

THE LIVED EXPERIENCE OF TWENTY-ONE ADOLESCENT OFFENDERS WHO
RESIDED IN THE DENTON COUNTY COURAGE TO CHANGE PROGRAM FROM
SEPTEMBER 2016 THROUGH JULY 2017

A DISSERTATION
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BY

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DEDICATION

My entire educational experience, including this study, is dedicated to my family and my husband. Their love and encouragement are what got me through. They loved me in all my craziness. They believed me to be capable when I did not see myself as capable. Thank you to Benjamin Bordlemay, Jesus Vela Villarreal, Maria Imelda Ramirez Villarreal, Misty Barron, Juaquin Barron, Estela Villarreal, Saul Villarreal, Jesus Villarreal III, Maximo and Kellie Villarreal, Bailie Hill, and Hallie Villarreal.

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ABSTRACT

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This study explored the lived experiences of 21 adjudicated adolescent offenders who resided in the Denton County Courage to Change Program. It was a qualitative study that used secondary data. The intent of the study was to add to the body of research on the topic of institutional placements within the juvenile justice system. The data set used in this study was comprised of questionnaires completed by the residents of the program as they neared the completion of their time in the secure residential treatment program.

This study used the actual words of the residents to answer the central research question: “What are the experiences of adolescent offenders in the Denton County Courage to Change Program?”

This study was grounded in narrative therapy, which suggests the experiences of individuals provide valuable information about the particular phenomena that is their experience. Findings of this study indicated that residents perceived their stay in the program as beneficial. The adolescents experienced the program as having had a positive impact on how they viewed themselves, what they were capable of, and what they wanted for their future.

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CHAPTER I

INTRODUCTION

Juvenile delinquency has been cited as a major public concern (Ryan et al., 2013), and it is a serious family issue (Hartnett et al., 2016). In fact, research shows a direct link between family structure and delinquency with adolescents from “non-intact families being more likely to engage in delinquent activities” (Schroeder et al., 2010, p. 580). Family size, poor parenting, parental relationship conflict, and family poverty are all family/relational issues that have been cited as predictors of juvenile delinquency (Oyserman & Markus, 1990). As it stands, mental health services within the juvenile justice system have long been offered to adolescent offenders and their families; family therapy is one facet of the mental health services offered.

Family therapy, a profession that is centered on relational issues, shares a connection with juvenile delinquency (Smith, 2016) through John Bowlby, a historical figure in the study of families and a contributor to the profession of family therapy, who developed his theory of attachment while working with juvenile offenders in an institutional setting (Follan & Minnis, 2009). Virginia Satir, a pioneer in the field of family therapy, used experiential therapy and the concept of the parent-child triad to address the issue of adolescent delinquency (Satir, 1988). Murray Bowen, a pillar in the world of family therapy, also addressed high-risk adolescent behavior (Gilbert, 2004). In his theory of family function, specifically the family projection process, Bowen connected parental undifferentiation and the projection of anxiety through the family

system to problematic adolescent behavior (Gilbert, 2004). Even now, in the modern era of evidenced-based family therapy models, the connection between family therapy and problematic adolescent behavior can be seen, with research concluding that family-based treatments effectively treat delinquency (van der Pol et al., 2017).

As stated above, there is a historical and contemporary connection between family therapy and juvenile delinquency (Smith, 2016) with family therapy being recognized as a valuable treatment option for juvenile delinquency (Fagan, 2013). Often, family therapy is used with juvenile offenders within structured institutional settings (Greenwood, 2009), yet there seems to be a gap in research within the field of family in which there is a lack of focus on the experiences of juvenile offenders in institutional settings. This gap came to my attention after an extensive search of the research databases focusing on the treatment of juvenile offenders that I completed with the help of Texas Woman's University librarians.

Institutional Placements

Placing at-risk or delinquent juveniles in secure residential treatment programs has been a widely accepted and utilized form of intervention within the current juvenile justice system (Shelden, 2005). Even before the establishment of the modern juvenile justice system, society deemed it acceptable to separate juveniles from their families and house them in institutional placements (Shelden, 2005). For the future, it seems likely that institutional placements will continue to be used as an intervention, especially since research suggests that institutional placements that incorporate therapy-based treatment are effective and have positive outcomes on reducing the incidence of juvenile

delinquency (Mallett & Boitel, 2016). Research focusing on the lived experience of juveniles who have resided in institutional settings within the juvenile justice system is needed to inform the family therapy treatment process with this population.

Professionals in other fields of study have also identified the lack of research focusing on the lived experiences of juvenile offenders as a problem. For example, in her 2005 study of the experiences of juvenile offenders, social worker and researcher Laura Abrams found there were “no published studies in social work concerning juvenile offenders’ experience of treatment in residential institutions” (p. 64). To address the gap, Abrams (2005) used her study to “explore how youth offenders experience and understand their care in two different residential correction facilities” (p. 64) by asking the following research questions:

- 1) How do youth offenders experience their treatment while in resident correctional care?
- 2) How do youth offenders experience the deterrence aspects of secure confinement?
- 3) What aspects of their treatment or confinement do youthful male offenders consider useful to prevent future involvement in crime?

Abrams (2005) conducted her study with the expectation that her study would “provide critical information for social workers and researchers seeking to enhance the effectiveness and quality” of care for juvenile offenders in institutional settings (p. 61). It is my belief that studies directly focusing on the adolescent residents, like the one I have conducted and the one conducted by Abrams, are needed because the experiences of the

adolescent offenders can provide information that could be used to shape the family therapy process, inform treatment goals, and hopefully add to the success of treatment.

How the Success of Juvenile Placements is Measured

Available research surrounding the effectiveness of institutional placement and the services, such as family therapy, offered to juvenile offenders while in placement use recidivism as the measure of success (Abrams et al., 2005). The term recidivism “is defined as a person’s relapse into criminal behavior, often after the person receives sanctions or undergoes interventions for a previous crime” (Stanković et al., 2019, p. 286). Focusing solely on recidivism and not exploring the experiences of the adolescent offenders disregards the treatment process and does not account for the various interpersonal and intrapersonal changes that can occur throughout the course of treatment (Abram & Aguilar, 2005; Oyserman & Markus, 1990). Recidivism is a global measure that does not provide any information on the experiences of the individual. Furthermore, recidivism-only research is problematic because the adolescent offenders themselves are not given the opportunity to share their experiences (Abram & Aguilar, 2005). Treatment is being offered to adolescent offenders while in institutional programs, but they are not being given the opportunity to provide feedback regarding the treatment, so “adolescent offenders are not heard from” and “only part of the story is being told” (Miner-Romanoff, 2014, p. 625).

Statement of the Problem

There is a lack of research within the field of family therapy focusing on the self-reported lived experiences of juvenile offenders who have been legally separated from their family and placed in institutional settings. Additionally, the research that does exist predominantly focuses on recidivism-only as a measure of successful treatment (Abrams et al., 2005). This is a problem because juvenile offenders are receiving treatment without being allowed to share their experience of treatment, and recidivism-only research does not provide a complete picture of the treatment process (Miner-Romanoff, 2014). The self-reported lived experiences of juvenile offenders is a valuable source of information that is not being addressed by current recidivism-only research, even though individuals who have a desire to work with at risk adolescents and their families can gain a greater understanding of incarcerated juveniles, the juvenile justice system, and their own place in the system from the lived experiences of juveniles who resided in juvenile facilities (Miner-Romanoff, 2014). Recidivism is a reductive measure and valuable information about individual experiences is not gathered when numbers are the only information used for the documentation of change.

Statement of the Purpose

The actual lived experience of the juvenile offender, particularly those who have resided in juvenile facilities, is missing from the conversation about juvenile delinquency. It is also missing from research that focuses solely on the impact of institutional placements as an intervention. From the beginning of my journey researching juvenile offenders, I was surprised by this lack of research, especially since juvenile delinquency

is an area of study that draws attention from numerous academic disciplines and is a significant social issue (Cottle et al., 2001; Stanković et al., 2019). The goal of this study was to address this gap by exploring previously collected, self-reported experiences of juvenile offenders, who have spent time in a residential treatment facility. I used secondary, qualitative data collected at the Denton County Courage to Change program in 2016 and 2017.

Self as the Researcher

By using data that was not collected by myself, I eliminated the chance that my professional experience working with juvenile offenders would influence the data collection process. I am aware that my experience as a former juvenile probation officer and my current occupation as a marriage and family therapist who specializes in juvenile offenders could have influenced data interpretation. To address this potential bias, a peer who had no ties to juvenile offenders and my major professor served as additional coders. It is my belief that the qualitative findings gained from my study can highlight information which can be used by family therapists and staff in juvenile facilities in their work with juvenile offenders. This research can also inform best practice therapy and emphasize effective interventions. It was also my hope that my study would encourage more research focusing on the self-reported lived experiences of juvenile offenders.

Theoretical Approach

Phenomenological Theory

The main goal of this study was to explore the experiences of juvenile offenders who spent time in a court-mandated placement using a phenomenological research method. The phenomenological approach “seeks to explore, describe, and analyze the meaning of the lived experiences of individuals” (Marshall & Rossman, 2011, p. 19), which was the expressed purpose of this study. Moreover, qualitative research assumes “that some informants are better situated to provide key insight and understanding than others” (Abrams, 2010, p. 537). This study sought to explore the experiences of juvenile offenders because it seems logical that those who lived the experience would be best suited to provide valuable information regarding institutional placements.

As an individual who has had over 17 years of professional experience with juvenile offenders and their families, I had a real desire to understand juvenile offenders “from within their own subjective experiences” (Gelling, 2015, p. 45). The phenomenological approach allowed me to explore the individualized lived experience of juvenile offenders, while the use of secondary data ensured that my professional knowledge did not interfere with the participants’ perspectives or their willingness to share (Sorsa et al., 2015).

Narrative Therapy

This study was grounded in the concepts of narrative therapy (White & Epston, 1990), which served as the theoretical framework of the study. According to narrative therapists, individuals have their own reality that they hold to be truth, and their reality is

composed of experiences, history, culture, and the world they live in (White & Epston, 1990). This reality, then, becomes the individual's story and is unique to them; the process of change begins when individuals and families are given the opportunity to share the story of their experiences (White & Epston, 1990). I would contend that if the goal of the juvenile justice system is to help juvenile offenders change their delinquent behavior, then they must be given the opportunity to share their stories, which is what this study specifically examined.

Externalization is a key concept of narrative therapy (White & Epston, 1990). Externalization allows the individual (or the family) to separate themselves from their problem, and it is through externalization that an individual can “consider the broader context of their experience and begin to deconstruct the influences and expectations of their experience” (Williams-Reade et al., 2014, p. 421). The aspect of externalization within the act of sharing one's story is very important for juvenile offenders. It can help them better understand their experiences and identify ways they have ownership over their experiences (Williams-Reade et al., 2014). Ownership of one's story is the cornerstone of change (White & Epston, 1990).

According to narrative therapists, “social discourses can objectify and dehumanize people” (William-Reade et al., 2014, p. 418). Narrative therapists also suggests that if people are not given the space to share their stories, they will always see themselves as simply a thing within the system and will then rely on the system to dictate their behavior (White & Epston, 1990). This prevents individuals from learning how to “police their own gestures and scrutinize their own behaviors” (White & Epston, 1990, p.

71.) If we apply this concept of narrative therapy to juvenile offenders, then it can be concluded that juveniles who are not given the opportunity to share their stories will remain trapped in the system, which is why qualitative research is needed in the area of juvenile delinquency.

Significance of This Study

This project sought to explore the self-reported lived experiences of adolescent offenders who were placed in the Denton County Courage to Change program, a secure residential treatment facility, from September of 2016 through July of 2017. The project began with my desire to know more about adolescent offenders and with the hope that information found could be used to inform treatment practices with this population (Abrams & Aguilar, 2005). It was my hope that information found would be useful for professionals who want to have a better understanding of a juvenile offender's experience in an institutional setting and to highlight the importance of qualitative research with this population (Abrams, 2010). I believe qualitative research can create a space in which juvenile offenders and their families can highlight, develop, and even strengthen positive qualities through the process of sharing their experiences (William-Reade et al., 2014). Although my study focused on previously collected, secondary qualitative data, it is my belief that when given the opportunity, adolescents who share their story can gain a "sense of authorship and re-authorship of [their] life and relationships" (White & Epston, 1990, p. 83). Therefore, the qualitative research process itself becomes a therapeutic experience for juvenile offenders.

Research Questions

The following research question was addressed by this study:

“What are the experiences of juvenile offenders in the Denton County Courage to Change Treatment Program?”

Questionnaire:

1. How did the adolescents remember their experience at the Denton County Courage to Change program? How did the juveniles feel on their first day, when they had nearly finished the program, and what did they wish they had known as they started the program?
2. What did the juveniles learn about themselves over the course of their time in the Denton County Courage to Change Program facility, including their perceived struggles?
3. What are the hopes of the juveniles for the future outside of the placement at the Denton County Courage to Change Program?
4. What advice would the juveniles like to share with future residents of the Denton County Courage to Change Program?

Definition of Terms

The following definitions are applicable to this study and its purpose.

1. Juvenile Offender and/or Adolescent Offender: A juvenile who is at least 10 years old, but not yet 17, at the time they committed an act defined as delinquent conduct or conduct in need of supervision. A person who is under the jurisdiction

of the juvenile court, confined in a juvenile justice facility, or participating in a juvenile justice program administered or operated under the authority of the juvenile board. (Texas Juvenile Justice Department, 2020).

2. Intervention: A concept, skill, and knowledge aimed at improving a juvenile offender's ability to cope with and manage emotional reactions, reduce likelihood of recidivism, and prevention of future delinquent behavior (McMackin et. al, 2002, p. 181)
3. Recidivism: Recidivism is defined as whether or not a juvenile commits a new offense or violates their terms of release after their release from placement (Farrouki & Mapson, 2007).
4. Residential Placement: A secure facility designed to physically restrict the movements and activities of the residents and is intended for the treatment and rehabilitation of youth who have been adjudicated (Texas Juvenile Justice Department, 2020).

Assumptions

1. An analysis of available research would highlight interventions that can be used by professionals, especially family therapists, who work with adolescent offenders and offenders residing in institutional settings.
2. An analysis of the adolescent's experiences would benefit professionals by highlighting interventions that warrant future research.
3. That the adolescents in this study answered the questions honestly and without being coerced.

Delimitations

My study reviewed self-reported information gathered at the Denton County Courage to Change Program from juveniles previously housed at that facility from September of 2016 through July of 2017. No current residents of the program were included in the study.

Summary

Juvenile delinquency has been an area of interest for the public and the academic world for some time, resulting in a substantial amount of information on the various aspects of both the juvenile offender and delinquent behavior (Goldstein, 1990). But research focusing on the actual lived experience of juveniles who have resided in institutional treatment facilities is lacking (Abrams, 2005). Moreover, the current and accepted measure of success of treatment does not include the lived experiences of the adolescent offenders who have resided in court-mandated residential programs (Abrams, 2005).

A family therapist values the lived experience of individuals, because it is a commonly accepted fact in the discipline of family therapy that the families and individuals are experts on themselves (Goldenberg & Goldenberg, 2008). Juvenile delinquency and family therapy are connected since “family structure, family processes, and environment are all central factors in the development of criminal behavior among youth (Schroeder et al., 2010, p. 579). Yet, there is a gap in qualitative research in terms of the lived experience of juvenile offenders, particularly, juvenile offenders who have been removed from their families and placed in court-mandated institutional settings.

Through my study, I sought to explore the experience of juvenile offenders who were housed in residential placements with the hope that the information gathered could be used to advance the practice of family therapy and inform the therapeutic process.

CHAPTER II

REVIEW OF RELEVANT RESEARCH

The lived experiences of juvenile offenders who have resided in juvenile facilities are currently not an area of research for professionals in the field of family therapy. This study seeks to address that gap by exploring the previously collected, self-reported, lived experiences of juvenile offenders who have been legally removed from the community and placed in a residential facility, specifically the Denton County Courage to Change program.

In the space below, I discussed the history of the juvenile justice system, including the various types of placement settings which exist within the juvenile justice system and the reasons institutions are used as an intervention. I also discussed the current trend of recidivism-only research in the field of juvenile delinquency. The process of change, trauma-informed care, and attachment are also discussed below because they are relevant topics to consider when discussing juvenile delinquency.

History of Juvenile Justice System

Juvenile delinquency is a well-recognized issue in the United States and the development of the juvenile justice system is a well-documented phenomenon as well (Krisberg & Austin, 1993). The first juvenile court system was officially established in Cooke County, Illinois in 1899, and juvenile delinquency became a legally defined term (Shoemaker, 2010). The juvenile court system is a result of work across the fields of human development, the criminal justice system, the education system, psychology, sociology, and various other disciplines (Siegel & Welsh, 2011) and is rooted in the idea

that the needs of adolescents are unique, and children can be helped and rehabilitated (Blackburn, 1993).

The idea that adolescent offenders should be treated differently than adult offenders surfaced in the early 19th century (Meng et al., 2013). It is a concept that stemmed from the belief that treating children like adults went against the “humanitarian ideals of American society” (Siegal & Welsch, 2011, p. 14). At the inception of the juvenile justice system, children were believed to be the victims of poverty, homelessness, and overall lack of supervision (Shelden, 2005). Because children were considered victims of situations beyond their control, intervention by the state was deemed to be more appropriate than punishment (Siegal & Welsch, 2011).

The well-being of juvenile offenders became the responsibility of the state because of the legal concept *Parens patriae*, which is a belief that the government is obligated to care for those who are unable to meet their own needs (Landess, 2016). Essentially, the juvenile justice system was created to be the “surrogate parents” for juveniles whose families were unable to meet their needs (Landess, 2016, p. 21). As a legal tool, *Parens patriae* was used to “declare parents unfit because their children wandered about the streets unsupervised and committing various assortments of crimes” (Shelden, 2005 p. 3). Most importantly, *Parens patriae* served as the “legal basis for court intervention into the relationship between children and their parents” (Shelden, 2005, p. 3).

Development and Change in Juvenile Institutions Over Time

Rehabilitation institutions, in the form of Houses of Refuge, were the first interventions used by society to combat juvenile delinquency (Fox, 1998). Reformers in the 1800s believed that poverty, immigration, and lack of parental supervision were the roots of juvenile delinquency, so they began removing juveniles from their families and placing them in Houses of Refuge (Barfield-Cottledge, 2009). Houses of Refuge were created for the purpose of housing “poor, destitute and vagrant youth who were deemed by authorities to be on the path towards delinquency” (Center on Juvenile and Criminal Justice, 2020, p. 1). Houses of Refuge were supposed to provide the juveniles with “firm discipline and a strong work ethic to compensate for what the family was not doing” (Barfield-Cottledge, 2009, p. 356).

Houses of Refuge evolved into reform schools. These reform/training schools were developed for the purpose of “isolating juvenile delinquents from the corruption of hard adult criminals and to provide them discipline and guidance” while also teaching the delinquents “literacy and religion” (Meng et al., 2013, p. 275). Reform schools were different from Houses of Refuge in that juveniles assigned to reform schools were required to work under supervision to help offset the operating cost of the reform school (Meng et al., 2013). Reform schools evolved into correctional centers as a result of Supreme Court decisions and changes in both federal and state legislation (Shelden, 2005; Sickmund & Puzzachera, 2014). The current juvenile justice system uses three forms of correctional centers to address juvenile delinquency: juvenile detention centers,

juvenile incarceration facilities, and residential treatment centers (Mallett & Boitel, 2016),

Juvenile detention centers are short-term facilities designed to house juvenile offenders who “pose a high risk of re-offending or may not show for juvenile court” (Mallet & Boitel, 2016, p. 157). According to the Texas Juvenile Justice Department (TJJJ), there are currently 48 juvenile detention facilities in the state of Texas (Texas Juvenile Justice Department, 2020). In Denton County, juveniles who are housed in the county detention facility must have their case reviewed by a judge every two weeks. The detention facility is used as a holding location for two types of juveniles: juveniles who committed an offense but have not formally been found to have engaged in delinquent behavior through the formal court process, and juveniles who are legally on probation and violated their probation in some way.

While in the short-term facility, juveniles are offered both educational and counseling services. They are given the opportunity to visit with their families weekly and are able to make nightly phone calls to their families. When released from the short-term detention center, juveniles agree to follow supervision rules or terms of probation offered by the juvenile court.

Juvenile incarceration facilities are institutions designed to house juveniles who “are the most chronic offenders or who have committed the most severe offenses” (TJJJ Family Guide, 2014, p. 6). Juvenile incarceration facilities are the most secure institutional placement settings. In the State of Texas, juvenile incarceration facilities are established and monitored by TJJJ. According to the TJJJ, incarceration facilities are

not “designed to judge, blame or punish juveniles” (TJJJ Family Guide, 2014, pp. 6-7). According to the TJJJ, their focus is to help the juvenile offender avoid becoming an adult offender by partnering with the juvenile’s family to teach juveniles how to “accept responsibility for his or her crime” and to “teach them better behavior so mistakes or bad choices are not repeated” (TJJJ Family Guide, 2014, pp. 6-7).

At some point in the history of juvenile institutional settings, it was argued that juvenile offenders in institutional settings did not receive services that addressed the underlying causes of the delinquent behavior (Mallett & Boitel, 2016). In response to that argument, juvenile correctional facilities began incorporating a treatment approach philosophy (as opposed to a corrections/punishment-only approach) giving rise to juvenile residential treatment centers.

Juvenile residential treatment centers are both public and private programs, which offer “intensive, multidisciplinary treatment” to juveniles who have been removed from the community (Mallett & Boitel, 2016, p. 158). Treatment-focused centers provide programming that considers the “underlying causes of delinquency, such as mental health problems, psychological traumas, abuse, neglect, family dysfunction, and/or substance abuse” (Abrams et al., 2005, p. 8). These treatment centers are a way for the juvenile justice system to address what is believed to be the root causes of juvenile delinquency (Mallett & Boitel, 2016).

What Works and What Does not Work

An extensive exploration of research in the area of juvenile delinquency by this researcher revealed research findings for and against the use of institutional placements. Relevant research appears to focus on exploring whether or not juvenile institutions offer effective treatment (Gordon et al., 2000). It also seems that researchers have chosen to use recidivism as the measuring stick for determining the effectiveness of residential treatment. According to accepted research, recidivism is defined as re-offending or committing new offenses after treatment (Farrouki & Mapson, 2007).

The most commonly cited article about the use of recidivism to measure effectiveness of placements is the work of researcher Peter Greenwood. In his 1996 article titled *Responding to Juvenile Crime: Lessons learned*, Greenwood concluded that recidivism is the “minimal measure” of treatment effectiveness because the goal of the juvenile justice system is community safety (p. 76). Over time, Greenwood’s work has been interpreted to mean decreased crime equals increased community safety, and if juvenile offenders continue to offend (or re-offend) after treatment, then community safety does not increase; therefore, treatment was ineffective. Greenwood’s article also argues against using the experiences of adolescent offenders to measure program effectiveness. Greenwood (1996) specifically stated

Although many judges and correctional practitioners appear to believe they can assess a program’s effectiveness by observing and talking to its participants, such anecdotal evaluation is often clearly wrong. A youth’s improved manners and

respectful demeanor may quickly disappear when he returns to the influence of his old neighborhood. Moreover, the few youths who do come back to visit a program or juvenile court are probably not representative of the typical participant. (p. 76)

Greenwood's views appear dismissive to this researcher; unfortunately, his work is continually cited as justification for not using a qualitative approach to measure what works in juvenile delinquency. Clearly, I believe that my research study indicated the usefulness of qualitative research with juvenile offenders.

Historically, Greenwood's approach was the driving force behind how research on the subject of effective treatment was conducted, but research that is more current is highlighting the limitations of not including the experiences of juvenile offenders in the conversation about treatment effectiveness (Abrams, 2010). The problematic nature of relying only on recidivism to measure effectiveness was highlighted by Cottle et al. in their 2001, meta-analysis study of the prediction of criminal recidivism in juveniles. The researchers found that the term "recidivism" was too broad of a definition, and it was difficult to compare re-offending offenses because recidivism statistics ran the gambit from minor probation violations (such as a curfew violation) to major criminal activity.

Even in their quantitative study of the effectiveness of court-mandated treatment, Farrouki and Mapson (2007) highlighted the need for qualitative research on the topic of the effectiveness of placement settings. Farrouki and Mapson (2007) used a logistic regression analysis to analyze archival data from 100 juveniles who had participated in a court mandated treatment. Based on their findings, the researchers advocated for the use

of qualitative interviews with the juvenile residents, parents, and treatment providers in order to gather meaningful information about motivations for treatment and treatment effectiveness (Farrouki & Mapson, 2007).

In 2010, The Office of Juvenile Justice and Delinquency Prevention (OJJDP) conducted a survey, which they described as a “unique addition” to their normal data process (Sedlak & McPherson, 2010, p. ii). According to the OJJDP, their Survey of Youth in Residential Placement (SYRP) gathered information directly from youth through anonymous qualitative interviews. The SYRP data collection process was described as offering a “unique perspective on circumstances of juveniles in custody,” (Sedlak & McPherson, 2010, p. 39) and the results of their qualitative findings “revealed a broad range of needs, showed the extent to which existing services address these needs, and identified a number of areas where improvements need to be made” (Sedlak & McPherson, 2010, p. 39). The massive undertaking of the OJJDP to create and conduct a national survey to gather information directly from the juveniles who were in placements validated the importance of my study and stresses that there is a definite need for research which gives the juveniles the opportunity to share their experiences.

Social worker and researcher Laura Abrams (2010) is currently the most active proponent of qualitative research, which focuses on the self-reported lived experiences of juvenile offenders. Abrams’ (2005) approach to the treatment of juvenile offenders is rooted in the belief that “institutions for offenders and other high-risk youths should indeed help youth learn how to express their emotions” (p. 22). Abrams is also of the belief that institutional placements can use the self-reported experiences of juvenile

offenders to better inform treatment practices in order to encourage long-term behavior change (Abrams, 2005). In her 2010 study of *Sampling “Hard to reach” populations in Qualitative Research*, Abrams explained, “an understanding of juvenile correctional institutions from the clients’ point of view may hold valuable information about how young men use their treatment to change delinquent attitudes or behaviors.” (p. 64).

In their 2005 qualitative study of juvenile offenders, Abrams & Aguilar proposed that research that only focuses on “recidivism does not address the important question of *how* youth offenders respond to programs and treatment” (p. 176); they clearly believed that “how” juveniles respond is an important piece of treatment planning. Abrams and Aguilar (2005) interviewed 10 male residents who were housed in a residential treatment program. In the conclusion of their study, the researchers explained that by allowing residents to voice their experiences, the researchers gained information about the “ways youth understood and respond to the types of cognitive and behavioral work that are commonly required of them in residential facilities” (Abrams & Aguilar, 2005, p. 190). Based on their findings, the researchers were able to develop treatment plans, which were specifically tailored to the individual needs of each juvenile in order to increase the likelihood of long-lasting change.

Process of Change

Sexton et al. (2004) described change as a multilevel process in which “smaller phased-based goals lead to broad long term client changes” (p. 144). According to these scholars, the field of marriage and family therapy is a field dominated by treatment theories that view change as a process. These theories also acknowledge that lasting

change does not occur all at once—rather, it happens in phases (Sexton et al., 2004). The concepts of change as a process can be found across various disciplines of academic research, and it is generally accepted that individuals (or families) move through the stages of change fluidly (Clark, 2013) and that the process is not linear, it is cyclical (Littell & Girvin, 2004). In addition to explaining that the process of change is cyclical, these authors state that “people move backward as well as forward through stage sequence and may cycle through the stages several times before attaining lasting change in their behavior” (Littell & Girvin, 2004, p. 343).

As stated earlier, using only recidivism to determine the impact of institutional placements as an intervention is problematic, especially when you consider that change is not a linear process and takes time (Sexton et al., 2004). It has been my experience that using only recidivism to measure the effectiveness of placements as a treatment undercuts the journey of adolescent offenders who may genuinely be trying to sort out their lives. A juvenile offender may have been actively using drugs or addicted to a dangerous substance like meth before being court ordered into a placement, and after treatment, they may be detained for skipping school; a technical violation. According to recidivism-only research, this juvenile’s time in placement would be considered ineffective, even though they managed to stay sober and only violated a probation term; they did not commit a new crime.

The gap created by focusing solely on recidivism was identified by researchers Minor et al., in their 2008 study of 580 juvenile offenders who were released from out-of-home placements. The researchers reviewed post-release data sources via case history

and tracking database in order to identify factors that contributed to recidivism among juvenile offenders. The researchers reviewed 33 possible predictors of recidivism and found only five variables (gender, age, victimization history, and special education needs) were significant predictors of recidivism. The researchers also noted that their findings were different than previous recidivism-only studies that identified prior record (a variable tested in their study) as a predictor of recidivism. Most importantly, in the implications of their study, the researchers reported that their study was “not successful in accounting for a large proportion of variability in recidivism” (Minor et al., 2008, p. 186). I interpret this to mean that recidivism only tells you if a juvenile offender re-offends and nothing more, which adds to my belief that recidivism-only studies create a gap in research.

Because recidivism is so broad, and change is a process, studies like the one I conducted, which allowed juvenile offenders to share their experiences, may create a clearer picture of effectiveness of placements. It will also provide information that can be used to inform the treatment process.

Trauma-Informed Care

This study was conducted because there is a gap in current research which focuses on the experience of juvenile offenders who spent time in juvenile court mandated institutions. This is particularly problematic when factoring in trauma-informed care. Trauma is a variable that must be considered when discussing juvenile delinquency. According to Ford et al. (2006), “studies indicate that at least three in four youths in the juvenile justice system have been exposed to victimization” (p. 13). Consequently, it is

important for professionals who work with juvenile offenders to consider how trauma affects the juvenile and how it may contribute to delinquency (Ford et al., 2006).

A major part of understanding trauma or helping adolescents overcome their trauma is allowing them to work “through the trauma narrative” (Dittmann & Jensen, 2014, p. 1226). Working through the trauma narrative involves giving the juveniles the space to talk about what happened (Dittmann & Jensen, 2014). According to the findings of Dittmann and Jensen’s (2014) study on traumatized youth, juveniles who participated in their study described being able to talk about their trauma experiences as beneficial. Participants reported that sharing their experiences and learning skills to cope with the stress of the trauma helped them “get back on track” or “move forward” (p. 1229).

Dittmann and Jensen (2014) also pointed out that “research into youths’ experience of therapy is limited, particularly for youth who have been traumatized” (p. 129). They believed the findings of their study indicate that “youths can give valuable insights into expectations, challenges, and successes in therapies with severely traumatized youths when asked” (Dittmann & Jensen, 2014, p. 1229). As a student researcher, I also believe self-reported experiences of juvenile offenders are a valuable source of information and the underlying rationale for my study. Moreover, I believe the qualitative research process itself can be a healing experience for juvenile offenders, particularly those who have a history of trauma, in the sense that qualitative research allows the juvenile to share their story, and sharing one’s story is “the way human beings have devised to make sense of themselves and their social world” (Seidman, 2013, p. 122).

Attachment

The concept of attachment and juvenile delinquency are two topics that are often paired together with research suggesting that poor attachment to parents can be a cause of juvenile delinquency (Bowlby, 1944). Hoeve et al. (2012) confirmed in their meta-analysis of attachment to parents and delinquency that there was a significant association between attachment and delinquency with poor attachment to parents being associated with more delinquent behavior.

It has been proposed that increasing the bond between an adolescent offender and their families is important, because juveniles who have a strong attachment with their parents are less likely to engage in delinquent behavior (Hirschi, 1969). One way to strengthen the bond between adolescent offenders and their parents is by creating opportunities for juveniles to share their experiences and to feel understood (Rich, 2006). If they feel understood juvenile offenders will be able to become more attached to their families (Rich, 2006). The use of family therapy in institutional settings creates a space where juvenile offenders can share their experience with their families. Qualitative research also creates a space where juvenile offenders can share their experiences.

Author Bessel Van Der Kolk (2014) emphasized the healing properties of connection/attachment in his writings about trauma. Through his work with patients who suffered from PTSD, Van Der Kolk (2014) concluded that “recovery from trauma involves (re)connecting” with those most important to us (p. 212). According to Van Der Kolk, allowing individuals to share their experiences and feel heard is an important part of establishing connection. As stated earlier, a large portion of juveniles who have been

placed in court order placements are victims of trauma. By giving juvenile offenders the opportunity to share their experiences, in both family therapy and through the qualitative research process, two important issues related to juvenile delinquency—trauma and attachment—can be addressed.

Why Does Family Therapy Need to Hear the Experiences of Juvenile Offenders?

This study was grounded in the belief that family therapy as a profession would benefit from research pertaining to the lived experiences of juvenile offenders as a way of informing therapeutic work with this particular population. Being able to work with adolescent offenders and their families as a family therapist is very important because, repeatedly, research endorses the use of family therapy as a treatment option for juvenile delinquency. In fact, researcher Paul Greenwood was in favor of including families in the treatment process and explained that including families decreased the risk of recidivism (Greenwood, 2006).

In a 2013 essay of family focused interventions to prevent juvenile delinquency, author Abigail Fagan concluded there was enough proof in existing research to determine that family-based interventions should be considered by policy makers when deciding what tools to use in reducing juvenile delinquency. Her essay was a three-part study in which she 1) highlighted the connection between parenting practices and juvenile delinquency, 2) reviewed empirically based family prevention programs, and 3) discussed current policies in the juvenile justice system which advocate for the use of family focused interventions (Fagan, 2013).

Henggeler et al. (1992) found, in their study of 84 youth offenders associated with the Department of Mental Health and the Department of Youth Services in South Carolina, that multisystem family preservation treatment had a positive effect on “interrupting juvenile offenders’ criminal careers” (p. 290). Although family preservation is typically utilized in the home, it is still used with adolescent offenders who are at risk of being placed in a court order placement, and the family system is the identified client, so it supports the value of family therapy as an intervention.

Research shapes policy, and researchers are suggesting that family therapy is an important tool for addressing juvenile delinquency. Therefore, the need for qualified family therapists who are prepared to work with adolescent offenders will continue to increase. As stated earlier, Abigail Fagan (2013), concluded, in her review of juvenile justice policies, that there was enough proof in existing research to determine that family-based interventions should be considered by policy makers when discussing interventions that reduce juvenile delinquency. Fagan’s conclusion was like that of Velasquez and Lyle (1985), who also concluded that research influences policy. Velasquez and Lyle’s (1985) case study, comparing day treatment and residential treatment in a public social services department, resulted in the department choosing to add “family counseling staff” based on the study’s outcomes (p. 155). Ryan et al. (2013) concluded, based on the findings of their study, which focused on adolescent neglect and juvenile delinquency, that “juvenile justice systems ought to target interventions at individual youths and their respective family system” (p. 464). Ryan et al. (2013) also advised in the discussion of their findings that intervention at the family level should be a focus in “policy and practice” (464).

Summary

More and more research is suggesting that programs that address relational/family issues reduces juvenile offending (Fagan, 2013), so it is likely programs designed for juvenile offenders will continue to integrate family therapy as a treatment modality. This will create a need for family therapists who have a knowledge of the juvenile justice system and intuitional placements. Family therapists will also benefit from knowing about topics, such as attachment and trauma, and how these themes impact juvenile offenders. Qualitative research is a means by which family therapists can gain this knowledge, because qualitative phenomenological research “seeks to gain a deeper understanding of a phenomenon as it occurs in everyday life in order to gain insight and generate solid theory or next steps in research” (Terry, 2018, p. 34).

CHAPTER III

METHODOLOGY

Qualitative phenomenology, a philosophical method for viewing and understanding the world, is grounded in the lived experiences of people (Marshall & Rossman, 2011). Qualitative phenomenological research involves acquiring knowledge through first person lived experiences as shared by individuals (Creswell, 2014). In this study, a qualitative phenomenological approach was used to explore secondary data that focused on the lived experiences of juvenile offenders, while living in a residential facility, in order to answer the following research question: What were the lived experiences of juvenile delinquents who resided in the Denton County Courage to Change Treatment Program from September of 2016 through July of 2017? Below is a description of the program that provided the secondary data that was used in this study. Additional information below includes a description of the day-to-day living experience of the residents in the target program, when the data was collected, and the program's approach to treatment. I discussed how the program initially collected the information and how I, as a researcher, gained access to the information.

My study focused on the lived experiences of 21 juvenile offenders who resided from September of 2016 through July of 2017 in the Denton County Courage to Change program (CTC), which is a juvenile institutional facility in North Texas. The secondary qualitative data used in this study was initially gathered by a family therapist employed by the program. It was a means by which residents could share their experiences as they neared their completion of the program. I chose to examine the self-reported data

(secondary data) because I believed it was valuable information that could inform the practice of family therapy and because there is a gap in qualitative research regarding juvenile offenders who resided in a court mandated residential treatment program.

Research Question

This study posed one overall research question: What are the lived experiences of juvenile delinquents in the Denton County Courage to Change Treatment Program?

From this overall question, four specific interview questions were addressed:

1. How do juveniles remember their experience at the Denton County Courage to Change Program? How did they feel on their first day, when they had nearly finished the program, and what did they wish they had known as they started the program?
2. What did the juveniles learn about themselves over the course of their time in the Courage to Change facility, including their perceived struggles?
3. What hopes did juveniles share for their future outside of the placement at the Denton County Courage to Change Program?
4. What advice did the juveniles share with future residents of the Denton County Courage to Change program?

Denton County Courage to Change Program

This study used information initially gathered by a licensed marriage and family staff therapist at the Denton County CTC program. At the time the data was collected the CTC program was a long-term residential treatment program that housed up to 32 adjudicated juvenile offenders. The program was and currently is a facet of the Denton

County Juvenile Probation Department which is governed by the TJJD. The CTC program provides services to both male and female offenders ages 14 to 17. The minimum length of stay is 6 months, but residents can legally be held in the program until the age of 18. Juveniles in the program were at some point found by a juvenile court to have engaged in delinquent behavior and were considered at-risk adolescents in need of services and removed from their family and the community (Denton County CTC Handbook, 2018).

According to the *Denton County CTC Handbook* (2018) the program's overall program goal is to do the following:

...increase family cohesiveness, decrease negative behaviors and address other treatment concerns to assist each resident in using his or her courage to change, which will enable the resident to re-enter the community with skills that will greatly increase possibility of success and decrease the likelihood of reoffending.

(p.1)

Additionally, the program's mission is to "reunite youth and their families through clinical individual, family, and group therapy, discipline, and shared experience in a safe, secure, and therapeutic learning environment" (Denton County CTC Handbook, 2018, p.1).

24-Hour Supervision and Limited Family Contact

The CTC facility is secure, which means that the juveniles are not allowed to leave the confines of the CTC property. Juveniles are monitored and supervised 24 hours a day by trained staff otherwise known as juvenile supervision officers. The program also uses a 24-hour-a-day video recording surveillance system to monitor the juveniles (Denton County CTC Handbook, 2018).

Although the program offers services to male and female offenders, male and female residents are kept in separate living areas from each other. Contact between the juvenile residents and the community is also heavily restricted. Juvenile residents of the program are allowed supervised visitation with immediate family members one time per week for a minimum of 30 minutes up to 2 hours. Amount of time spent visiting with family is determined by the juvenile's progress in the program. CTC residents are allowed to speak with immediate family members via the telephone a maximum of two times per week, but the family must pay for the calls. CTC residents are allowed to send and receive mail from immediate family members, but their mail is reviewed by trained staff before it is sent or received. CTC residents also have contact with their family in weekly family counseling under the supervision of counselors and therapists. CTC residents are not allowed to have contact with anyone other than their immediate family members. Immediate family members are defined by the program as parents or guardians, grandparents and siblings (Denton County CTC Handbook, 2018, p. 3).

As a juvenile resident progresses in the program, contact with their family is gradually increased. But even when they have earned unsupervised contact with their

families, both the juvenile and the families are required to abide by the rules and expectations of the program. They are repeatedly reminded that a violation of program rules can and will, result in the juvenile being required to spend more time as a resident of the CTC program (Denton County CTC Handbook, 2018).

Programming and Therapy

The juvenile residents are confined to the CTC program such that all their daily needs and resources are provided by the program. Families are not allowed to provide any material goods or monetary resources. CTC programming addresses every aspect of the juvenile's day-to-day life. Programming includes treatment planning, education services, religious services, community services, recreation, medical care, and behavior management (Denton County CTC Handbook, 2018)

Residents attend school during the school year on site from 8:00 am until 3:00 pm. They are provided with three meals and two snacks daily. Residents are not allowed any personal property and all their clothing is provided by the program. Uniforms are standardized and program approved. Basically, every single aspect of the resident's life in the program is planned and prepared for by the program (Denton County CTC Handbook, 2018).

As residents of the CTC program, juveniles are required to participate in weekly individual and family therapy sessions, as well as daily group therapy. The program uses evidence based "contemporary treatment modalities" designed to address the adolescent offender's behaviors, thoughts, and emotional regulation" in order to bring about change (Abrams et al., 2005, p. 9). The program also utilizes behavioral management techniques,

which are based on “the principle that behavior is related to the consequences it produces” with pro-social behavior being rewarded, and disruptive behaviors being punished (Abrams et al., 2005, p. 9).

Various forms of counseling such as individual, family, and group therapy are used by the program to address the clinical needs of the juvenile. Individual counseling is used to explore the juvenile’s sense of self and help the juvenile gain some understanding of the connection between delinquent behavior and emotional or behavioral problems (Abrams et al., 2005). Group therapy is used by the program so the juveniles can learn empathy, leadership, and as an opportunity for juveniles to hold themselves and their peers accountable (Abrams et al., 2005). Family-based interventions such as family therapy, parenting groups, and multifamily substance abuse groups are essential parts of the CTC Program. These family-based interventions are designed to help residents remain in contact with their families and their community as a way of preparing them for “reintegration into the community” (Abrams et al., 2005, p. 8). The CTC program also offers aftercare services, which are in place to support the juvenile upon their return to the community.

Procedures

For the purpose of this study, I reviewed data collected by a licensed therapist who worked with the residents of the CTC program from September of 2016 until July of 2017. The licensed therapist created the Living Document project questionnaires (the data set that was analyzed in this study) as a way for residents who were getting ready to complete the program to pass along information to new residents. The objective was for

residents exiting the program to provide some advice/insight to new residents on how to be successful in the program. The creator of the Living Document project left the CTC program in August of 2017 and the project was not continued by the program.

Questionnaire

According to the creator of the project, she gave residents the questionnaire in their final month of the program (see Appendix A). It was her intention that upon completion of the questionnaires, the responses from the exiting juveniles would be added to the Living Document. The Living Document would then be given to new residents in the form of a booklet, so they could read the advice and experience of former residents. The Living Document project was not continued after the author of the project left. My study examined the 21 surveys that were collected while she was an employee of the program.

The purpose of my research study was to explore the raw data generated by the questionnaires completed by the residents in order to better understand the experiences of adolescents in the CTC program.

My position as a program counselor is how I knew about the project and how I was able to access the data. In order to get approval to use the program data, I first met with my direct supervisor and the program's Therapeutic Program Coordinator. Once they approved my request, I then emailed the Director of Juvenile Probation Services in order to gain his approval (see Appendix B).

Data Analysis

The resident questionnaires were converted from handwritten answers into typed answers, then analyzed using *in vivo* hand coding. In vivo coding is a coding technique in which the participant's "exact word or phrase serves as a code" (Theron, 2015, p. 5). According to Saldaña (2013), in vivo coding is useful in qualitative studies that focus on younger participants because "child and adolescent voices are often marginalized, and coding with their actual words enhances and deepens an adult's understanding of their cultures and worldviews" (p. 91). In vivo coding is an appropriate form of data analysis in studies that seek to "prioritize and honor the participant's voice" (Saldaña, 2013, p. 91). Honoring and prioritizing the experiences of adolescent offenders who have been legally placed in a residential program is exactly what this study attempted to do. This study sought to answer the question "What were the experiences of juvenile delinquents in the Denton County Courage to Change Treatment Program," by using the actual words of juveniles who were legally placed in the program. Three people participated in coding for the purposes of strengthening intercoder triangulation; the two co-coders who assisted me were a doctoral student and my advisor.

Coding Procedures

Prior to coding, responses were transcribed and the resident's responses were grouped according to the research question. Co-coders were provided with both copies of the original responses and transcribed grouped responses. Coders worked independently and then met together to discuss their experience of coding and their interpretation of the

data. This process was done for the purpose of intercoder reliability and peer debriefing. Each member coded the secondary data by hand.

In vivo coding was used for first round coding to pull out words or short phrases which allowed for the identification of patterns, thus setting up second cycle pattern coding. Pattern coding allowed this researcher and the co-coders to “pull together a lot of material into more meaningful and parsimonious unit of analysis” (Saldaña, 2013, p. 210). Pattern coding also allowed myself and the co-coders, to highlight “a meaningful essence that runs through the data” consequently generating themes (Morse, 2008, p. 727).

Results generated from the coding process were analyzed in two different ways. Responses to sections one through four of the questionnaire were analyzed using thematic analysis while responses to sections five through seven were grouped into categories. In order for a theme to be considered a finding listed in the results of this study, the theme had to be present in at least seven responses (identified in one-third of the responses).

Upon initial review of the secondary data, my advisor, who served as a coder, and I, concluded that questions five, six, and seven already included the theme in each question; this allowed us to use in vivo and pattern coding to separate similar responses into categories that supported the themes. Categories were identified from the patterns of responses from questions five through seven; each category reflected ideas directly written by the respondents (Vaismordi et al. 2016).

Bracketing

I am employed as a full time marriage and family therapist with the CTC program, the site of this study. My position as an employee of the program was how I was able to access the data that I used for my study. I made sure I did self-reflective work and kept a journal of my experience throughout the data analysis process. Self-reflection was used to understand how my position as a staff counselor shaped data interpretation (Creswell, 2014), which also added validity to the potential findings. Through the use of peer-debriefing with my co-coders I was able to recognize when my experience led me to read beyond the data and “therapize the data.” Because of my extensive history with juvenile offenders, the following steps were taken in order to increase credibility and trustworthiness of the data in my study:

1. Self-reflection: In order to clarify bias (Creswell, 2014) as a way of ensuring I used the language of the participants and not my own when coding. The use of in vivo coding also reduced bias and ensured the participants’ language was highlighted.
2. Peer debriefing: My second coder was a doctoral level student who had no experience with juvenile offenders, but did understand the qualitative research process. Her involvement helped to ensure that my study “resonated” with people outside the field of juvenile delinquency (Creswell, 2014, p. 202). My advisor had experience with family therapy, adolescents, and the justice system. Her involvement as coder and a participant in peer debriefing helped to ensure my study was applicable to others beyond myself while making sure

my experience did not cause me to focus only on favorable themes or information (Creswell, 2014).

3. Prolonged time in the field: I had to be very mindful about how my experience could sway the data analysis while also understanding my experience did “lend credibility” to the study (Creswell, 2014, p. 202). My experience allowed for a deep understanding of the site where the data was collected and the participants. Additionally, my experience allowed me to provide a “rich, thick description” of both the site and participants (Creswell, 2014, p. 202), which also added validity to the potential findings.

Participants

In total, 21 questionnaires completed by former residents in the CTC program were included in my study. Both male and female residents completed the questionnaire but no identifiable information is associated with their questionnaires. Based on the promise of the author of the Living Document project, participation was completely voluntary and completely anonymous; therefore, no demographic information on the participants was included. The following information is known about the participants:

- Questionnaires were completed by male and female participants ages 14-17 who were housed in the Denton County CTC Program.
- Questionnaires were collected between September of 2016 and July of 2017.
- Participants were advised their responses were anonymous and participation was completely voluntary.

Based on what is known, this sample is a purposive sample and generalizability of results is very limited because the data gathered comes solely from the Denton County CTC Program.

Collection of the Secondary Data

CTC residents were given the questionnaire in their final month of the program. The developer of the project explained the purpose of the questionnaire and a written explanation was included at the top of the questionnaire. Written instructions were as follows:

There is light at the end of the tunnel! Now that you are nearing the end of your time here, you may find it helpful to reflect upon your experience. These questions are designed to not only to help you process the ways in which you have grown, but also to provide you with an opportunity to pass your knowledge along to future generations of residents. I am going to create a book with all your responses, which I will continue to work on as each resident leaves us. The idea is to use the book to help new residents with their own transition when they arrive here. Responses will be anonymous and your participation is completely voluntary. If you decide to provide feedback you can “code green” it to me or give it to me during group. Best of luck as you begin the next chapter of your life!

– Ms. R.

Residents were not given time limits and were free to answer the questions on their own, whenever and wherever they saw fit. Completion of the questionnaires was not

monitored. In order to complete the questionnaire, residents were asked to reflect and share their thoughts about the following statements/questions:

- How you felt on your first day here.
- How you feel now that you are almost finished.
- What have you learned about yourself?
- What struggles did you face while you were here? How did you cope with them?
- What are your best hopes for your future?
- What do you wish you knew when you were new to this program?
- Anything else you would like to share?

Summary

Qualitative research allows for a deeper understanding of the subject being studied and it can inform new practices/services (Vaughn & Turner, 2015). The lived experiences of juvenile offenders who have resided in juvenile facilities is currently not an area of research for professionals in the field of family therapy. This qualitative study sought to address that gap by exploring previously collected, self-reported, lived experiences of 21 juvenile offenders who were legally removed from the community and placed in a residential facility specifically the Denton County CTC program.

The Denton County CTC program is a residential treatment program that uses mental health services, including family therapy, to address juvenile delinquency. From September of 2016 until July of 2017, a program therapist used a qualitative survey of seven questions to gather information about the resident's experience of being in a court

mandated residential treatment program. My goal was to explore the completed questionnaires and use in vivo coding to highlight emergent themes (Creswell, 2014). I had the help of two additional coders in order to increase validity and reliability of my study. My position as a therapist with the program created a unique situation in the sense that my prolonged time in the field allowed me to provide a detailed description of the site and the participants thus adding credibility to my study (Creswell, 2014). Self-reflection and working closely with co-coders ensured that I approached the data with an “open attitude, seeking what is important” (Seidman, 2013, p. 119).

CHAPTER IV

RESULTS

The purpose of this qualitative study was to explore the lived experiences of 21 adolescent offenders who resided in a secure treatment facility, in order to answer the question, “What are the experiences of juvenile offenders in the Denton County Courage to Change Treatment Program.” This study was conducted with the hope that information found would address a gap in current research and help inform the treatment process. In all, 21 questionnaires were included in this study that had been completed by adolescents who resided in the Denton County CTC program from September of 2016 through July of 2017. The questionnaires were hand coded by myself and two co-coders using in vivo hand coding. Results generated from the coding process were analyzed in two ways. Responses to sections one through four of the questionnaire were analyzed using thematic analysis while responses to sections five through seven were grouped into categories.

Researcher Influence

I am employed as a full time family therapist with the Denton CTC program, so my prolonged time in the field allowed for a deep understanding of the data, but I used self-reflection (field notes, theoretical memos), and peer debriefing in order to bracket out personal and professional assumptions that could have affected the data analysis process. At each phase of coding I met with co-coders; neither co-coder had any connection with the CTC program, for the purpose of intercoder reliability.

Findings

The findings presented below give insight into the research question, “What are the experiences of juvenile offenders in the Denton County CTC Treatment Program.” The secondary data set used in this study included 21 questionnaires composed of seven questions. Questions One through Four were coded in three phases using in vivo hand coding and then grouped by themes. Questions Five through Seven were coded in three phases using in vivo hand coding and grouped by category. Table One, *Themes from Questions 1-4*, is a concise view of the themes that emerged from responses to Questions One through Four of the questionnaire.

Themes

Table 1

Themes from Questions 1-4

Questions	Emergent Themes
Question 1: How did you feel on your first day here?	Theme 1.1: Hey, I’ve Arrived -- Afraid and Angry! Theme 1.2: Wait! I Don’t Belong Here! Theme 1.3: Wow, I’m Excited to be Here!
Question 2: How do you feel now that you are almost finished?	Theme 2.1: I am Leaving Grateful and Happy! Theme 2.2: I Have Grown and Changed! Theme 2.3: Now, I’m Proud of Myself and My Accomplishments!
Question 3: What have you learned about yourself?	Theme 3.1: I am Capable! Theme 3.2: I am in Control! Theme 3.3: I am Worth It!
Question 4a: What struggles did you face while you were here?	Theme 4a.1: I Struggled with Authority. Theme 4a.2: It was Hard to be Vulnerable.

Question 4b: How did you cope with them?

Theme 4b.1: Physical Activity Released Stress!

Theme 4b.2: Talking Helped Me!

Theme 4b.3: Focusing on Myself.

Question 1: How did you feel on your first day here?

From the 21 sets of responses for Question One, three themes emerged: 1.1) Hey, I've Arrived - Afraid and Angry!, 1.2) Wait! I Don't Belong Here!, and 1.3) Wow, I'm Excited to be Here!.

Theme 1.1: Hey, I've Arrived - Afraid and Angry

The resident responses fell into two main categories for this theme: those who expressed fear and anger and those who talked about being in denial and feeling hopeless.

Fear responses. Thirteen residents responded with words that fell into the category of fear and included these feelings: scared, nervousness, worry, anxious and unsure. The following statements were included in category:

(R_4) To be honest, I was nervous, I didn't know what I had gotten myself into.

(R_11) I was anxious, very nervous... and scared about the unknown.

(R_10) I felt very lost like I didn't know what I got myself into.

Anger responses. Anger or being mad was expressed by seven different residents. The actual words used by the residents consisted of this short statement: "I was angry." In fact, the word angry was used three times by three residents in their individual

responses. Four residents used the word mad in their responses: “I was very mad,” “I was real mad” and “I felt mad.”

Theme 1.2: Wait! I Don’t Belong Here!

This theme included three different categories of responses: participants who were uninterested in being in the program, others who felt that the situation was hopeless, and a few who were in denial at the very thought of being in a juvenile detention program. Overall, seven responses fell into this theme.

Uninterested responses. Several participants indicated that they were completely uninterested in being in this program when entered the program:

(R_1) I had no interest whatsoever to do anything or try at all.

(R_6) I didn’t see how... would help me.

Hopeless responses. At least two participants expressed a sense of hopelessness when they wrote:

(R_2) On my first day I felt hopeless.

(R_12) I felt like I wasn’t gonna get out here until I aged out.

Denial responses. Still two other participants expressed denial at being in the program:

(R_8) I felt like I just walked into a place I didn’t belong.

(R_20) I didn’t feel like I should have been here.

Theme 1.3: Wow, I'm Excited to be Here!

In all, eight residents expressed some level of eagerness to get their time started or enthusiasm for the opportunity to get help and change. Four residents wrote statements that conveyed this sense of eagerness and/or a readiness to start:

(R_5) I honestly was kind of happy.

(R_9) I was also kinda excited to get started.

(R_14) I was happy to get my time started.

(R_16) I was ready to start my time.

(R_18) I was feeling... happy that I can get started with the program.

Two residents described starting the program as providing them with a new beginning:

(R_13) I would start a new chapter in my life.

(R_19) I was starting a new chapter... this was a new beginning that I was going to write a new script.

One resident specifically stated they were ready to work:

(R_17) ready to work the program...needed the help.

Question 2: How do you feel now that you are almost finished?

Three major themes emerged from the responses written to this question by the 21 residents: 2.1) I am Leaving Grateful and Happy!, 2.2) I Have Grown and Changed!, and 2.3) Now, I'm Proud of Myself and My Accomplishments!.

Theme 2.1: I am Leaving Grateful and Happy

This theme emerged from 10 responses that revealed a sense of gratitude and feeling of happiness as these residents prepared to leave the CTC program. Quotes include:

(R_1) I feel...probably the happiest I have been naturally in a long time.

(R_4) Going through this has helped me get along with my family.

(R_7) I feel a sense of gratitude for even having the opportunity in my life to recover.

(R_8) Thankful for the chances given to me.

(R_15) I'm actually pretty thankful...most of all, I'm happy that I managed to get through the program.

(R_17) I realized that this program was absolutely worth it.

Theme 2.2: I Have Grown and Changed!

This theme emerged from the eight responses that described how residents saw themselves as having grown and changed after their participation in the CTC program.

(R_4) I have grown a lot and changed.

(R_7) I feel like a whole new person with a clear sense of what I want.

(R_9) I have learned a lot about myself and I'm leaving with more knowledge.

(R_19) I have new skills to use to help me stay sober and successful.

Theme 2.3: Now, I'm Proud of Myself and My Accomplishments

This third and final theme emerged from eight responses and was made of up of two categories: proud and accomplished. Five residents used the word “proud” while other resident wrote they felt “accomplished” or described achieving something.

Proud responses:

(R_2) I feel accomplished and proud.

(R_3) I feel greatly proud of myself.

(R_7) I am also really proud of myself.

(R_8) I feel proud that I'm almost finished.

(R_12) I'm proud of myself I did it.

Accomplished response:

(R_9) I feel very accomplished.

(R_14) It feels great to know I'm this far and overcame all my struggles I faced.

(R_21) I've successfully did something.

Question 3: What have you learned about yourself?

Three major themes emerged from responses written to this question: 3.1) I am Capable! 3.2) I am in Control! and 3.3) I am Worth It!.

Theme 3.1: I am Capable!

This theme emerged from 11 responses where residents described themselves as capable. Quotes include:

(R_8) I am capable of doing the right thing.

(R_9) If I really set my mind to something big, I can achieve it.

(R_12) I can do the things I want if I really want it.

(R_17) I can challenge myself and I am capable.

(R_20) If I put effort into things, I can make it happen.

Theme 3.2: I am in Control!

Eight residents reported they gained a sense of being in control. Residents specifically stated:

(R_1) I have the power to control.

(R_2) I have control to make change.

(R_7) I am in total control of my future.

(R_16) I have learned how to control myself.

(R_17) I have good self-control.

Theme 3.3: I am Worth It!

The third and final theme emerged from responses that essentially communicated a positive sense of self, with residents highlighting positive personal qualities. In all, 11 responses formed this theme. Examples of positive self of self-include:

(R_4) I am really intelligent.

(R_6) I'm a kind person.

(R_7) I am worth it.

(R_10) I'm a lot stronger and worth something in life.

(R_18) I learned how resilient I am and that I can be a great leader.

(R_21) I'm a nice person.

Question 4: What struggles did you face while you were here? How did you cope with them?

Question Four was viewed as a two-part question with each part having their own themes. This question asked residents to first identify what struggles they faced in the program and then explain how they coped with those struggles.

Two major themes emerged from part one of Question Four: 4a.1) I struggled with Authority and 4a.2) It was Hard to be Vulnerable.

Theme 4a.1: I Struggled with Authority

Eight residents identified arguing with staff or lack of respect for authority as their major struggle. Responses that fell into this theme include:

(R_1) The biggest struggle... my lack of respect for authority and discipline.

(R_5) The struggles I faced would have to be... following rules, not talking back to staff.

(R_12) Arguing with staff.

(R_14) I faced problems with staff.

Theme 4a.2: It was Hard to be Vulnerable

Twelve responses communicated a struggle with vulnerability. Vulnerability being the ability to be open to counseling, going deeper in the counseling process, or struggling with trusting people, peers and the program. One resident even identified struggling to be honest with themselves.

(R_4) My main struggle... was being open and honest with my counselors and letting them know the deep stuff about me.

(R_7) I definitely struggled with going deeper in counseling, especially family.

(R_18) I struggled with... being honest with myself at times.

Question 4 Part B: How did you cope with them?

Three major themes evolved from responses to the second half of Question Four. According to residents they coped with 4b.1) Physical Activity, 4b.2) Talking and 4b.3) Focusing on Myself.

Theme 4b.1: Physical Activity Released Stress!

This theme was generated by responses in which there was a physical release/action. Ten responses were included in this theme. Physical activities include:

(R_1) punching walls.

(R_3) I coped ... by writing poems and playing basketball.

(R_6) drawing and breathing.

(R_9) I personally handled it by talking deep breaths.

(R_10) I would... read a book, pray, write in my thought journal or workout in my room.

Theme 4b.2: Talking Helped Me!

This theme was the result of seven response in which residents reported they coped by talking. Responses include:

(R_6)...being able to talk to someone who you feel actually cares about you.

(R_9) I handled it by letting staff know.

(R_10) I would ask to talk to someone.

(R_13) I started talking about it.

(R_21) I took advantage of counseling.

Theme 4b.3: Focusing on Myself.

Residents coped by focusing on self was the last theme for Question Four. This theme was the result of responses in which residents looked inward as a way to cope or by encouraging themselves and acknowledging personal issues. This theme comprised of nine responses including the following:

(R_11) I had to acknowledge my feelings.

(R_14) I began to set goals for myself.

(R_18) I coped by staying positive and good decision making skills.

(R_20) I focused on myself.

(R_21) I realized I've got to respect people.

Categories

It was previously discussed that upon initial review of the secondary data, my advisor and I agreed that categories rather than themes emerged from Questions Five through Seven. We agreed that this occurred because each of the three final questions themselves contained the theme; for example, Question Five focused on hopes for the future, which is a theme.

Question 5: What are you best hopes for your future?

Five categories were identified as fitting the responses from the adolescent residents concerning their “best hopes for your future.” The categories include:

Education/Academics ($n = 12$), Sobriety ($n = 10$), Hope for Future Employment ($n = 7$), Relationships ($n = 8$), and No More Contact with the Legal System ($n = 5$).

The Education/Academics category includes:

- Graduate from high school and go to college
- Continue doing good in school and graduate w/ my high school diploma
- I hope...colleges goes really good
- I want to graduate from high school
- I want to graduate
- To graduate high school
- Finish school
- Stay on track with school
- Keep doing good in school
- Make good grades, graduate high school and go on to college
- Graduate high school, go to college

Sobriety responses consist of the following:

- I hope I can stay clean
- That I stay sober
- I hope to stay sober
- To stay loyal to my sobriety
- Stay sober
- I want to be able to stay sober
- Stay sober
- I really hope I can remain sober
- My best hopes for my future is that I maintain myself sober
- Stay sober

Hope for Future Employment responses include:

- Successful life as a Marine or Police Officer
- Join the Army
- Get a job
- Stable job
- Get into psychiatry or experimental psychology
- Get a job
- Find a steady job and enlist in the military and become a pilot

Relationship responses followed a relational component:

- I hope to make my parents and siblings proud
- (Hope) I have positive friends in my life
- Make my family proud and myself be able to live happily
- Get married and have my own kids
- A good family
- Not let my sister and dad down
- Help my mom out
- Live happy life with a wife and kids.

The final category is No More Contact with the Legal System and

includes:

- I want to get off probation
- Stay out of the jail system
- Not in another jail
- I hope this is the last time in the system
- Stay out of trouble

Question 6. What do you wish you knew when you were new to this program?

This question asked the residents to list what they wish they had known when they were new to the program. In order to best display this information, I have included a table for the information. In Table Two, *Responses* are what the resident listed as what they wish they had known when they were new to the program. *Frequency* is the number of times that response appeared across the responses of the 21 residents.

Table 2*What do you wish you knew when you were new to this program? (N = 21)*

Responses from Resident	Example quote	Frequency of Responses
Outcome	“I just wish I knew the outcome of being here”	1
That change was possible	“I wish I knew who much I was going to change”	3
How easy the program was	“How easily it actually was”	4
How helpful/supportive the program would be	“I wish I knew how much this program would help me”	3
How to act/the rules	“I wish would have come in here knowing all the rules”	4
How to let things go	“I wish I knew more how to let things go”	1
Focus on self	“I wish I knew exactly how socially selfish I needed to be here”	4
Nothing	“I pretty much know everything I needed to know”	1

Question 7: Anything else you would like to share?

Question Seven is an open-ended question that residents chose to answer with words of advice and expressions of gratitude. In fact, words of advice showed up 13 times across the 21 response and expressions of gratitude appeared nine times. Table Three displays responses to question seven.

Table 3

Anything else you would like to share?

Words of Advice (n = 13)

“You get what you give so don’t expect change if you’re not willing”

“Always keep going never give up

“Don’t make anything harder than it needs to be”

“Take this program serious because I guarantee in the end you’re going to come out a whole new person”

“Be open, be honest, be respectful”

“You can do it!”

Expressions of Gratitude (n = 9)

“I appreciate the things I learned in CTC and I’m happy”

“I can see myself using a lot of the tools I’ve learned in in my life”

“I’m thankful that I came here”

“Thanks to CTC I have improved so much. This program really does help if you work it”

“This is a good program”

Summary

The data analysis process was a three-phase process. For Questions One through Four, phase one analysis consisted of in vivo coding, which was used to pull out exact words or short phrases given by the residents. This process allowed for the identification of patterns, thus setting up the second cycle pattern coding. Pattern coding allowed me and the co-coders to highlight “a meaningful essence that runs through the data,” consequently generating themes (Morse, 2008, p. 727). Fourteen themes were identified across the four questions.

The data analysis process for Questions Five through Seven also occurred in three phases; in vivo coding, followed by pattern coding, and then categorical grouping. The categories identified in questions five through seven were taken directly from the responses listed by the respondents. The approaches of in vivo coding, thematic analysis, and categorical grouping were selected because each methodology has been identified as tools that reflect the reality of the participants (Braun & Clark, 2006; Salañda, 2013). It was the intention of this researcher to stay as true to the residents’ responses as possible and this process allowed for that.

CHAPTER V

DISCUSSION

The purpose of this study was to explore the lived experiences of 21 adolescent offenders who resided in the Denton County CTC Program, because the lived experiences of adolescent offenders who have resided in juvenile institutions, like the CTC program, have been poorly addressed in current research. The intention of this qualitative study was that the information yielded would be used to inform the judicial system and professionals who work with adjudicated adolescents about the experience of juvenile offenders in institutional treatment facilities.

Secondary data from the Denton County CTC Living Document project was coded and analyzed using thematic analysis and categorical groupings. The themes that emerged from the data include: Hey, I've Arrived—Afraid and Angry, Wait! I Don't Belong Here, Wow, I'm Excited to be Here, I am Leaving Grateful and Happy, I Have Grown and Changed, Now, I'm Proud of Myself and My Accomplishments, I am Capable, I am in Control, I am Worth It, I Struggled with Authority, It was Hard to be Vulnerable, Physical Activity Released Stress, and Talking Helped Me and Focusing on Myself.

The categories that were identified in the descriptive questions include: Education/Academics, Sobriety, Hope for Future Employment, Relationships, No More Contact with the Legal System, Outcome, That Change was Possible, How Easy the Program was, How Helpful/Supportive the Program Would Be, How to Act/The Rules,

How to Let Things Go, Focus on Self, Nothing, and Words of Advice and Expressions of Gratitude.

Stories of Growth

When viewed as a whole, the experiences of the adolescent offenders who resided in the Denton County CTC program are stories of growth. Simply put, residents entered the program fearful, angry, uninterested, often hopeless, and sometimes in denial of the consequences of their actions, and they exited from the program reporting an improved sense of self, confidence in their capabilities, and feelings of being in control of their lives and with hopes for the future. Moreover, they ended the program passing along words of advice and expressions of gratitude for their experience.

These stories of growth are most apparent when comparing the residents' recollection of their first day in the program to their feelings as they neared the completion of the program. At the beginning of their residency, most of the 21 residents responded that they felt anger and fear, noted a sense of hopelessness and denial at being in the program, and claimed a lack of interest in the program; however, when residents were asked how they felt as they neared completion of the program, a very different picture emerged.

Emergent themes highlighted a picture of adolescents being grateful and happy about their participation in the program. There was also an acknowledgement of personal growth and change as a result of being in the program, and they reported feeling proud and accomplished at the changes they had made. There was a clear shift in how the

residents reportedly felt at the start of treatment and how they reportedly felt at the end of treatment.

I believe this shift is the result of the interventions used by the CTC Program. The program helps the adolescent offender understand the connection between their thoughts, feelings, and behaviors. It also teaches them how to challenge maladaptive thinking and provided them with techniques, such as coping skills, that can be used to increase their ability to tolerate emotional distress. The program utilizes behavioral management techniques that reinforce the idea that consequences are a direct result of behavior choices, with prosocial behavior being rewarded and disruptive behaviors being punished.

Various forms of counseling such as individual, family, and group therapy are used by the program to address the clinical needs of the juvenile. Individual counseling is used to explore the juvenile's sense of self and what they are capable of. Group therapy is used by the program so the juveniles can learn empathy and leadership, and as an opportunity for juveniles to hold themselves and their peers accountable. Family therapy is offered for the purpose of fostering family connectedness and increase family communication.

The CTC program is designed to challenge the adolescent offender. It is a demanding program that requires a lot of effort on the part of the resident. Residents do struggle, but the struggle is where the growth occurs. The shift from being afraid, angry, in denial, and hopeless to feeling capable, in control, proud, and accomplished happens

because the juveniles have to work the program. Their success in the program is a direct result of their efforts.

One of the goals of the CTC program is to help the adolescents identify ways to cope that do not hurt themselves, others, or their community. According to the residents, while in the program, they faced struggles and learned to cope with those struggles in ways that are considered healthy, like talking to counselors or staff, using breathing techniques, or creative outlets. The ability to identify and implement healthy coping is an indicator of positive growth.

The concept of growth also appears in the fact that all 21 residents were able to identify concrete things they wanted in their future. The ability to identify hopes for the future is needed in the transition from adolescence into adulthood, because it is the first step in developing a plan for the future. Being able to identify hopes for the future can be seen as the start of the residents' growth plan—things they plan to grow towards. A specific example of this growth is seen in a resident's response where they described starting the program feeling as if they were never going to change. They went from stating that they would never get out of the program to expressing hopes of finishing school, getting a good job, and having a good family. This adolescent's experience exemplifies the growth undertaken by all residents in the program. This is a change from having no thoughts of a future to goals for the future. It is also a marker of maturity for an adolescent to consider their future and work towards achieving it. Again, the fact that all 21 residents identified hopes for their future is a solid example of growth.

The findings of my study are very relevant when considering current research on the topics of change and self-efficacy with research showing that both growth mindset (the belief that change is possible) and self-efficacy are essential components of prosocial behavior (Han et al., 2018). The research themes that emerged from the resident responses indicate that they gained a sense of control, acknowledged themselves as capable, and developed a positive sense of self while in the program. These findings are supported by researchers Littrell (2011) and Schleider and Weisz (2018), who found that when an individual views themselves as capable of change and sees themselves as having control over their behavior and emotions, they are more likely to experience therapeutic success. Based on the findings of my study, it could be argued that time in the program was successful because, based on their response, the residents left with a better understanding of who they were, what they were capable of, and what they wanted for their future.

Bandura (1993) defined self-efficacy as the belief that one is capable, which is important in the context of behavior because prosocial behavior begins with the belief that one is good or capable of doing good. The residents learned that they had the ability to behave appropriately, therefore they behaved accordingly, and were subsequently successful in the program. They learned they could do it, so they did it and were successful.

These findings are in line with the finding from Wang et al. (2019, p. 5) who explained “challenging behavior can be reduced by making students believe that their behavior can be changed by effort.” Statements of “I am in control, “I am capable,” and

“I can do good” are statements of self-efficacy and are evidence that residents acknowledged they were responsible for their own narratives; these narratives include the belief that their efforts would result in positive prosocial behavior.

In my study, responses from the residents also indicate an ability to identify hopes for their future selves. This finding is similar to the finding in Abrams and Aguilar’s (2005) study of juvenile offenders in residential treatment. According to the researchers, the treatment program (site of their study) “seemed to help the youth offender to imagine their hoped-for selves” (p. 191). Abrams and Aguilar, explained that participants’ ability to describe their hoped-for selves stemmed from their experiences with positive role models. The same could be true for the residents in the CTC program, in that residents were able to focus on their future selves once they were placed in a stable environment surrounded by adults modeling appropriate behavior. This is supported by responses that suggest that while in the program, residents were able to focus on themselves and were able to talk to people they felt actually cared about them.

Family Therapy

As stated above, family therapy is an essential part of the CTC program. Residents of the program and their families are required to participate in weekly family therapy. Family therapists employed by the CTC program work with the families to explore their family history and the family’s interaction patterns so the residents can understand their place within the family system. Most importantly, family therapy is a tool used by the program to help the family enhance their ability to resolve conflict in a healthy, supportive manner. The impact of the family therapy services offered by CTC

can be seen in the residents' responses regarding their best hopes for the future, with residents expressing a desire to "make my parents proud" and "help my mom out." In addition, responses that expressed a hope to "get married and have my own kid" and expressed a desire to "live a happy life with a wife and kids" are indications that while in the program, residents began conceptualizing what their future families would look like. Based on the frequency of responses with a family component, it can be concluded that the relational piece of therapeutic services offered by CTC is meaningful for the residents. This is an indication that family therapy is a viable treatment modality when addressing juvenile delinquency. This finding aligns with current research which suggests that the juvenile justice system can best serve juvenile offenders by using interventions which address the family system (Ryan et al., 2013).

Theory

This study was rooted in the concept of narrative therapy with the understanding that the story of the adolescent offender is an abundant source of information for professionals who seek to know more about juvenile offenders who have spent time in residential treatment facilities. Narrative therapy suggests that change begins when individuals have the opportunity to share their story (White & Epston, 1990). The findings of this study support this idea in that the residents were able to identify changes they made in the program and changes they want to continue making when given the opportunity to share their experience through the Living Document Project.

Moreover, narrative therapy suggests that ownership of one's story is an essential component of personal change (White & Epston, 1990). The findings of this study reflect the power of ownership, with residents repeatedly stating that they recognized they were in control and that they are capable, which demonstrates self-efficacy within a personal narrative. Lastly, narrative therapy explains that people who are not allowed to share their stories will remain imprisoned within a system, such as the juvenile justice system, and will learn to rely on the system to dictate their behavior (White & Epston, 1990). By being allowed to share their story, residents were able to identify a desire to separate themselves from the system and express hopes to no longer have contact with the legal system. Acknowledging their ability to separate from the system and being able to see themselves as not part of the system was a pivotal point of personal and narrative growth for the residents.

Phenomenological Approach versus the Recidivism Data

The overwhelming majority of research regarding juvenile delinquency and the effectiveness of institutional placements uses recidivism-only data to measure success. The lack of research focusing on the experience of adolescent offenders was a major motivation for this study because recidivism-only research does not provide a complete picture of the treatment process (Abrams et al., 2005; Miner-Romanoff, 2014). The findings of this study suggest growth goes beyond counting whether the juvenile offender interacts with the judicial system again (recidivism). By focusing solely on recidivism, researchers are failing to honor the adolescent offender's personal

growth. They are also ignoring the fact that the effectiveness of treatment is layered, meaning that change, and therefore treatment, is a process and occurs over time.

Qualitative Research with Adolescents

Qualitative research is not often utilized with adolescent offenders, and established research states that observing and speaking with participants is not a dependable measure of the effectiveness of treatment (Greenwood, 1996). The argument against speaking with the juvenile offender is rooted in the idea that juveniles “fake” their desire for change simply because they want to complete the treatment program (Abrams, 2005). It is further argued that the behaviors and attitude of the adolescent shift once they complete treatment, therefore making the adolescent an unreliable source in determining the effectiveness of treatment (Greenwood, 1996).

The findings of my study challenge the notion that adolescents “fake” change simply to complete the program. The Living Document project was not attached to the resident’s successful completion of the program. Their anonymity was guaranteed, so there were no consequences or negative outcomes from sharing their ideas and beliefs. These conditions ensured that the qualitative research was an honest reflection of the residents’ experience. The residents had no reason to “fake” answers or experiences. The residents had the opportunity to say anything but they stated, “program works” and they perceived the treatment to be successful.

Additionally, the Living Document project was not initially intended to be a research study, so it can be assumed that residents approached the project not as subjects of research, but as individuals sharing their stories. Their willingness to complete the

questionnaire demonstrated that, when given an appropriate space, juveniles will want to share and engage with people who are interested in hearing their stories.

Future Research

Future research could focus on how to build upon the growth that occurred in treatment, or how to reinforce the changes and spark more growth for this population. This can be achieved through research on topics such as post-residential outreach or aftercare services, and transitional resources for those completing placement. In general, more qualitative research is needed on the topic of juvenile offenders because their experiences are valuable and informative. They are the ones most directly impacted by being removed from their families and community and being placed in residential treatment, so it is essential for researchers to not relegate these juveniles to mere statistics. Future research should not simply focus on if treatment was effective via recidivism and should instead center on the voices of those who actually lived the experience of institutional placements.

Additionally, future research that focuses on the family's experience of having a child in a residential treatment program could also be beneficial for those who work with adolescent offenders and their families, since the families are also affected by and are a part of the juvenile's experience.

Research that explores the effectiveness of treatment from the perspective of those who provide treatment in juvenile institutions would also be an interesting area for future research. It could add to our understanding of topics such as preferred treatment modalities, effective behavior interventions, and the relationship between the adolescent

offenders and treatment providers. The possibility for an in-depth understanding of the numerous levels of treatment and their effectiveness exist.

Limitations

Limitations of the current study should be noted. This study was conducted using secondary data that did not allow for member fact checking. Additionally, little to no information was known about the participants outside of knowing that they were adolescent offenders between the ages of 14-17 who resided in the Denton County CTC program from September of 2016 through July of 2017. This study focused solely on information from the Denton County CTC, so the sample was purposeful, and generalizability is limited.

Conclusion

Again, the findings of this study suggest that growth goes beyond recidivism. The experiences of adolescent offenders who resided in the Denton County CTC were stories of growth. The Living Document Project gave residents the opportunity to reflect upon their experiences and the opportunity to share their story. The results of this study suggest that the experience of the adolescent offender, especially those who have spent time in a residential treatment program, can be a source of knowledge and information. Their experiences can add to the body of research on juvenile delinquency and their experiences can be useful in informing treatment approaches. The experience of the juvenile offender also allows us to see that the effectiveness of treatment is layered and more encompassing than just the broad concept of recidivism.

The sheer amount of qualitative information collected from the Living Document Project, a project that was not designed or intended for research, indicates that qualitative research can be a constructive approach to understanding juvenile offenders and juvenile delinquency. It provides a more holistic picture of the adolescent offender and their experience of treatment.

This study sought to explore the experiences of juvenile offenders because it seems logical that those who lived the experience would be best suited providing valuable information regarding institutional placements. I feel as if the results of this study confirm my belief that juvenile offenders can provide valuable and unique perspectives on the experience of residential treatment within the juvenile justice system. As a mental health provider who works with juvenile offenders, I feel better informed and, therefore, more capable of providing therapy that is applicable to the juveniles and respectful of their experience, as result of this study.

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APPENDIX A

Living Document Questionnaire

CTC Living Document Project

There is light at the end of the tunnel! Now that you are nearing the end of your time here, you may find it helpful to reflect upon your experience. These questions are designed not only to help you process the ways in which you have grown, but also to provide you with an opportunity to pass your knowledge along to future generations of residents. I am going to create a book with all of your responses, which I will continue to work on as each resident leaves us. The idea is to use the book to help new residents with their own transition when they arrive here. Responses will be anonymous and your participation is completely voluntary. If you decide to provide feedback you can code green it to me or give it to me during group. Best of luck as you begin the next chapter of your life! ~Ms. R~

- How you felt on your first day here:
- How you feel now that you are almost finished:
- What have you learned about yourself?
- What struggles did you face while you were here? How did you cope with them?
- What are your best hopes for your future?
- What do you wish you knew when you were new to this program?
- Anything else you would like to share?

I know this project is cool and all, but it's not worth coming back here just to see it...

I'd rather you go out there and live it 😊

Thanks so much for your participation!

APPENDIX B

Approval for use of CTC data

From: Ken Metcalf <Ken.Metcalf@dentoncounty.com>
Sent: Friday, November 15, 2019 2:32 PM
To: Jessica Villarreal <Jessica.Villarreal@dentoncounty.com>
Cc: Mindi Malcom <Mindi.Malcom@dentoncounty.com>
Subject: RE: Living document project

I approve. Good luck.

Ken

From: Jessica Villarreal <Jessica.Villarreal@dentoncounty.com>
Sent: Thursday, November 14, 2019 3:06 PM
To: Ken Metcalf <Ken.Metcalf@dentoncounty.com>
Subject: Living document project

In 2017, Kristen Radvansky created the Living Document project so residents successfully completing the program could provide feedback about their experience. At the time she collected 28 surveys. Those 28 surveys would be the ones I would like to use for my phenomenological qualitative study. Attached is the original questionnaire and responses.

No identifying information would be used. Only responses from former residents would be included in the study. I did not take part in the collection process. Completion of the survey was completely voluntary and it was not originally collected for the purpose of research, but the data technically belongs to the CTC program which is why I need your approval to use it.