, and decrease rates of recidivism, given the integration of therapeutic techniques with vocational training.

CHAPTER II

Literature Review

According to Parker, Asencio, and Plechner (2006), “Youthful offenders with consistently escalating patterns of offending were thought to benefit from a secure placement away from home and community influences and one that also offered rehabilitation services such as moral guidance, behavioral therapy, psychiatric treatment, and vocational training” (p.47). These authors were reviewing the effectiveness of vocational interventions for hard to place juvenile delinquents. Their focus was a program called, the Placement Readiness and Evaluation Program (PREP), which enrolled youth that were rejected from or simply did not qualify for similar rehabilitation programs such as private placement (Parker, et al., 2006). The goal of this program was to remove youth from juvenile detention and prepare them for private placement in order to reduce placement failures. The youth that were placed in the PREP program were characterized by defiant and assaultive behavior, suicidal ideation, drug addiction, fire setting, and running away, all characteristics of mental illness. PREP included academic education, psychotherapy, and entry level vocation education. Though there were limitations of the program, such as a wide age range of eleven to seventeen years, the combination of male and female youth, which enhanced the behavioral problems once in the program, and lack of cooperation from outside agencies, findings are still encouraging. A follow up survey provided overwhelming positive evaluations by way of the participants, but it was not successful in reducing arrests at a six, twelve, and eighteen-month follow up. Youth reported having such a positive emotional experience in this program that they often attempted to get expelled from other programs and be sent

back to PREP. They preferred the positive environment of PREP over their home life, which was commonly marked by numerous problems, as well as juvenile detention. This positive environment included intensive staff involvement and daily therapy interventions. The results of this study showed that these factors contributed to a greater likelihood of placement failure for youth in the program compared to those placed in juvenile detention (Parker et al., 2006). However, a lesson that generated from the program was that education and job skills in combination with a group home placement did equip youth with skills needed to transition back into society.

A study done by Kretschmar, Butcher, Flannery, and Singer, (2016), investigated a diversion program for adjudicated youth at Ohio's Behavioral Health Juvenile Justice (BHJJ) program. The focus of this program is behavioral health treatment – specifically trauma-focused therapy. The idea behind this program is to treat the symptoms associated with trauma that may have led to behavioral problems, because juvenile-justice youth, as well as youth with mental health disorders have experienced more trauma than the general population, according to self-reports (Kretschmar et al., 2016). To compound the issue, many of these minors have not ever received prior behavioral health treatment. One reason for this may be because the first place many youth are screened for behavior health issues is in the juvenile justice system. One of the eligibility requirements that youth had to meet in order to be eligible for this program was to meet criteria for at least one psychiatric disorder as determined by the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.; SM-IV; American Psychiatric Association [APA], 1994). According to Kretschmar, the rate at which treatment was successfully completed was lower among non-White youth with higher rates of substance use disorders and youth

with comorbid substance use and mental health disorders than that of youth without these diagnoses (2016).

A study conducted by Cohen, Piquero, & Piquero (2010), focused on the success of educational and vocational intervention on sixteen to twenty-four-year old offenders. The vocational or employment mechanism of the intervention involved the Youth Build (YB) Offender project. Within this program, individuals were building/rehabilitating housing in the community. The term “successful” in this program refers to the attainment of a GED or high school diploma after graduating from YB. A two-and-a-half-year period was reviewed and findings show that YB graduates were more likely to obtain a GED or high school diploma than were YB dropouts (58% vs. 18%) indicating that vocational training increased the likelihood of success in this program by way of education completion and lower recidivism rates. Another program, Community Restitution Apprenticeship-Focused Training (CRAFT), which is a vocational program implemented to train and prepare youth offenders for future employment in the building industry (Schaeffer, Henggeler, Ford, Mann, Chang, & Chapman, 2014). CRAFT is a 6-month program that offers training specifically in employability skills and in-home construction. The prevalence of prior delinquency is of importance, such that the youth who participated in this study averaged more than five prior arrests. The successful completion rate among youth participating in this program was 70%. At a 30-month follow up, youth in the CRAFT condition were 1.52 times more likely to gain employment following program completion than education as usual (EAU) individuals, which was significant; youth in the CRAFT condition were also 1.92 times more likely to

earn a GED, also significant (Schaeffer, et al., 2014). Recidivism rates were 26% over the course of a 4-year study (Hamilton, R., & McKinney, K., 1999).

The New Smyrna Beach Employability Skills Training Program is a school-based work experience program which provides an alternative route for youth with emotional and behavioral disorders to obtain an education as well as social and employability skills. Though not a residential setting, the students participate in an educational program at a vocational job site. This program was developed for students with Emotional Behavioral Disorders (EBD) due to their nearly 100% drop out rate at traditional schools (Casey, 1996). By offering monetary incentives, a behavior level system, as well as a non-traditional setting in which to learn, the results of this program were positive. Results showed a decrease in suspensions, drop-out rates, and juvenile-justice placements among youth who participated in the school-based work experience program. The reasoning behind a school-work based program is provide students with the opportunity to learn employment skills in a highly structures setting, then gradually reducing the amount of structure through their transition into the work place (Casey, 1996).

Youth offenders often have a history of limited prosocial adult mentors or economic opportunities which are both thought to be necessary components of developing skills of acceptable social behavior, independence, educational proficiency, and career achievement (Ameen & Lee, 2012). The position is that by offering this type of intervention, not only will recidivism rates decrease, but will lead to positive outcomes in the community. An outstanding question, and the focus of the proposed study, is how the prevalence of mental health disorders and behavioral health issues influence the process of the vocational training and its successful completion. One thing Ameen and

Lee (2012) explore is the adaptation of programs to the needs of its recipients. For instance, vocational programs should offer additional services to youth who require ongoing treatment for mental health symptoms in addition to the general job skills training curriculum. For instance, it may be necessary to combine job training with psychotherapy, interpersonal skills training, and behavioral modification to accommodate such individuals (Ameen & Lee). In addition, the use of instruments such as the Positive Achievement Change Tool (PACT) to assess risk and protective factors as well as implement interventions for goal attainment are key in successful rehabilitation. These factors in combination with others such as intervention timing, well trained professional staff, and evaluation of program for quality improvement all play a role in quality programming.

The aim of this study is to examine how many youth with diagnoses of personality or mood disorders complete a residential vocational program for delinquent youth (described more fully below), compared to those who have not been diagnosed with such disorders.

Hypothesis

I hypothesize that there is a difference in successful completion rates among youth at Gulf Coast Trades Center who have mental health diagnoses (ADHD and/or mood disorders) as opposed to those who do not. More specifically, youth who have these diagnoses are less likely successfully complete the program at GCTC.

CHAPTER III

Methods

Participants

This sample consists of 38 individuals (N=38). All participants are male, between 15 and 18 years of age. All were adjudicated for a criminal offense and were on probation in a Texas county. All participants were residing at Gulf Coast Trades Center as a requirement of their probation during the evaluation period. The mean age of the youth at the time of intake into the program was 16.40 years. The most common offenses were property crimes, drug-related crimes, and crimes against persons. The majority of the young males were Black (47.40%), 39.50% were Hispanic, and 13.20% were Caucasian. All youth were required to complete the same aspects of the program during their time at GCTC. The median length of stay for all participants was 6.95 months. All data are archival. The 38 participants were selected out of a total possible pool of approximately 500, as the ones to whom the researcher was allowed access by authorizing agencies (counties) between the years 2015 and 2017. Those youth who were excluded were because either a) the county by which the youth was placed did not give the researcher permission to access data regarding the youth in their jurisdiction, b) they were state (TJJD) placed youth and the state did not give the researcher permission to access data regarding the youth in their jurisdiction, or c) they were state (TDFPS) placed youth and the agency did not give the researcher permission to access data regarding the youth in their jurisdiction.

Setting

Gulf Coast Trades Center is a non-profit, vocational trade/ charter school and residential center for adjudicated and foster youth who are placed by state and county agencies in Texas. The center caters to youth who are currently on probation as well as those in need of foster care. GCTC currently holds contracts with various Texas counties as well as Texas Juvenile Justice Department (TJJJ). GCTC offers a wide range of services to youth depending on their individual and court ordered needs including vocational training, on site job training, high school academic courses at Thomas Buzbee Vocational High School (on campus), GED preparation and training, individual psychotherapy, substance abuse education and therapy, positive peer culture (PPC) groups, anger management counseling, medical, recreation, and even after care services. All youth enrolled at GCTC reside on campus in dorms that house up to 16 individuals each. On any given day at GCTC, there are over 100 males enrolled in the program between the ages of 15 and 18. The population consists of 1) youth placed by Child Protective Service for placement purposes, 2) youth placed by counties throughout Texas, who are on probation, and may or may not have stepped down from a more secure facility, 3) youth placed by the Texas Juvenile Justice Department as an alternative to detention. All youth who fall under condition 2 or 3 have been placed at GCTC to complete the program as a stipulation of his probation. The term of the program is on average 6-9 months depending on the youth's willingness to comply. If the students do not comply with the program, they are generally discharged into the custody of their placing agency. According to the director of GCTC, the latest 13-year study suggests that

recidivism rates of former youth are between 4 - 26% (2017; Czaja, M. D., & Belcher, S, 1999).

Instruments/Measure

Program Completion. The requirements that needed to be met by the youth to be considered a successful completer of the program were as follows: (1) earn half of an academic credit in each of the four core classes of English, Math, Science, Social Studies, at their respective grade level at the time of admission to the program and/or obtain a GED and/or HS Diploma; (2) complete the shop portion of the program which consisted of mastering all shops skills and earning their shop trade (Business Computer Systems, Automotive Technology, Culinary Arts, Building Trades, Brick Laying, or Horticulture); (3) attain certificates in certain areas depending on their shop assignment (OSHA, Food Handlers, NCCER etc.); (4) complete 60 days of work experience including 14 days of financial literacy education; (5) complete specified therapy (individual, group, substance use, sex offender, anger management);and (6) earn and maintain a level 4 (behavior, on a scale from 1-5) for a minimum of 2 weeks (must be a level 4 at the time of discharge). To quantify the data, completion was measured as follows: less than all areas complete = 1; all areas complete = 2. Initially, the aim was to divide into 3 groups based on the quantity of areas individuals completed in the program. However, once the data was analyzed, there were not enough in the second category to justify its conclusion (N=5). Therefore, they were moved into the category of not successfully completing the program.

Mental Health Disorders. Participants were divided according to the presence or absence of the following mental health disorders: mood disorders (Bipolar Disorder, Depressive Disorders, Anxiety Disorders, Disruptive Mood Dysregulation Disorder)

and/or ADHD. These disorders were chosen to differentiate the two groups in order to examine the implications for future therapeutic interventions. In addition, including other commonly-occurring diagnoses in this population such as conduct disorder would have resulted in very low discrimination, as the majority of youth met the diagnostic criteria for this disorder (79%). The occurrence of a SUD was almost evenly split among groups (46.15% and 53.85%). The assignment of groups according to the presence of mood disorders and ADHD was ultimately decided due to the theoretical framework of previous studies. Disorders were assessed by qualified mental health providers prior to their admittance to GCTC.

Procedure

Data were extracted from files of participants who were residents of GCTC between the years of 2015-2017 and had been discharged from the facility. Eligibility criteria included: (1) being between the ages of 15 and 18, (2) being county committed (no CPS or state placed youth); having remained in the program for a minimum of 3 months, and (3) receiving county approval for participation. All counties in the State of Texas were contacted via email and directly to the chief probation officers within those counties requesting approval to use data. Agreements were made and only those who gave approval data were used. Submission to Sam Houston State University IRB was made and IRB approval was obtained. Data were collected at GCTC and de-identified before removal. The following information was collected: Length of stay (in months), race, charges, alcohol and other drug use, history of abuse in the home, psychiatric diagnoses, IQ, and program completion details.

Data Analysis Plan

Data analysis proceeded in two steps. First, descriptive statistics was calculated to describe the sample and examine the proportion of youth who meet the study definition of having a mental health disorder and the proportion who successfully complete the program. The descriptive statistics used for this study was the 1) presence or absence of ADHD and/or mood disorders and 2) whether or not the youth in each group successfully completed the program. Prior to testing the study hypothesis, I evaluated the assumptions on which the statistical procedures rest. Next, the study hypothesis was tested by a 2x2 Chi Square test of independence. This type of test was chosen to determine whether or not the variables are independent of each other. The null hypothesis would support the expected outcome, that mental health diagnoses is independent of rate of completion. A significant chi-square statistic would support the alternative hypothesis, that the rate of completion is associated with the presence or absence of mental health diagnoses.

CHAPTER IV

Results

For this study, all data used in the analyses were extracted from GCTC databases, with written permission from county chief probation officers and the Sam Houston State University Institutional Review Board. Youth were categorized into two groups, based on the presence or absence of depression and/or ADHD. Group one (52.60%) comprised participants who had a history of ADHD, mood disorders or both. Group two (47.40%) comprised participants who did not have an ADHD or mood disorder diagnosis.

The mean age of youth at the time of intake was 16.40 years. Prior to intake at GCTC, 63.16 % of youth committed property offenses, 15.80% of youth committed drug-related offenses, and 55.30% committed crimes against persons. The length of stay was on average 7.11 months, with a median of 6.95 months. The median IQ of participants in this study was 87.50, (mean = 85.95). With respect to diagnoses, 52.60% of participants had a history of diagnoses including ADHD and/or a mood disorder and 47.40% of participants had no history of such diagnosis. Of the 38 participants in this study, the majority (47.4%) identified as Black, with 39.50% identifying as Hispanic, and 13.20% identifying as White.

Table 1 highlights the variables analyzed to compare adjudicated young males with and without these diagnoses with the rate at which they completed the vocational program at GCTC. Of the 38 participants in the study; 39.50% did not achieve program completion; 60.50% completed all six requirements of the program and obtained successful program completion.

The chi-square test assessing the independence of group membership and program completion was not statistically significant (see Table 2). No significance differences were identified between the rate of completion between the two groups. Forty-three and one-half percent of those who successfully completed the program were in Group 1 (with mood disorders and/or ADHD), and 56.5% were in Group 2 (without these diagnoses). Within Group 1, 50% of the group successfully completed the program, and 50% did not. In comparison, in Group 2, 72.2% completed the program and 27.8% did not. A phi coefficient assessing the degree of association was .227 (a small to medium effect size).

Table 1

Completion			Group 1	Group 2	
			Diagnoses		
			Diag	None	Total
Completion	Not Complete	Count	10	5	15
		Expected Count	7.9	7.1	15.0
		% within Diagnoses	50.0%	27.8%	39.5%
	Complete	Count	10	13	23
		Expected Count	12.1	10.9	23.0
		% within	50.0%	72.2%	60.5%
Diagnoses					
Total	Count		20	18	38
	Expected Count		20.0	18.0	38.0
	% within Diagnoses		100.0%	100.0%	100.0%

Table 2

Chi-Square Tests					
	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi Square	1.958	1	.162		
Continuity Correction	1.138	1	.286		
Likelihood Ratio	1.986	1	.159		
Fisher's Exact Test				.198	.143
Linear-by-Linear Association	1.907	1	.167		
N of Valid Cases	38				

Sample Characteristics

Variable

Age [M (SD)]	16.4 (.11)
Race [n (%)]	
Black	18 (47.40)
Hispanic	15 (39.50)
White	5 (13.2)
Length of Stay(months) [Median (SD)]	7.11 (.96)
IQ Scores [Median (SD)]	87.5
Comorbidity [n (%)]	
Conduct Disorder	30 (79)
Substance Use Disorder	13 (34)

CHAPTER V

Discussion

Results of this study suggest that the difference of residential trade school program successful completion rates do not differ significantly between youth with and without diagnoses of ADHD and/or mood disorder. Though not statistically significant, the effect size for the test (phi coefficient) suggests a trend in the data showing a lower percentage of youth with these diagnoses, attaining program completion than those without the diagnoses. That said, the lack of statistically significant results is consistent with previous research suggestion that youth with mental health diagnoses successfully complete similar programs (Schaeffer, et al, 2014). Similarly, Casey (1996) found that youth with EBD are succeeding in vocational/employability environments, whereas they struggled in standard academic educational settings (Casey, 1996). In comparison, Scholte and van der Ploeg (2006), in reviewing previous studies found that youth with mental health issues placed in traditional residential programs struggled in completing them (30-50%).

A potential limitation to this study was sample size ($n=38$) limiting the power to detect significant results. A larger sample could have yielded a statistically significant result. One of the reasons the sample was small was that I was only able to obtain permission from chief probation officers from a limited number of counties. Future research should attempt to obtain wider representation. A second limitation was the inability to analyze the assignment of youth to specific treatment types. It was not possible to determine what type of individualized therapies youth were receiving from archival records alone. A third limitation was the limited amount of information

contained in the data archives. A number of potentially important variables (e.g., participants' support systems, trauma history, etc.) that could have contributed to program completion could not be evaluated. The results of this study are consistent with that of previous studies indicating large percentage (60.50%) of adjudicated are youth completing court ordered vocational programs successfully, irrespective of the presence of mood disorders and ADHD, as shown in the present study.

This study points to the need for further research consisting of larger sample sizes to evaluate the difference between completion rates among youth with mental health diagnoses.

Results from the current study suggest that adolescents with ADHD and mood disorders should not be excluded from vocational programs and similar opportunities based on these diagnoses because they are similarly likely to complete the program. Future studies should assess other variables relevant to juvenile justice programming, such as behavioral infractions that occur within the facilities, along with recidivism once they are released. Future research may also compare the effectiveness of vocational programs compared with those of more restrictive settings for youth with comparable clinical impairment and justice involvement.

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VOLUNTEER

Klein United Methodist Church (Youth Services)	May 2009-December 2011
All American Youth Football and Drill Team	Fall 2009
Montgomery County Women's Shelter	Spring 2015
Houston Food Bank at SHSU	Spring 2015
Klein Multipurpose – Harvey Relief	Fall 2017

PRACTICUM TRAINING

Solutions Counseling Observation, LPC-S	January 2017- May 2017
Sam Houston State University – Mock counseling	January 2017- May 2017
Montgomery County Mental Health Treatment Facility - Competency to Stand Trial evaluations and reports, psychological evaluations and reports, psychotherapy and treatment planning; Intelligence, achievement, and personality assessments	August - December 2017
Harris County Juvenile Probation Psychological assessment	January – May 2018

PRESENTATIONS

Sam Houston State University Undergraduate Research Symposium The Effects of Sugar on Cognitive Memory Function	April 2015
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MANUSCRIPTS IN PROGRESS

Turner, J. & deCastro, J. (2015). The effect of sugar on cognitive memory function: Determining how sugar affects memory function for purposes of focus and learning.

Turner, J. & Henderson, C. (2017). Residential Trade/School Program Success Rates Among Adjudicated Youth with Mental Health Diagnoses.