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Juvenile Programming Activities in Detention Facilities:
Self-Adjustment and Levels of Stress

by
Stephen Davis

A Dissertation submitted to the Education Faculty of Lindenwood University
in partial fulfillment of the requirements for the
Degree of
Doctor of Education
School of Education

Juvenile Programming Activities in Detention Facilities:
Self-Adjustment and Levels of Stress

by
Stephen Davis

This dissertation has been approved in partial fulfillment of the requirements for the
Degree of
Doctor of Education
at Lindenwood University by the School of Education



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Declaration of Originality

I do hereby declare and attest to the fact that this is an original study based solely upon my own scholarly work here at Lindenwood University and that I have not submitted it for any other college or university course or degree here or elsewhere.

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Abstract

The significance of this study was to examine if adolescents in a juvenile detention center in St. Louis City could self-adjust, cope, or adapt to their levels of stress. There was a great deal of literature available supporting the notion of utilizing affective tactics in combating stress levels among various age groups. However, there was very little information provided on at-risk adolescents in a juvenile detention center confronted with dangerous levels of stress. The importance of understanding how these detained adolescents, between the ages of 12 and 17, approached dealing with their stress was not just beneficial to them, but also to the institution responsible for providing adequate care. It further provided a unique view into the mindset of detained adolescents' resiliency under such adverse conditions, which could encourage future research on the matter.

Therefore, this study analyzed adolescents' prior stress levels before detainment and once admitted, determining if there was any potential statistical correlation among the 32 participants' views of their own stress levels and their stress management activities. The participants were equally surveyed on a range of topics to determine their initial approach used in addressing stress while in detention and what methods appeared to provide a greater level of success. The survey also measured the significance of programming and if institutional recreational activities provided substantial amounts of relief or decrease in adolescents' stress levels. The results outlined what adolescents found to be beneficial and helpful, not an indicator of the operational functions of the institutional programs. Furthermore, one of the initial goals of this study, in collaboration with the participants and the institution, was to gain insightful information, which could potentially serve as an interventional tool or resource for adolescents under stress.

The results categorized the importance of self-adjusting opportunities or methods applied in dealing with stress among detained adolescents. In addition, the institutional benefits involved a greater recognition and well-conceived opportunities for adolescents to have options in confronting their stress, from an individual or group atmosphere, which could minimize future conflicts. Therefore, the gravity of this research implies how significant it is in finding resourceful tools for all, directly in contact with some of the most difficult and challenging groups; further, encouraging and enhancing adolescents with the ability to successfully adjust to their levels of stress.

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Chapter One: Introduction

At the time of this writing, many adolescents confined to juvenile detention facilities across the country were living a precarious way of life, one that involved numerous traumatic and stressful events. Therefore, it was the researcher's intent to construct a study, which solely focused on adolescents in a juvenile detention setting and their approaches, or adaptive methods used, towards experienced levels of stress. Then-current literature suggested most of the adolescent population in many juvenile detention centers were subjected to various types of mental illness and had some form of stress. "Between 65 percent and 70 percent of the 2 million children and adolescents arrested each year in the United States have a mental health disorder. Anxiety disorders, post-traumatic stress disorder in particular, also is prevalent among juvenile offenders" (Mental Health Needs of Juvenile Offenders, 2011, para. 1).

Despite the obstacles, many adolescents faced and the research supporting the astounding amount of mental illness among the juvenile population in detention, there were minimal studies available that addressed how this population of at-risk adolescents adjusted to or coped with their own levels of stress while in a confined environment. However, these coping skills were essential to a young person's advancement. "To the extent that incarcerated youths lack of coping abilities contributes to conduct problems, these skills are central to youth's rehabilitation in general, and to the safety of facility staff and residents in particular" (Cauffman & Shulman, 2011, p. 2).

Consequently, one of the most perplexing issues was how society used to view many of our adolescents in detention facilities as a troubled or lost generation. "During the late 1980's and early 1990's, however, a sharp rise in violent crime produced intense

interest in the causes of juvenile crime and the effectiveness of the juvenile justice system” (Mulvey & Schubert, 2012, p. 2). Unfortunately, with society’s unjust views of adolescents in juvenile centers, stemming from the 1980s and 1990s, there was a preconceived notion that providing adequate funding was not necessarily in the best interest of the public. “The public began to distrust the ability of the juvenile justice system to ensure public safety, and state legislatures added statutory provisions to ensure that youth who committed certain serious offenses were not roaming the streets” (Mulvey & Schubert, 2012, p. 2).

However, at the time of this writing, a recent survey revealed many people are, “sensitive to the costs of the juvenile corrections system and rather save expenses on facilities for more serious juvenile offenders” (The Pew Charitable Trusts, 2014, p. 4). Typically, the results often involved limited resources for detention facilities to combat some of their more pressing needs. Basically, “most states pay the full cost to incarcerate juveniles in state facilities. Meanwhile, in the 38 states where local courts or probation agencies oversee community supervision and treatment programs, substantial state funding is rarely provided” (Mendel, 2011, p. 14). Therefore, many juvenile detention centers were confronted with several organizational concerns, which unfortunately involved poor resources for adolescents or staff, limited or insufficient programming, rising mental health population, and a lack of screening for trauma or stress-related issues among detainees.

Besides poor resources, recent studies suggested, “Seventy-five percent of the youth in the juvenile justice system have experienced traumatic victimization” (Better Solutions for Youth with Mental Health Needs in the Juvenile Justice System, 2014, p.

2). Research suggested some adolescents were experiencing a great deal of trauma after witnessing or being the victim of a crime. Essentially, the numbers categorically implied nearly all the adolescents in detention facilities were exposed to trauma-related stress.

When children experience trauma, their brains instantly react by going into fight, flight or freeze mode. They produce an overload of stress hormones such as cortisol and adrenaline that harm the function and structure of the brain, known as toxic stress. (Finkel, 2015, p. 4)

Scientists have long known about stress and the implications centered on the effects of prolonged periods of stress had on the overall functioning of the body. Consequently, “If the stress response is extreme, long-lasting, and buffering relationships are unavailable to the child, the results can be toxic stress, leading to damaged, weakened bodily systems and brain architecture, with lifelong repercussions” (“Excessive Stress,” 2014, p. 2). Many juvenile detention facilities housed adolescents, which obviously exceeded the normalcy characteristic when it involved adequate levels of stress. Unfortunately, studies showed, “93 percent of youth in detention report exposure to adverse events including accidents, serious illness, physical or sexual abuse, domestic and community violence and the majority of these youth were exposed to six or more events” (Better Solutions for Youth with Mental Health Needs in the Juvenile Justice System, 2014, p. 2).

Ultimately, as many juveniles entered the detention centers with several different backgrounds and a multitude of problems, one aspect that remained to be consistent was the stress they may be experiencing. According to the American Psychological Association, there were several types of stress, which many experienced periodically,

“acute stress, episodic acute stress and chronic stress” (as cited in *Stress: The Different Kinds of Stress*, n.d., p. 1). Although, many experienced various degrees of stress, some adolescents were subjected to excessive amounts of stress as children. “Significant stress in the lives of young children is viewed as a risk factor for the genesis of health-threatening behaviors as well as a catalyst for physiologic responses that can lay the groundwork for chronic, stress-related diseases later in life” (Garner & Shonkoff, 2012, p. 5).

However, despite the above-mentioned concerns, the researcher wanted to find what methods were self-imposed by the adolescents within the detention facility and which exhibited a level of resilience under adverse conditions. Therefore, the researcher was privileged to have an opportunity to gather data in one of the largest detention facilities in the state of Missouri. Then-currently, studies suggested, per the Office of Juvenile Justice and Delinquency Prevention in 2014, there were approximately, “50,821 youth held in correctional facilities on any given day across the country” (as cited in Hockenberry, Sladky & Wachter, 2016, p. 2). Moreover, the numbers did not suggest how many youths were battling multiple layers of stress and trauma within the detention facilities. “The mental health needs of youth detained in the juvenile justice system are far greater than those in the general population” (Abram, Dulcan, Hershfield, 2013, para. 4).

Unfortunately, there were no specific studies and limited data available on self-imposed or specific coping methods used among juveniles, which addressed stress-related issues within the detention population. Essentially, for some adolescents the added exposure to an unfamiliar environment coupled with a series of elevated stress and

traumatic experiences could eventually pose inevitable problems within any juvenile detention facility. Not to mention, “These facilities provide too many of the elements that exacerbate the trauma that most confined youth have already experienced and reinforce poor choices and impulsive behavior. Maltreatment is endemic and widespread” (McCarthy, Schiraldi, & Shark, 2016, p. 4). Ultimately, it was the researcher’s intent to find various strategies towards addressing unhealthy levels of stress through the eyes of the detainees.

Students serving in these facilities had strengths to build on, as well as obvious issues where more skills could address, hence the purpose of this study. Research from the Substance Abuse and Mental Health Services Administration (2012) suggested, “Youth involved in the juvenile justice or child welfare system may have more issues to address and need to develop additional skills, they also have strengths on which to build resilience” (para. 8). Furthermore, despite some of the strengths adolescents had in building a specific level of resilience, which could allow them the ability to cope with their stress, the gap in research clearly suggested adolescents managing their stress in the juvenile justice setting have been a mystery over the years in various facilities.

However, some institutions recognized the need and developed a best practice approach, which theoretically attempted to reform obsolete detention practices through an evidence-based approach. “Evidence-based programs and this way of assessing them through outcome related evidence has been a growing trend in the fields of juvenile justice prevention and intervention for at least the past decade” (Bradford, 2013, p. 25). Programming in a detention setting could include a wide spectrum of therapeutic options and recreational activities for adolescents to participate in towards reducing potential

stress levels. “Programming for youth is an effective and productive approach to accomplishing the many goals of confinement, even unexceptional and limited programs serve to reduce the number of problems youth experience in confinement” (Clark, Liddell & Starkovich, 2015, p. 361).

Moreover, even under the most adverse conditions, proper programming could be the key ingredient to reducing disruptive behavior among many adolescents in juvenile justice facilities. “Young people who come into contact with the juvenile justice system typically have experienced failure in a variety of settings and are in need of experiences that help them build a positive and pro-social self-image” (McCarthy et al., 2016, p. 5). Adolescents may positively build from their detention programming experience, which could potentially influence their course in life.

Consequently, adolescents who find their way to detention were stripped of their privileges and freedom, in addition to pre-existing levels of stress, which many would find under this scenario unconceivable. “Detention facilities must maintain safety without relying on practices that are dangerous and that compromise the mental and physical well-being of the youth in their care” (The Attorney General’s National Task Force on Children Exposed to Violence, 2012, p. 175). Studies suggested theoretically, detention facilities must also incorporate behavior management initiatives that would address defiant behavior from adolescents, who may be dealing with a multitude of stress and anger.

Therefore, “Juvenile detention facilities usually have formal or informal organizational structures intended to guide staff and youth behaviors in ways that support institutional safety, order, and security” (Roush, 2015, p. 35). This type of institutional

safety involves changing the mindset of staff responsible for working with the youth under their care in a restricted environment. “Juvenile detention staff invariably have an impact on the behavior of youth in custody, so it is highly preferential that the impact is positive, supportive, direct (firm and fair), and helpful” (Roush, 2015, p. 37).

Rationale

Adolescents who initially enter the juvenile detention centers for the first time could experience unreasonably high levels of stress in addition to the everyday stresses some already encountered prior to entering juvenile detention facilities. Studies showed, “objective screening criteria that use risk factors to determine disposition have led to a higher concentration of confined juveniles with mental health problems, learning disabilities, behavioral disorders, and violent tendencies” (Brazeal, Church, & Roush, 2014, p. 195). Therefore, there was a level of uncertainty by the juvenile staff trying to meet the expectations of the facility, while addressing the needs of potentially unruly adolescents they serviced under their care. Unfortunately, “The failure to recognize and properly address complex behavior stemming from trauma, create an environment in which some youth are punished, isolated, or restrained for behavior that is trauma-related” (Burrell, 2013, p. 2).

Evidence supported several types of trauma-related stress one could endure, “experiencing serious injury to yourself or witnessing a serious injury to another or the death of someone else, facing imminent threats of serious injury or death to yourself or others and violation of personal physical integrity” (Burrell, 2013, para.1). Furthermore, such traumatic events could lead to “emotional problems and negative impact on a youth’s brain development” (Johnson, 2010, para. 1). Not only did this alter the brain “for

adolescents, trauma coupled with their developmental growth period makes them highly susceptible to delinquency, substance abuse and other mental health disorders"

(Alexander, 2015, para. 5). Such traumatic events could also lead to higher stress levels.

The researcher found numerous studies associated with the effects of stress and the overall functioning of the body, noting "people with high stress, are less likely to sleep well, exercise and eat unhealthy foods" (Bethune, 2014, para. 8).

Despite the obstacles many juveniles faced prior to entering the juvenile justice system, some centers lacked the resources needed, "detention centers are not designed for treatment, many facilities struggle to provide even basic mental health services" (Burrell, 2013, para. 8). Not only were facilities not equipped to handle the traumatic events the adolescents faced, and their stress levels, but the workers at the facilities were stressed as well. "Overwhelmingly, stress is a factor not just for the adjudicated and detained youth, but for the staff and program milieus in which they are detained" (Blaustein & Ford, 2013, para. 18).

Therefore, the researcher was unable to find many studies addressing self-adapting techniques for stress among juveniles within the detention facilities. Specifically, one "reason for the lack of research on physiological interventions with detainees is the probability that there is simply very little psychological intervention or therapeutic programming currently occurring" (Jewell & Elliff, 2013, p. 204). Unfortunately, with minimal research and then-recent literature available, this often-forgotten population of adolescents made this study even more compelling.

Consequently, the researcher, in his previous role as a supervisor within the detention facility, continually observed several juveniles simply struggling to adapt in

detention settings, due to unreasonable or limited resources available to them. Studies even suggested,

Incarcerated youth are not very effective at coping with the stresses that confront them. Despite, their attempts to engage in coping efforts associated with positive adjustment, youth exhibited high levels of distress and misconduct during the first month of incarceration. (Cauffman & Shulman, 2011, p. 8)

Furthermore, some institutions inefficiently lacked appropriate resources for their staff to address difficult adolescents, who may be experiencing symptoms related to stress or mental health problems. Much too often, there was a "lack of a sufficient number of properly trained personnel, adequate health care, education or other rehabilitative programming" (Bradford, 2013, p. 13). The information compiled from this study could identify specific coping strategies used among detained youth to possibly reduce their levels of stress, behavioral problems, and further assist juvenile facilities in providing intervention tools for their detainees.

Purpose of the Study

The purpose of this study was to explore the experience of stress in a sample group of adolescents detained in juvenile detention facilities in St. Louis City and St. Louis County, specifically self-adaptation methods used in reducing levels of stress. Furthermore, this study also investigated a possible relationship between participating youth's adaptabilities to stress as measured by a level of ongoing occurrences of stress, while actively participating in facility based programming activities. The adolescents were assessed using a Likert survey upon their admittance and detainment into the juvenile detention facility. The survey consisted of 12 questions (Appendix A), which

asked participants to rate their level of stress from 1, being unlikely, to 5, suggesting very likely.

Participants who consented to take this survey successfully completed the assessment, potentially outlining self-identifying methods in reducing their stress. The researcher analyzed the data from the survey provided to the adolescents possibly to identify a relationship between the youths' levels of stress and specific coping methods used by the participants. The researcher also ranked and categorized the data based on the responses towards self-adapted methods developed by the participants and facility-based recreation programs constructed for detainees. Therefore, the programming activities provided within the institution, including adolescent self-adapted methods performed, could potentially assist youth towards reducing their stress and further determine a possible relationship within the institution in providing some form of intervention measures.

Research Questions and Hypotheses

The researcher investigated the following research questions:

RQ1: How do adolescent youth perceive their levels of stress prior to detention and once detained in juvenile facility?

RQ2: What are adolescent youth perceived levels of stress prior to detention and once detained in juvenile facility?

RQ3: How do adolescent youth in detention manage their stress levels?

RQ4: What are some ways adolescents in detention manage their stress levels?

RQ5: How do detention facilities provide resources or intervention strategies for youth experiencing levels of stress?

The hypotheses for this mixed methods study were:

Hypothesis 1: There is a relationship in a detained youth's stress level and programming activities, as measured by stress survey assessment.

Hypothesis 2: There is a relationship in a detained youth's stress level, along various timelines, and programming activities used to deal with stress, as measured by the stress survey assessment.

Hypothesis 3: There is a relationship in a detained youth's stress level, along various timelines, and levels of adapting to stress or talking to staff about stress.

Hypothesis 4: There is a difference in a detained youth's stress level and choice of programming activities, as measured by the stress survey assessment.

Hypothesis 5: There is a relationship between a detained youth's stress level stress and the frequency with which the youth engages in a coping method.

Limitations

This study was conducted in a juvenile detention facility, and the participants were first time admittances or repeat offenders in the center. However, the Likert survey presented to this population of adolescents could potentially have been influenced by the surroundings, or due to other circumstances within the facility. Unfortunately, such limitations involved in this study could have possibly hindered participants from answering the survey questions honestly. Therefore, properly assessing the accuracy of the study based on participants' responses to the questions outlining their stress levels prior to detention and once being detained in the juvenile center should be considered, based on such limitations.

Definition of Terms

The following terms were intended to provide the reader with a clearer understanding of some words frequently used throughout this study.

Acute Stress – For the purpose of this study, this was the most common form of stress and normally came from demands and pressures of the past and future.

Adjudication – For the purpose of this study, judicial determination (judgment) that a juvenile was responsible for the delinquency or status offense charged in a petition or other charging document.

Aggression

The term aggression refers to a range of behaviors that can result in both physical and psychological harm to oneself, others, or objects in the environment. This type of social interaction centers on harming another person either physically or mentally. (Cherry, 2017, para.1)

Anxiety disorders – For the purpose of this study, a chronic condition characterized by an excessive and persistent sense of apprehension with physical symptoms, such as sweating, palpitations, and feelings of stress.

Assessment – “Intended to foster a better understanding of the youth, including his or her social functioning, emotional stability, behavioral patterns and responses, behavioral control and self-regulation, cognitive abilities, interests and attitudes, thought processes, belief, self-talk, cognitive distortions, and mental status” (Griffins, Liddell, Moeser, & Sloan, 2015, p. 599).

Attention Deficit Hyperactivity Disorder – For the purpose of this study, a condition usually in children, characterized by inattention, hyperactivity, and impulsiveness; abbreviated as ADHD.

Behavioral management - For the purpose of this study, using behavioral and developmental theories to establish clear expectations for resident behavior and employing immediate positive or negative consequences, as of direct involvement with residents.

Chronic stress – For the purpose of this study, the type of stress that happens month-after-month and/or year-after-year. This is long-term stress where people see little way out of a situation.

Complex trauma – For the purpose of this study, severe stressors that caused changes to an individual's brain and behavior, the experience of multiple and/or chronic and prolonged, developmentally adverse traumatic events, most often of an interpersonal nature (e.g., sexual or physical abuse, war, community violence) and early-life onset.

Episodic acute stress – For the purpose of this study, a more serious form of acute stress. In this type of stress, the person feels stress on a daily basis and rarely gets relief.

Juvenile detention – For the purpose of this study, a process that included the temporary and safe custody of juveniles, whose alleged conduct was subject to court jurisdictions, that required a restricted environment for their own and the community's protection, while pending legal action.

Mental health – For the purpose of this study, a state of well-being in which every individual recognized his or her own potential, could cope with the normal stresses

of life, could work productively and fruitfully, and was able to make a contribution to their community.

Post-traumatic stress disorder – For the purpose of this study, an anxiety disorder that could develop after exposure to a terrifying event or ordeal during which grave or physical harm occurred or was threatening. Traumatic events that trigger post-traumatic stress disorder (PTSD) include violent personal assaults, natural or human caused disasters, accidents, or military combat.

Programming – For the purpose of this study, programming for youth was an effective and productive approach to accomplishing the many goals of confinement. Detention and correctional facilities should provide youth with ample opportunities for programming, including education, exercise, and recreation.

Stress – For the purpose of this study, in a medical or biological context stress was a physical, mental, or emotional factor that caused bodily or mental tension, measured by stress assessment survey.

Toxic Stress –

When a child experiences strong, frequent, and /or prolonged adversity-such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship-without adequate adult support. This prolonged activation of the stress response systems can disrupt the development of the brain architecture and other organ systems, and increase the risk for the stress-related disease and cognitive impairment, well into adult years. (Excess Stress Disrupts, 2016, p. 2)

Trauma – For the purpose of this study, experiencing or witnessing events involving actual or threatened injury or death, and the resulting symptoms that interfere with daily functioning.

Summary

The lack of viable resources available at many juvenile detention facilities dictated the growing need and pressing concerns several institutions were confronted with daily. Adolescents admitted into juvenile centers were typically equipped with a multitude of stress-related problems, among many other concerns, which could potentially expose others around them to unpredictable behavior.

This study attempted to provide an interventional approach and address above normal levels of stress among adolescents in a positive manner. Such strategies may promote successful transitioning or coping methods, once adolescents have been admitted into the confines of a juvenile detention facility. Therefore, identifying and designating an approach along with various resourceful strategies in assisting adolescents who were experiencing high levels of stress, would ultimately reduce unwanted aggressive behaviors towards other youth and juvenile staff alike.

Chapter Two: The Literature Review

Introduction

A brief overview of this chapter discusses various causes of stress among adolescents in a juvenile detention setting. Many adolescents enter the juvenile court system with pre-existing conditions, which could potentially enhance the probability of triggering stressors once in the custody of the courts. Unfortunately, many of these pre-existing conditions among detainees were not disclosed, discussed, nor properly diagnosed prior to detention. Facilities were often not fully aware of or properly equipped to provide the necessary resources to address pre-existing conditions among many of the adolescents temporarily housed in detention.

Therefore, institutions were typically reduced to providing limited services or programming that met the overall population of adolescents without fully understanding the history behind those individuals. Each adolescent had his or her own individual story, which often involved direct links to several stressors prior to detention. Chapter Two briefly analyzes some of those pre-existing factors, which potentially posed abnormally high levels of stress among juveniles in detention. Furthermore, researching some practical solutions along with various approaches could potentially serve as a buffer towards reducing already existing levels of stress among juvenile detention adolescents.

History

Missouri's juvenile justice had a long and storied history, which covered many years of service for children and their families. Despite Missouri's modeled approach towards juvenile justice reform at the time of this writing, this was not always the case in the early years before policies effectively changed the state's treatment of children. Years

after Missouri officially became a state in 1821, “Children were incarcerated with hardened adult criminals in prisons barely fit for human habitation. The downward spiral continued even after Missouri opened two austere juvenile institutions in 1889—a reform school for boys and the State Industrial Home for girls” (Abrams, 2016, p. 130).

However, before such reform schools were introduced, children were subjected to the same level of treatment as adults, which oftentimes consisted of usual harsh punishment. During, this time many cities across the country, including St. Louis, experienced a sufficient increase of poor immigrants migrating into the urban area. St. Louis saw its population increase to the eighth largest city in the country. Despite the numbers, many continued to witness poor abandoned children wandering the city streets unsupervised.

Many others were poor or homeless, but were jailed with hardened adult criminals, because authorities often had no other place to put them when their parents died or could no longer shoulder the burden of care and upbringing. Begging and vagrancy, and being poor and neglected were 19th century crimes, whether a person was 50-years-old or 10; so, prisons and almshouses sometimes warehoused children whose only crime was that they had parents who could not care for them (Abrams, 2004, p. 9).

Unfortunately, in the 19th century the treatment of poor displaced children was unthinkable, which too often the laws provided no recourse of action for children being subjected to such dire conditions. Despite initial steps taken towards progress in addressing the problem, some cities introduced reform schools as a means of moving children out of adult jails. Many cities saw this as, “a departure from the primacy of the

family as the principal foundation of social control, reformers of the time turned to a new and untested institution, the reformatory” (McCarthy et al., 2016, p. 2).

Several cities adopted this same approach towards combating the orphanage problem of poor immigrant families, failing to recognize that many reformatory schools were just adolescent-type prisons. “The St. Louis House of Refuge was a secure facility (that is, one that youths could not leave without permission), and it quickly descended to the depths occupied by the prisons it sought to replace” (Abrams, 2016, p. 133). St. Louis was not alone; the conditions in many of these reform schools across the country were deplorable and inhumane.

Although they were founded with great fanfare to remove wayward youth from city streets and reform them in rural environments, the facilities quickly revealed many of the ills that plagued them to this day. Cruelly regimented schedules were enforced by whippings and isolation. Youth were leased out, sometimes under harsh working conditions, leading to accusations of profiteering and concerns that cheap inmate labor was depressing wages (McCarthy et al., 2016, p. 2).

Therefore, the reformatory institutions provided very little relief from the barbaric treatment many children experienced in the adult facilities. Consequently, the inhumane conditions and punitive treatment everyone was subjected to by the staff was viewed as permissible. Moreover, the psychological disconnect and unfounded tactics used were thought of as a remedy for discouraging individuals from returning once released.

For adults and children alike, 19th century prisons meant ‘hard time.’ American prisons were barely fit for human habitation because the nation did not yet perceive rehabilitation as even a peripheral goal of criminal punishment, except insofar as

prisoners might change their ways by deterrent force of harsh confinement itself. Make prisons as horrible as possible, and the inmates would not want to return (Abrams, 2004, p. 9).

Unfortunately, this approach was widely accepted and equally disturbing was typically the mindset of many staff, which prompted some form of cruelty, regardless of the institutional setting. In theory, the services that these Houses could provide were thought to be positive; however, the actual environment had too often been harsh and rather grim. They were essentially penal institutions that required strict adherence to rules, stringent physical discipline, and punishment through hard labor and rigorous militaristic regimens. Yes, these Houses provided a setting separate from adults, but they certainly were not a refuge, as children continued to be mistreated, abused, and exploited. Also, many children who were involved in criminal activities continued to be placed in adult prisons (DeFrancesco, Lloyd, & Sprinthall, 2015, p. 204).

However, not until the end of the 19th and early 20th century did progressive movements begin to take shape for many children still housed in adult prison facilities. In 1899, Cook County, Illinois, developed the country's first juvenile justice court system, which no longer tried children under the adult court system. Obviously, this was a monumental approach, spearheading other cities to develop their own juvenile justice court systems, ultimately, diminishing the theory suggesting children were adults and should be tried within the same adult court system. Twenty-five years later, all but two states had enacted legislation establishing a separate juvenile court system for young offenders. The mission of these juvenile courts was to attempt to turn young delinquents

into productive adults rather than merely punishing them for their crimes (Finklea, 2012, p. 1).

Therefore, as reform began to spread throughout the country in the early 20th century, many states shifted from their punitive treatment of children and began removing them from adult facilities. The prospects appeared to be brighter for children, as society became more adapted to understanding the fundamental difference between adults and juveniles. Per the 16th Circuit Court of Jackson County's (2012) website, Missouri was the eighth state to create a juvenile court system in St. Louis City and Jackson County on March 23, 1903.

However, despite the progressive attempts by child advocates, along with state and local efforts to reform their court systems, stories continued to persist of abuse and deplorable conditions among many institutions, who established separate juvenile facilities from their adult counterpart.

Unfortunately, the effort to provide the kind of just treatment to prevent children from ending up in large state institutions proved to be a tragic failure. By the early 20th century, nearly every state in the nation had at least one juvenile court, yet the courts would ultimately serve to facilitate and accelerate the placement of "delinquent" youth around the nation into large institutions. Furthermore, as children continued to be adjudicated without legal representation, including youth of color were subject to vast disparities in the way they were treated. (Lacey, 2013, p. 2)

Consequently, many of the children housed in facilities then would not warrant placement under juvenile justice standards, at the time of this writing. Unfortunately, this

approach was no different from the adult system, which many advocates fought to remove children away from during the 19th century. Furthermore, many states and local municipalities began to oversee their juvenile institutions by initially taking concerted efforts in changing the direction of their facilities, which continued to be an ongoing dilemma at the time of this writing. Over the years, the state of Missouri was recognized for progressively reforming its approach in addressing the juvenile justice population with a high degree of empathy and compassion (McMillan, 1999).

Judge David A McMillan who was responsible for overseeing the juvenile division the city of St. Louis first opened its first juvenile building known as the ‘Children’s Building,’ in 1916, as a commitment towards implementing progressive change in their juvenile justice system. It was viewed among outsiders as setting the standards within juvenile justice reform approach. The Children’s Building was best known for its various family oriented programs; also within the same building was the juvenile detention center. During its inception, the building was “nationally acclaimed as one of the country’s best facilities serving the needs of young people, their families and the community. (McMillian, 1999, p. 4)

The St. Louis City Children’s Building during that time was described as “The detention center was on the second floor equipped with a gymnasium . . . barred windows, locked dormitory doors, and its ‘cage,’ a two-cell isolation room” (Kimbrough, 1960, para. 3).

However, after many years of use, the once grand facility had become the city’s less than favorable building, due to years of decaying conditions and inadequate spacing.

Once, thought of as the jewel of the city had now become a dilapidated build and a complete eyesore. Fortunately, in the late 1950's and early 1960's the city proposed a site to build a new juvenile center located in the midtown area of St. Louis City, known as the Vandeventer Place. (McMillian, 1999, p. 4)

This area was known for its architect and fabulous mansion built homes, which only the elite had access to during the late 19th and early 20th century. The new juvenile building finally opened its doors in 1965, despite the city's obstacles in securing appropriate funding; like its predecessor, it too received critical acclaim for its structural design and accommodating space.

The design of the facility was innovative in many ways, the large courtroom had a half-moon shaped bench and more importantly, the judge, the deputy juvenile officer, and the children and their families were all on the same level, individual offices for each supervisor and deputy juvenile officer, a large conference room, a large gym and outside exercise area, a dining facility and cafeteria, individual rooms for each detainees, secure facility designed so that the entire unit was under surveillance and officers could monitor the movement of detainees and court personnel from one unit to another, classrooms for the detainees, and adequate public parking and secure parking for the staff. (McMillian, 1999, p. 4)

According to the City of St. Louis Family Court Report to the Community (2016),

Today, the building continues to serve its initial purpose in providing various services within the community and among its clients. Furthermore, outlining the progressive movement over the years in continual fashion, shaping the direction of the facility by providing certified St. Louis public school teachers and a full-

time principal in developing the educational component for its detainees.

Therefore, education continues to be one of its main focal points within the city juvenile center. However, the institution has continued to evolve, taking further steps over the years to provide more resources for detainees and their families. In 2006, the institution became a Juvenile Alternative Program site, which is affiliated with the Annie Casey Foundation specifically designed to reduce detention population, while providing alternative programs for youth committed to the juvenile justice system. Therefore, many of the programs provided to adolescents range from weekend programs and detention at home. (p. 13)

In February 2004, the Court introduced its first alternative to secure detention by implementing an electronic monitoring program. The Court later expanded alternative options and in 2007 the Court implemented its Detention Alternatives Program, also known as DAP. The alternative program was in operation seven days a week and was started by Detention Alternative Officers who worked with youth who had been released into the community on one of the Court's alternatives to secure detention. Then-current alternatives now included conditional release, GPS monitoring, home detention, Weekend Community Service, and an Evening Reporting Center (City of St. Louis Family Court Report to the Community, 2016, p. 13).

The Weekend Community Service Program was implemented in 2007. To supplement the popular program, the Weekend Home Detention Program was implemented in 2010. Youth who violated conditions of their Court supervision, various orders of the Court, or conditions of their informal adjustment agreements were sanctioned to either one or a combination of both programs. When sanctioned to

Weekend Community Service, youth performed community service at various sites throughout the area under the supervision of the DAP staff. While sanctioned to Weekend Home Detention, youth were confined to their homes until Monday morning, with the exception to complete Weekend Community Service (City of St. Louis Family Court Report to the Community, 2016, p. 13).

Stress

Many adolescents housed in juvenile detention facilities found themselves at odds when developing life skills to cope with stress and traumatic events. “The stress of incarceration would challenge the faculties even of those most adept at coping with adversity. Further, compared to adult prisoners, adolescent offenders face this situation with the added disadvantage of immaturity” (Cauffman & Shulman, 2011, p. 6). To further complicate this matter was the fact that many institutions properly lacked sufficient services for their detainees, which often found themselves overwhelmed by the need to provide adequate care. “Given adolescents predilection for seeking social support, juvenile correctional institutions may promote rehabilitation by training their staff to be better sources of guidance and comfort for the adolescents in their care” (Cauffman & Shulman, 2011, p. 9). Certainly, there was a strong need for treatment involving juveniles with some form of stress-related or mental illness in many detention centers. However, what appeared to be most troubling were the limited resources available to juveniles, who may be confronted with mental illness and stress-induced symptoms. Traditionally, most facilities were built just to house juveniles until their court hearing, not necessarily to provide a plethora of mental health services for detained youth. Unfortunately, the data was quite staggering, “between 75 and 93 percent of youth

entering the juvenile justice system annually in this country are estimated to have experience some degree of trauma” (Adams, 2010, para. 2).

It was paramount that detention centers adapt and change their philosophy in dealing with mental health (MH), which many institutions were confronted with a new case of MH each time a youth is admitted. Some juvenile facilities took gradual steps towards combating this problem, while other institutions did not attempt to address such pressing needs concerning mental health issues. Studies showed many youth entering detention facilities were already exposed to usual high levels of stress or post-traumatic stress disorder. Because of this, “People who have experienced trauma often have abnormal blood levels of stress hormones, and parts of the brain responsible for managing stress may not function as well as in people who have not been exposed to trauma” (Adams, 2010, para. 7). Therefore, studies revealed adolescents with

Predisposed stressors are the results of childhood exposure to a substantial history of complex traumatic life events. The impact of such events could have a lasting impression on the adolescent development. This could range from a number of serious maladjustments such as depression, anxiety risk taking, and oppositional defiance, which could possibly lead to substance abuse. (Chapman, Conner, Cruise, & Ford, 2012, p. 695)

These problems posed a significant challenge in treating and managing juveniles in a restricted environment, such as detention.

However, further studies showed there were some promising interventions available in dealing with juveniles who had traumatic experiences; some were well-documented best practices for helping to address traumatic experiences among

adolescents (Kendall & Pilnik, 2012, p. 11). Some studies showed their effectiveness; however, more research was needed to combat the growing need of mental health services for detained youth in juvenile justice facilities. Surprisingly, with the amount of literature available today, it is alarming many institutions have not taken necessary steps in providing sufficient resources for juveniles and adults with mental illness in some restricted environments. “The juvenile justice system must collaborate with mental health professionals to improve mental health services for youth in the juvenile justice system” (Abram, Dulcan, Emanuel et al., 2013, p. 9).

Unfortunately, some disturbing practices take place in juvenile detention facilities. Therefore, thus

A lack of research, inadequate models of care, insufficient policy development, ineffective experience and training of staff, and inadequate practice, juvenile correction personnel are quite hindered in being able to provide adequate services to youth offenders with mental health concerns. (Underwood & Washington, 2016, p. 2)

Some facilities are not equipped to partake in structured therapeutic activities due to staffing restrictions, adequate training, or limited recreational programming for their youth. Various, “programs are necessary to provide intensive social learning experiences that reinforce and lead to sustained use of self-regulation skills taught in classes and therapeutic interventions” (Chapman et al., 2012, p. 701). However, most juvenile justice facilities do provide some form of recreation activities for their detained youth. Consequently, there are limited studies conducted or adequate literature available, which truly details what works to reduce levels of stress in detainees.

Furthermore, there have been numerous studies conducted on the importance of physical fitness for all. Therefore, juveniles in detention settings should also receive such opportunities when it involves their physical health and wellness. “A physical fitness program should be approached sequentially. Youth should have an opportunity to work up to vigorous and strenuous exercise routines” (Clark et al., 2015, p.386). Despite the environment, for many years rehabilitation was only viewed as a “locked-up” approach, under today’s standards those traditional norm is no longer acceptable or ethical practice among many juvenile facilities. “The absolute best way to reduce violence in juvenile facilities is to provide more and better activities. Kids should be in school part of the day and engaged in athletic, recreational, and treatment activities the rest of the day” (Harrell & Schuster, 2013, p. 4).

Many facilities were slowly trying to move away from the punitive approach and incorporating various programming activities for detained youth.

To ensure healthy development and support positive outcomes for youth, program activities must be goal oriented. For every type of activity, physical or nonphysical, several goals should be established that participating youth can achieve. If they are not, the purpose of the activity is questionable. (Clark et al., 2015, p. 362)

Unfortunately, studies disproportionately captured limited psychologically affects stress had on the adolescents in detention facilities. However, research provided conclusive evidence that suggested stress or trauma related incidents negatively impacted the overall functioning of the brain. “Chronic stress is associated with hypertrophy and over activity in the amygdala and orbitofrontal cortex, whereas comparable levels of adversity can lead

to loss of neurons and neural connections in the hippocampus and medial PFC” (Garner & Shonkoff, 2012, p. 9).

Studies indicated adolescents experience a multitude of stressful occurrences ranging from school, home environment, physical change (puberty), and social acceptance from peers.

The American Psychological Association, Stress in America Survey (2013) revealed that U.S. adolescents perceive higher levels of stress than adults, with many reporting that they feel overwhelmed 31%, depressed 30% or tired due to stress 36% during the school year. (Hostinar, 2014, para.1)

Consequently, for many adolescents the stress they experience coupled with at-risk behavior, further increases the chances for potential problems, which unfortunately could have devastating consequences early on in their lives. “The effects of early-life adversity are less notable after puberty if current circumstances are low-stress, while exposure to major stressors during adolescence increase risks for lingering adverse effects on later stress reactivity” (Hostinar, 2014, para. 6).

Moreover, studies revealed over many years of research supporting the well-documented effects of stress on the body, according to Cannon, a well-known physiologists and pioneer of the term ‘fight or flight’ (as cited in Brown & Fee, 2002). Despite the negative impact surrounding excessive amount of stress placed on the overall functioning of the body, there were also the positive levels of stress that essentially prepared the body for the ‘fight or flight’ response under certain circumstances. The study by Cannon developed the theory of the mind and body’s ability to respond to heighten events, triggering the sympathetic nervous system to react in the body, which is

also known as “acute stress response” (as cited in Brown & Fee, 2002). However, recent literature also suggested high levels of dangerous stress early in an adolescent’s life is thought to be linked to toxic stress. Under, this event:

Postulated disruption of the brain circuitry and other organ and metabolic systems during sensitive developmental periods. Anatomic changes and physiological dysregulations that is the precursors of later impairments in learning and behavior as the roots of chronic, stress-related physical/ mental illness. (Garner & Shonkoff, 2012, p. 5)

Furthermore, supporting evidence suggested there were several types of stress-related occurrences the body could endure, depending on the circumstances of the events presented. Studies identified three different types of stress: acute, episodic and chronic stresses, which all had their own distractive characteristics per the American Physiological Association. Acute stress was considered to be, “the most common form of stress and normally comes from demands and pressures of the past and future” (Portolese, 2012, p. 80). This type of stress was thought to be everyday stress, which typically was short and individuals often found relief after the stressor was resolved. However, studies found, “individuals with Acute Stress Disorder have a decrease in emotional responsiveness, often finding it difficult or impossible to experience pleasure in previously enjoyable activities, and frequently feel guilty about pursuing usual life tasks” (Bressert, 2016, para. 1). Extended bouts of stress some individuals faced more frequently, were considered to be experiencing Episodic Acute Stress. Typically, these people tended to “take on too much, have too many irons in the fire, and can’t organize the slew of self-inflicted

demands and pressures clamoring for their attention. They seem perpetually in the clutches of acute stress” (Stress: The different kinds of stress, n.d. para. 9).

Therefore, for many people the continual burden of stress could eventually take on negative implications involving the health of those, who were confronted with abnormal levels of stress. Unfortunately, for some who did not find means of reducing the stress developed Chronic Stress, which was “the type of stress that happens month after month, year after year. This is long-term stress where people see little way out of a situation, chronic stress can begin with traumatic experiences such as Post Traumatic Stress Disorder (PTSD) or childhood experiences” (Portolese, 2012, p. 81).

Lastly, under the circumstances it was essential that the juvenile detention facilities focused their efforts into providing adequate programming, which consequently served as a catalyst towards reducing stress levels among youth detained in juvenile centers. Many of these adolescents were already products of dangerously high-risk for stress levels, which was further magnified once they were placed in juvenile centers. “Rather than pouring multiple resources into an individual without pre-contemplated outcome or plan, coordination of services may prove to be effective, economical, and efficient” (Furlong, Griffiths, Lilles, & Sidhwa, 2012, p. 579). This would allow multiple levels of services to be streamlined among youth in providing the necessary resources for helping address stress and other potential concerns.

Trauma

Trauma could occur through different events among adolescents before they arrived in a juvenile detention setting.

A traumatic event can involve interpersonal events such as physical or sexual abuse, war, community violence, neglect, maltreatment, loss of a caregiver, witnessing violence or experiencing trauma vicariously, it can also result from severe or life-threatening injuries, illness and accidents. (Adams, 2010, p. 1)

Many adolescents entering the juvenile detention facilities were oftentimes faced with several personal and family related problems prior to detention. Unfortunately

Many of these traumas occurred during childhood, when youth did not possess the intellectual or emotional capacity to process frightening, disturbing, or painful events. The children depended on adults for stability, protection, and love were often those who caused the most harm. (Boesky, 2015, p. 402)

Obviously, some experienced their share of traumatic events in their lives, which in some cases shaped or pre-determined what the future may hold for many. Bernock, (2014) noted, "Trauma is personal. It does not disappear if it is not validated. When . . . ignored . . . invalidated, the silent screams continue internally heard only by the one held captive. When someone enters the pain . . . healing can begin" (Bernock, 2014, para. 1).

Adolescents entering juvenile detention had a multitude of unfortunate life experiences, many of us could not imagine how anyone could be exposed to such events. "Youth in the juvenile justice system have experienced multiple, chronic and pervasive interpersonal trauma, which places them at risk for chronic emotional behavior" (Ford, Kerig, & Olafson, 2014, p. 4).

Although, difficult to differentiate from the many types of mental illness some adolescent's experience traumatic events quite early in their lives. "People who experienced trauma as children are also more likely to develop life-long psychiatric

conditions, including personality disorder, conduct disorder, ADHD, depression, anxiety, substance abuse disorders and posttraumatic stress disorder (PTSD)” (Adams, 2010, p. 2). Unfortunately, for many of those who have experienced such negative events, consequently the results ultimately have influenced their lives, stemming from poor choices and bad decision-making. “Children suffering from traumatic stress often have strong reactions to reminders of the trauma or loss they experienced. Many have nightmares or flashbacks, feeling as though they are reliving the events, or repeatedly incorporating their experiences into their play” (Kendall & Pilnik, 2012, p. 3).

Furthermore, for some adolescents who never had a positive support system in place, studies have revealed a relatively bleak outlook, which usually involve poor education, crime, and some form of incarceration in the juvenile or adult system. “Trauma and posttraumatic stress symptoms increasingly are recognized as risk factors for involvement with the juvenile justice system and detained youth, evidence indicates higher rates of trauma exposure and posttraumatic stress disorder (PTSD) compared to their non-detained peers” (Becker & Kerig, 2011, p. 765). Studies have also shown this population of adolescents is more susceptible and overwhelmingly at-risk for entering some form of a correctional facility. “In a life-cycle context, incarceration during adolescence may interrupt human and social capital accumulation at a critical time leading to reduced future wages in the legal sector and greater criminal activity” (Aizer & Doyle, 2015, p. 1).

Consequently, this puts our youth on course for leading a life of crime, which many have been subjected to violence and traumatic experiences at a very early age. “Most youth detained in juvenile justice facilities have extensive histories of exposure to

psychological trauma” (Blaustein & Ford, 2013, p. 1). Unfortunately, there was literature available suggesting children exposed to high levels of traumatic occurrences, further correlated to possible delinquent behavior as adolescents. Therefore, “substantial research has documented a link between traumatic exposure or posttraumatic stress disorder (PTSD) and juvenile offending” (Becker & Kerig, 2011, p. 765). Not to mention the profound effects this could potentially have on adolescents as they progress into adulthood. “Youth with PTSD and comorbid disorders have significantly more behavioral and health problems and more impaired interpersonal relationships than those with PTSD and no comorbid disorders” (Abram, Dulcan, Emanuel et al., 2013, p. 10).

Evidence suggested there was a correlation between some adolescents entering the juvenile justice facilities with a prior history of traumatic experiences. Complicating the matter was the altering and damaging effect it had on the functioning of the brain, due to the number of traumatic experiences early in life. “A growing body of research in developmental neuroscience has begun to uncover the pervasive detrimental effects of traumatic stress on the developing brain” (Adams, 2010, p. 2). Furthermore, such events or exposure for many of these adolescents presented unreasonably high levels of stress in their young lives. Despite such outcomes and alarming statistics, it was surprising some juvenile institutions had not taken greater steps in screening detainees, who may have experienced some level of trauma. “Evaluation/screening recommendations for adolescents in secure treatment settings and correctional facilities require modification; first issue is how to distinguish the adolescent detainee who is in need of an in-depth comprehensive evaluation from other youths” (Banga, Chapman, Connor, & Ford, 2012,

p. 734). Many institutions prided themselves for screening their detainees on drug use and suicidal ideation, which certainly did not address trauma concerns.

Many children and youth in the child welfare and juvenile justice systems have experienced or witnessed violence or other traumatic events and suffer the fear of ongoing exposure to harm; these experiences can lead to increased social, emotional, and physical needs. (Kendall & Pilnik, 2012, p. 1)

Evidence available suggested adolescents with trauma could pose a concern or problem for institutions not equipped to address such issues. “Detention centers are not designed for treatment, resource issues and the failure to recognize and properly address complex behavior stemming from trauma. Create an environment in which some youth are punished, isolated, or restrained for behavior that is trauma-related” (Burrell, 2013, para. 7). Furthermore, studies revealed adolescents entering juvenile detention with a history of trauma could possibly be re-traumatized by the experience, “juvenile justice providers must reduce the likelihood that routine processing will re-traumatize youth” (Abram, Dulcan, Emanuel et al., 2013, p. 9). Consequently, the potential to cause further aggression towards peers or staff, simply stemming from other mood related problems associated from traumatic experiences is concerning. “Staff may have little awareness or understanding of youths’ histories and mental health or traumatic stress issues, and limited training in how to respond to youth in distress” (Blaustein & Ford, 2013, p. 5).

Essentially, some experiencing predisposed stressors were from childhood exposure to a history of complicated traumatic life events. “People who have experienced trauma often have abnormal blood levels of stress hormones, and parts of the brain responsible for managing stress may not function as well as in people who have not been

exposed to trauma” (Adams, 2010, para. 7). The impact of such events could have a lasting impression on adolescent development. “The confluence of these factors can result in children experiencing difficulties in attending school, holding down jobs, and integrating with their peers and community” (Kendall & Pilnik, 2012, p. 4). Recent studies also suggested children who experienced traumatic events early in their lives were more susceptible to complex trauma.

Children with complex trauma have overactive alarm systems. They display intense reactions and have a difficulty calming down. Complex trauma causes the brain to interpret minor events as threatening, so these students may not be able to realistically appraise danger or safety. (Complex Trauma, 2014, p. 3)

Ultimately, children confronted with such problems could eventually have several serious maladjustments, such as depression, anxiety, risk taking, and oppositional defiance, which could possibly lead to substance abuse. “Trauma is considered a significant risk factor, accounting for numerous items in checklists of factors connected to delinquency or dangerousness” (Beyer, 2011, p. 11). Certainly, such problems posed a significant challenge in treating and managing juveniles in a restricted environment, such as detention.

However, studies showed that there were some promising interventions available in dealing with juveniles who had had traumatic experiences. “Staff in facilities where trauma-informed care has been adopted, reported being better able to regulate their own emotions and behaviors, thus resorting to use of restraint and seclusion less often” (Burrell, 2013, para. 26). Despite, the promising research available at the time of this writing there were still some detractors who suggested, “Detention facilities should treat

youth harshly so they will not want to engage in future delinquency” (Burrell, 2013, para. 23). Obviously, that notion, which was practiced among many institutions in the early days of juvenile justice has come to past. However, “in some states, juvenile facility conditions have improved significantly through consent decrees or court ordered corrective action plans, yet court monitors continue to find some degree of persisting maltreatment” (Mendel, 2015, p. 16). Many juvenile detention centers across the country were proactively moving away from the old stigma, of just being a lock-up facility for troubled youth. “Programs offering counseling and treatment typically reduce recidivism, while those focused on coercion and control tends to produce negative or null effect” (Mendel, 2011, p. 16).

At the time of this writing, there were several programs available, which made progress in addressing the growing concern of trauma among adolescents in detention settings. Some of these programs, such as Trauma Affect Regulation; Guide for Education and Therapy, Trauma and Grief Components Therapy for Adolescents, and Cognitive Processing Therapy were just some methods of addressing trauma among adolescents.

A growing array of evidence-based and evidence-informed, gender sensitive, developmentally-appropriate, and ethno-culturally acceptable therapeutic interventions can be assessed for the treatment and rehabilitation of traumatized youths involved in the juvenile justice system and their families and caregivers. Adaptations of these interventions are needed, additionally, to assist youth who are traumatized as a direct result of the juvenile justice involvement or on an

ongoing basis in their lives during and after juvenile justice involvement. (Ford, Kerig, & Olafson, 2014, p. 11)

Then-current research does look promising; however, the need still existed in an on-going effort to provide relevant and effective measures in dealing with traumatized youth while in detention settings.

Adjusting

Studying the mental capacity of adolescents and the propensity for some to experience a better opportunity to adjust to stress, under the most adverse conditions was an interesting concept. There were studies which suggested parenting was instrumental in determining how well adolescents could function behaviorally and socially among their peers. “Monitoring is a crucial aspect of behavior modification, and is often undervalued” (Smith, 2013, p. 28). Although, some would agree proper parenting was one of the key components in reducing antisocial behavior among adolescents. Could it also be the link between assisting adolescents’ unknowing ability towards adjusting and overcoming potential levels of stress, simply from sufficient parenting skills?

Unfortunately, there were inconclusive results and minimal studies conducted linking the positive effects parenting had towards adolescents’ abilities on adjusting to high stress levels. Although, “evidence from the literature has provided empirical and theoretical support that parental knowledge and parent-child relationship quality may underlie the link between monitoring behavior and adolescent adjustment” (Bosler et al., 2015, p. 3). Therefore, if future studies could possibly link positive parental skills in managing stress levels among their children/adolescents, this would further explain the resiliency and adjustability some kids display under adverse conditions. “The quality of

family relations can attenuate the psychiatric impact of stress exposure on youth” (Henry, Sheidow, Strachan, & Tolan, 2015, p. 3). Signaling the importance of proper parenting involvement and the impact it had on the overall, psychological makeup of a child/ adolescent in successfully addressing their potential to adjust. Furthermore, “a child disclosure is more strongly related to adolescent adjustment (i.e., antisocial behavior and school grades) and parental knowledge in comparison to parental solicitation” (Bosler et al., 2015, p. 9).

Resiliency

At the time of this writing, there were numerous studies available which focused on an individual’s ability to display self-preservation capabilities under the most adverse circumstances. Studies showed individuals capable of demonstrating such a trait likely exhibited a strong ability towards resiliency, often thought of as a self-developed characteristic and rarely seen from the family dynamics or involvement as the attributing factor. “Childhood and adolescent exposure to serious harm can cause changes to both brain and body, and can dramatically affect adolescent behavior. With support, however particularly support from parents and other adult family members youth can be remarkably resilient” (Feierman & Fine, 2014, p. 3). Resiliency was believed to be the main catalyst behind our ability to cope with various outcomes in our life experiences, for adolescents it was pivotal. “An adolescent who is resilient is likely to enter adulthood with a good chance of coping well even if he or she has experienced difficult circumstances in life” (Barry, Murphey & Vaughn, 2013, para. 1).

Mental Health

Per research, mental health issues affected juvenile detention facilities; however, solutions were available to resolve this problem. “Sixty-six percent of males and seventy-four percent of females met the criteria for at least one [mental health] disorder at the baseline in detention” (Abram, Dulcan, Emanuel et al., 2013, p. 10). Mental health problems were a major concern for many institutions from state to state. At the time of this writing, juvenile detention facilities were in an uphill battle when it came to addressing mental illness among adolescents. Then-recent studies revealed, “mental health problems are at epidemic levels among confined youth. There is little doubt that juvenile justice youth suffer an unusually high prevalence of mental illness” (Mendel, 2011, p. 24). Juvenile facilities experienced over the years an upward trend in the number of adolescents admitted into detention, who may have some form of a mental illness. “ADHD is a major relevance to the juvenile justice system and to those working in juvenile secure treatment settings. First, prevalent rates for ADHD are 3 to 10 times higher in secure correctional facilities than are found for the general population” (Banga et al., 2012, p. 727).

Additionally, among the adolescent population with mental illness entering detention settings, some experienced several layers of trauma. Adolescents who were exposed to, “trauma at home or in their communities may resort to self-help methods to feel safe by carrying weapons, engaging in physical conflict, joining gangs, using drugs and alcohol” (Burrell, 2013, para. 1). In the researcher’s experience, despite the concerns, limited resources and lack of funding towards mental health issues contributed to the overall demise of addressing such problems in detention settings. Staff and administration

were equally perplexed when it came to addressing mental illness problems among their detainees. Those days of dealing with adolescents who had a troubled background were no longer just the norm in detention settings. Unfortunately, for many detention facilities their population had a wide-variety of mental ill detainees, who had yet to either be diagnosed or receive proper treatment towards addressing their illness. Studies showed “65% to 75% of youthful offenders have one or more psychiatric disorders” (Banga et al., 2012, p. 725).

Detention facilities simply did not have the proper resources to combat mental illness among detainees. “Most juvenile correctional facilities are ill-prepared to address the needs of many confined youths. Often, they fail to provide even the minimum services appropriate for the care and rehabilitation of youth in confinement” (Mendel, 2011, p. 22). Juvenile centers were geared towards housing adolescents not necessarily providing psychological services for those who were in need of services. “The reality is that the mental health services that are available to youth in the juvenile justice system are frequently inadequate and sometimes nonexistent” (MacArthur & MacArthur, 2012, p. 3).

Furthermore, not only were the facilities ill equipped to handle mental illness, it was also evident that staff lacked the necessary training to work directly with the mentally ill. Oftentimes, the results of insufficient training or lack of training in facilities certainly could pose a higher probability of physical injury among staff and adolescents.

Juvenile staff must deal not only with the risks of working with a juvenile offender population, but face the added challenge of working with a group of

youth whose mental health problems they do not understand and are not trained to deal with. (MacArthur & MacArthur, 2012, p. 3)

Therefore, such incidents had also limited administrative effectiveness and put constraints on their ability to provide adequate coverage and supervision for adolescents under their care. Not to mention, minimizing other resources, such as programming, therapy sessions, and any other additional services, which provides additional tools for juveniles while they were detained in the court system.

However, many of those resources mentioned above were just not attainable for many institutions that were strapped for local or state funding. “Confining juvenile offenders in correctional institutions and other residential settings is far more expensive than standard probation or conventional community supervision and treatment programs” (Mendel, 2011, p. 19). The then-current literature available suggested some institutions were still unwilling to address the mental illness concerns as a problem; and therefore, downplayed the need for services in their facilities. The thought of providing special programming, therapy, and counseling service for their detainees was difficult to imagine for some institutions. “Once a child enters the justice system, quality, evidence-based trauma-informed treatments and interventions are not always provided” (Adams, 2010, p. 6).

Considering the mentality and the nature behind juvenile detention centers over the years, history dictated its sole purpose as a place to lock-up delinquent adolescents. In the researcher’s opinion, detention facilities were never designed to analyze what could have been the contributing factor, which possibly caused the delinquent behavior. The only objective was to rehabilitate through isolation over the years. In the researcher’s

experience; moreover, for some institutions, this approach continued to resonate quite strongly as a preferred practice among juvenile facilities. Some ignored the evidence-based studies, which clearly supported change among both the adult and juvenile correction facilities.

Only 10 percent to 20 percent of these facilities are making changes, according to one estimate, and most of those aren't using evidence-based practices based on the model programs guide put together by the Office of Juvenile Justice Delinquency and Prevention. (Finkel, 2015, para. 3)

Furthermore, studies showed simply, 'locking-up' an adolescent did not necessarily address or resolve the core problems, and the likeliness for recidivism to occur was often higher among juveniles. "Research shows that incarceration consistently leads youth to reoffend, reoffended more frequently, and reoffend more seriously than less punitive dispositions." (Smith, 2013, p. 11). Therefore, it was imperative that detention centers worked to find alternative ways in addressing mental illness in a cost-effective and a simplistic approach.

Consequently, some juvenile centers took some recognizable steps in addressing the rights of detainees and incorporated a program called the Juvenile Detention Alternative Initiative. "Alternatives to detention and confinement are approaches taken to prevent juveniles from being placed in either secure detention or confinement facilities when other treatment options, community-based sanctions, or residential placements are more appropriate" (Alternative to Detention, 2014, para. 1). The program was designed to reduce the juvenile population, placing a greater emphasis on alternative solutions to detention and only detaining those who had committed serious offenses. "Kids who

committed a crime, even if their crime was minor and they were of little or no threat to public safety, into a locked and crowded detention center increased the likelihood that they would end up serving time” (Finkel, 2015, para. 6). Therefore, such a notion was far removed from the ideological operation of the institution if the facility adopted JDAI. Studies showed favorable results towards the JDAI program; institutions had also seen their population drastically reduced by more than half. Moreover, the JDAI programs proved to be successful for those institutions who implemented the system into their facility.

However, the problem with mental health continued to baffle many facilities, with no real definitive solutions in place. What many institutions were faced with in dealing with mental health problems was properly assessing adolescents who may have mental illness. The concerns with properly assessing adolescents in secure settings were, “obtaining accurate developmental, psychiatric information necessary to make the diagnosis” (Banga et al., 2012, p. 734). Many institutions did not have thorough screening procedures in place for adolescents who may have mental illness during their admission process. Furthermore, staff which were responsible for supervising the adolescents did not have professional training in assessing mental health concerns for those placed under their care.

Among all youth in correctional confinement nationwide, more than half are held in facilities that do not conduct mental health assessments for all residents. When assessments are performed, they are often done in a haphazard fashion or by untrained staff. (Mendell, 2011, p. 24)

In addition, the level of difficulty in gaining sufficient information on an adolescent who may have a history of mental illness, posed another problem for those institutions with or without a psychological department in place.

Therefore, changing the culture of detention centers was a process, one that came with challenges, “creating a safe environment should be the primary focus of formal principles that set the tone for how youth and staff are treated in the facility” (Burrell, 2013, para. 12). Some approaches to changing the climate in detention setting, based on the available literature involved, “develop strategic partnerships with national organizations to help disseminate information, products and training tools” (Adams, 2010, p. 8).

Without an immediate plan of action to address some of the deeper concerns that confronted the juvenile justice system there would continue to be a shortcoming for adolescents under their care. Some other relevant changes simply involved, “a statement about responsibility for maintaining a safe and supportive environment, a process for informing staff and youth of the principles, and a process for addressing violations of the principles” (Burrell, 2013, para. 13). This process did not require any extra expenditure, just a commitment by the institution to provide adequate services to all adolescents, with or without mental illness, along with youth who had experienced some form of trauma in their lives. “At all stages of processing, care should be taken to not further traumatize youth entering child-serving systems, most of whom have previous traumatic experiences or concurrent mental illness” (Adams, 2010, p. 10).

In the researcher’s experience, the changing landscape of detention centers for many institutions was no longer operated on the old, outdated premises by just locking-up

adolescents, no matter what they had been allegedly charged with. The change in philosophy could be attributed to then-current data suggesting institutions were slowly moving in a different direction, theory and research-based studies supported a new approach to detention practices. Then-recent studies revealed many adolescents who had mental illness had experienced a level of trauma, “getting in trouble, including committing crime and violence, are usually acting out of their own traumatic childhoods” (Finkel, 2015, para. 18).

Based on the then-current literature available, many institutions had yet to fully embrace the then-current data when it came to providing additional resources for the mentally ill or traumatized youth. “People who experience trauma as children are also more likely to develop life-long psychiatric conditions, including personality disorders, conduct disorders, ADHD, depression, anxiety, substance abuse disorders and post-traumatic stress disorder (PTSD)” (Adams, 2010, para. 8). Therefore, as some juvenile detention centers continued to make small gains in addressing some of the more pressing issues, mental health continued to remain the difficult piece to the puzzle. “Juvenile corrections facilities are both poorly positioned and ill-equipped to provide effective treatment for youth with severe mental health conditions, learning disabilities, out-of-control substances abuse habits, and other acute needs” (Mendel, 2011, p.22).

Behavior Modification

Due to various mental states and traumatic events, staff at detention centers must manage a wide range of behavior issues; therefore, behavior modification programs were often used in juvenile detention facilities. Many institutes used a reward incentive approach, which often provided points or promotion to a higher level as a method to curb

negative behavior. Essentially, “different levels correspond to different degrees of participant behavior. Preferred behaviors may result in higher levels, translating to higher rates of reinforcement and privileges, while unwanted behaviors result in decreased rate of reinforcement or loss of privileges” (Barretto, Doll, & McLaughlin, 2013, p. 137).

Ultimately, the institutions placed a greater emphasis on adolescents choosing a positive approach toward their behavior as the result. “A fundamental challenge in any group setting is to design a set of expectations and reinforces that can be applied with some measure of consistency and yet allow for some variation when necessary” (Moesser, 2015, p. 108). Fortunately, for some detention facilities, such results were systematically dependent upon the operational approach in managing behavior among its detainees. Therefore, developing “a therapeutic culture within the facility that supported the development of positive relationships between youth and staff, that ensured the . . . humane treatment of the youth, that provided youth with . . . treatment and programs . . . to learn problem-solving skills” (Deitch, 2013, para. 1).

However, to truly understand the full scope behind why some adolescents chose to engage in risky or negative behavior some “studies consistently show that factors predicting the risk of delinquent behavior include antisocial attitudes, associates, personality, and a history of antisocial behavior” (Teske, 2011, p. 89). Furthermore, the role of the parents may also contribute sufficiently to their child’s delinquent behavior. Then-recent literature suggested, “Distress associated with these challenges may in turn result in ineffective parenting, lack of warmth and nurturance toward the child, negative views of one’s role as a parent, and perceptions of interactions with the child as alienating or frustrating” (Alkhatab, Draucker, Knopf, Mazurcky & Oruche, 2014, p. 3).

Unfortunately, overwhelming evidence suggested many juveniles housed in detention facilities were simply a product of their own environment. “Adolescents in secure treatment often come from dysfunctional family systems in which one or both parents may be absent, incapacitated, or incarcerated” (Banga et al., 2012, p. 733).

Consequently, for some adolescents there appeared to be a history of “family violence, parental mental illness and abuse that contribute significantly to youth’s inability to self-regulate and self-monitor to their emotions and behaviors” (Breland-Noble, Burriss, Soto, & Webster, 2011, para. 3). Some parents may be unaware or simply not capable of dealing with their own mental illness problems, which could further heighten levels of disruptive and at-risk behavior within the family environment. Therefore, this could be linked to traumatic experiences that triggered “disruptive behavior disorders (DBD), [which] are prevalent and serious mental disorders first diagnosed in childhood” (Dahl, Field, Handwerk, & Malmberg, 2012, p. 267). “DBD include Oppositional Defiant Disorder (ODD), which is characterized by hostile, noncompliant, and defiant behaviors, and the more serious Conduct Disorder (CD), which is characterized by persistent violations of social norms and antisocial behaviors” (Dahl et al., 2012, p. 268). Unfortunately, for some parents of adolescents with defiant behavior, if not properly addressed early and frequently, recurring problems may continue to persist into adulthood.

Of course, the question remained, how do detention facilities address these behavior problems? Numerous studies revealed

behavior management systems must include appropriate consequences for negative behaviors. Nevertheless, the objective of these consequences should not

be punishment, but rather changing the youth's' behavior in the future.

Punishment is simply a punitive response to unwanted behavior; it alone does nothing to ensure that the misbehavior will not reoccur. (Dietch, 2015, para. 2)

Therefore, in many juvenile detention settings managing adolescent behavior was still the main objective for many institutions. “Juvenile detention staff invariably have an impact on the behavior of youth in custody, so it is highly preferential that the impact is positive, supportive, direct (firm and direct), and helpful” (Roush, 2015, p. 37). Obviously, minimizing negative behavior, promoting positive choices, and developing adequate life skills for adolescents was the focus for many institutions. Furthermore, providing coordinated “techniques that promote the development and expression of desired behaviors or eliminate undesirable behaviors. For some, the concept of behavior management may be overarching concept that includes safety and control, and some may think about behavior management as . . . discipline” (Moeser, 2015, p. 107).

Several different strategies towards addressing or managing negative behavior among adolescents existed in the literature. “Research indicates that, self-management interventions can help students with Emotional Behavioral Disorder” (Lane, 2013, p. 7). Moreover, in some institutions, such as schools or juvenile detention settings, there still appeared to be some form of disconnect, which often encountered defiant behavior from adolescents daily. “Policies have caused a substantial increase in schools suspensions and expulsions, an alarming number of students being arrested and referred to the juvenile justice system for disorderly behavior that was once handled informally within the schools” (Mendel, 2011, p. 14).

However, many facilities incorporated their own unique models in addressing various levels of oppositional behavior. “Using a multi-tiered framework modeled upon Positive Behavioral Intervention and Support (PBIS), an incentive based behavior modification system that teaches can use to strengthen appropriate behaviors and reduces challenging behaviors” (Dietch, 2015, para. 7). Typically, most behavior modification programs were not only geared towards reducing inappropriate and defiant behavior among adolescents, it also developed a self-compliant approach within everyone to be productive today. Another interventional approach would be “a system of care is a strength-based that recognizes the importance of family, school and community, and addresses the physical, emotional, intellectual, cultural, linguistic and social needs of every child and youth” (Allen, Brown, & Pires, 2010, para. 2).

Although there were several strategies with various methods in place for caregivers and institutions to combat difficult behavior, the challenge for all entities was addressing the mental health component, coped with adolescents who had deficient attitudes and behavior. “Psychiatric disorders represent a special challenge to the juvenile justice system and to secure treatment settings” (Banga et al., 2012, p. 725). Although, mental illness certainly posed problems for juvenile centers, therapeutically there were small but minimal gains in resolving this issue in detention settings. Unfortunately, there were multiple forms of mental illness among the youth in juvenile detention facilities across the country. Each distinctively operated with its own set of diagnosis,

of particular concern is the impact of attention deficit hyperactivity disorder (ADHD) on the juvenile justice system and on secure treatment settings, ADHD is one of three related diagnoses, including oppositional defiant disorder (ODD)

and conduct disorder (CD), known collectively as disruptive behavioral disorders (DBDs). (Banga et al., 2012, p. 726)

Consequently, some of the literature available clearly suggested there was a strong need for treatment among juveniles who had some form of mental illness in secure settings. Many institutions were faced with the daunting task of trying to find a remedy for such a growing concern. Obviously, what was further troubling appeared to be the limited resources available, if any, towards mental illness. Most facilities were built on the premises of just house juveniles until their court hearing and not provide any real mental health services for detained youth.

Evaluation/screening recommendations for adolescents in secure treatment settings and correctional facilities require modification. Ultimately, the issue is how to distinguish the adolescent detainee, who needs an in-depth comprehensive ADHD evaluation from other youths who exhibit more transient or situation-specific distractible or impulsive behaviors in the secure treatment setting. (Banga et al., 2012, p. 734)

Furthermore, it was paramount that detention centers adapt and change their philosophy in dealing with mental health. Some gradually took steps to combat this problem, while other facilities did not attempted to address such pressing needs concerning mental health issues. “Juvenile corrections facilities are both poorly positioned and ill-equipped to provide effective treatment for youth with severe mental health conditions, learning disabilities, out-of-control substance abuse habits, and other acute needs” (Mendel, 2011, p. 22).

At the time of this writing, there was a substantial amount of literature available outlining the importance of providing sufficient resources for adolescents with mental illness in restricted environments; providing a simplistic approach in managing inappropriate behavior among youth in a detention setting was the main objective. “Youth with the most acute or serious mental illness should have easy access to inpatient psychiatric hospitals and long-term psychiatric residential treatment placements (outside the juvenile prison system)” (Harrell & Schuster, 2013, p. 5). However, for many the major obstacles institutions face remains to be a lack of funds or relevant resources provided to them. Certainly, ensuring cost-efficient “intervention[s] which includes problem-solving practice, social skills training, group entry skills instruction, feelings identification, and teaching new skills” (Dahl et al., 2012, p. 288). Therefore, once institutions come to terms, move away from the previous stigmas, and commit to taking a proactive approach in positively address defiant behavior, without the punitive approach a step in the right direction would be taken. Evidence, clearly suggested, “behavior management across various settings is effective system, which have seen to remarkable diverse applications in prisons, schools, military organizations, and psychiatric hospitals” (Barretto et al., 2013, p. 144).

Physical Activity

Another way to improve behaviors and other aspects of adolescents’ lives was through physical activity; evidence suggested the many benefits of physical activity and the importance of exercise to the overall function of the body. President John F. Kennedy once said, “Physical fitness is not only one of the most important keys to a healthy body, it is the basis of dynamic and creative intellectual activity” (10 Inspirational Quotes

About Physical Activity, 2016, p. 3). Therefore, many adolescents in juvenile detention settings often found themselves confronted with limited opportunities to engage in various activities in some institutions, due to a lack of resources available. “For children and youth to gain comprehensive health benefits they need to participate in the following types of physical activity on 3 or more days per week: vigorous aerobic exercise, resistance exercise, and weight-loading activities” (Janssen & LeBlanc, 2010, p. 3). Scientists have long discovered the importance of exercise and the impact it has on the body and mind. Studies suggested, “Exercise is beneficial for cognition, including increased blood and oxygen flow to the brain, increased levels of norepinephrine and endorphins, resulting in a reduction of stress and improvement of mood” (Singh, Twisk, & Uijtdewilligen, 2012, para. 9).

Several research studies showed the body performed at optimal levels if exercise was integrated into the lifestyles of all individuals, young and old. Therefore, without exercise and proper diet, studies showed the body was susceptible to several complications, which could lead to chronic illness or even death. There was “convincing proof that physical inactivity causes primary deterioration of function, provided from extensive historical and scientific evidence” (Booth, Laye, & Roberts, 2012, p. 11). Chronic and life threatening illness were no longer viewed as just an older adult problem, but a problem, which targeted recipients of all age groups.

Consequently, for those who may be affected by such illness because of inactivity, their lives are prematurely snuffed out due to potentially multiple health-related problems. “A sedentary lifestyle over several years is associated with increased risk for type 2 diabetes, cardiovascular disease, and premature mortality” (Booth et al.,

2012, p. 11). Furthermore, for some, stress could be the main culprit, which can manifest itself as some other potentially life threatening illness or altering event. “Recent scientific studies have indicated that the human body’s reaction to stress could be one of the main causes of life-threatening diseases, including heart disease and cancer” (Group, 2013, para. 2). Fortunately, as medical procedures continued to advance and scientists expanded on their knowledge of all the benefits of exercise on the brain and the body, could positively alter some people’s lifestyles. Our youth were no exception to this, improving one’s way of life even from the psychological benefits was helpful, which many adolescents seemed to struggle with. “Our mood improves with the minimization of stress, and exercise plays a large role in reducing stress-related issues. Physical exercise actually creates biochemical changes in the brain that protect it and prevent it from being damaged during stress” (Chertok, 2014, p. 3).

Research from Erwin (2015) pointed to a true necessity for juvenile detention centers in providing adequate physical activity for their detainees.

It is important that any program designed to serve youth provides a means for the constructive channeling of energy through physical activity. There is a particular need for at least some involvement in sports and activities that allows for differences in strength, dexterity, and size. (Erwin, 2015, p. 202)

Institutions should insist on providing some form of exercise for all adolescents under their care. Furthermore, regardless of the circumstances that brought the adolescent into detention, should allow them an opportunity to engage in moderate to vigorous activity is part of the developmental process for the body. “Exercise in adolescents is vital to lay the groundwork for ongoing physical health in adulthood. Being driven biologically to

compete in life, and providing structured outlets for this sense of competition will help to prevent . . . more negative manifestations” (Erwin, 2015, p. 202). Detention facilities should also provide various opportunities for detainees to experience different sports and activities. “It is almost impossible to enjoy good health and achieve optimum physical fitness without . . . regular exercise. Therefore, physical fitness in youth confinement facilities should include a . . . supervised program designed to maintain a healthy . . . body weight” (Clark et al., 2015, p. 385).

Moreover, studies revealed most adolescents who enter the juvenile system already have been exposed to high levels of stress, trauma, or post-traumatic stress prior to being detained.

Children exposed to repeated intrusive experiences, often of an interpersonal nature, such incidents could result from being more vulnerable to traumatic stress due to exposure to domestic violence or continued victimization. Court-involved youth are often on this end of the continuum. (Kendell & Pilnik, 2012, p. 3)

Most have witnessed or experienced various levels of stressful events, which ultimately could affected their lives in a less than favorable way. Some adolescents engaged in, “negative outcomes such as alcohol and substances use, health risks such as smoking and obesity, mental health outcomes such as depression and suicidality, and social risks such as involvement in violent relationships and teen pregnancy and paternity” (Blaustein & Ford, 2013, p. 668).

Therefore, many adolescents in a detention setting who experienced such stressful or traumatic events would participate in some form of at-risk behavior. “Many youths who experience different types of victimization because they reside in dangerous

communities, live in a home that is dangerous, chaotic . . . that increase risky behaviors, engender antagonism, and compromise their capacity to protect themselves” (Kendell & Pilnik, 2012, p. 5). Not to mention, the glaring effects such events had on the adolescent behavior and the functioning of the brain. “A growing body of research in developmental neuroscience has begun to uncover the pervasive detrimental effects of traumatic stress on the developing brain” (Adams, 2010, para. 5). Studies revealed the dangers posed by continued exposure to high levels of traumatic stress. “Brain structures responsible for regulating emotion, memory and behavior develop rapidly in the first few years of life and are very sensitive to damage from the effects of emotional or physical stress, including neglect” (Adams, 2010, para. 6).

Some facilities strove to overhaul their programs and reflected on the then-current shift in providing adolescents with the resources they needed while in detention. “Adopting best practice reforms for managing youth offenders, addition to better programmatic alternatives, every jurisdiction must adopt complementary policies, practices, and procedures to limit unnecessary commitments and reduce confinement populations” (Mendel, 2011, p. 32). However, there were some institutions, which still insisted budgetary constraints prevented them from providing the necessary tools many detainees needed in their care. “Most states are spending vast sums of taxpayer money and devoting the bulk of their juvenile justice budgets to correctional institutions and other facility placements” (Mendel, 2011, p. 19). In the researcher’s experience, some institutions were turning a blind-eye to the necessities and not looking at what was needed among their adolescent population when it involved stress-related programs and

coping skills. Instead of providing meaningful programming that will benefit the youth, it often consisted of wasteful spending and did not target the real issues.

However, there was then-current literature available which suggested institutions should seek to provide additional resources that were available to youth with little or no monetary results necessary, it simply involved a change in ideology. “Correctional facility administrators felt that physical education programs that focused on individual and cooperative-based activities should be mandatory. Furthermore, highly qualified professional was not needed to provide these activities, thus school-based administrators could possibly provide the curriculum resources” (French, Jackson, Nichols, & Senne, 2013, p. 1). Therefore, it was imperative juvenile facilities incorporated quality programming and promoted physical activity as the norm, not the exception. “To ensure healthy development and support positive outcomes for youth, program activities must be goal oriented. For every type of activity, physical or nonphysical, a number of goals should be established that participating youth can achieve” (Clark et al., 2015, p. 382). Good quality programming in a detention setting should also include the instructors, which had a background in their specialized content area; physical education cannot be exempt from this process. “Physical fitness in youth confinement facilities should include a planned and supervised program designed to maintain a healthy and appropriate body weight and keep a youth's muscles well-toned. Staff trained in exercise physiology or physical education should supervise program” (Clark et al., 2015, p. 386).

Providing adolescents with a well-rounded approach to their health through movement was the goal of any physical educator, regardless of the environment or circumstances. The importance behind providing relevant physical activity for

adolescents who may have stress or anxiety problems should outweigh any monetary constraints. “Establishing habits of healthy exercise in adolescence is vital to lay the groundwork for ongoing physical health in adulthood” (Erwin, 2015, p. 202). This not only provided an outlet for those adolescents, it also minimized potential conflict and safety concerns for staff. “Exposure to actual, often highly dangerous, stressors in juvenile justice facilities is a moment-to-moment reality, with staff exposed on a frequent basis to serious and high-risk behaviors, including self-harm and assaults” (Blaustein & Ford, 2013, p. 670). However, staff and the juvenile offenders could all be safer with the use of physical activity in the detention centers.

Recreational Programming

Many institutions, from the adult population to juvenile centers, across the country all relied heavily upon on scheduled programming for their detainees. Moreover, it was essential that programming developed a holistic approach among adolescents, which fully intended to provide various levels of self-growth. “The most effective programming combines behavior management systems and cognitive behavioral interventions to improve facility safety and influence pro-social change” (Clark et al., 2015, p. 369). Therefore, for some adolescents, the experience may be the catalyst, which could potentially spark internal growth and further encourage overall change. Furthermore, various institutions believed programming was an important component, which all adolescents should actively participate in during their stay at detention. Consequently, “programs should seek to create healthy gender identity development during adolescence, enhance protective factors that are likely to build resiliency, curb

negative behaviors, nurture personal and social competence and enhance self-esteem” (Griffins et al., 2015, p. 596).

Ultimately, with such components in mind, programming could potentially serve as a coping mechanism for those who may or may not have experienced temporarily residing in a restricted environment. “Incarcerated youth cannot decide to go for a walk to keep from worrying about a problem or turn on the television at will. Thus, incarceration may undermine the effectiveness of these coping strategies” (Cauffman & Shulman, 2011, para. 4). Therefore, the accommodations alone could further present problem for adolescents, who were abruptly removed from their home environment and placed in an unfamiliar setting. “Admission to juvenile detention is an event that involves the act of taking physical and legal custody of a juvenile on the basis of the statutory authority specified in the juvenile code of a particular state” (Nelsen, 2015, p. 309).

However, under the circumstances many institutions’ commitment to providing programming for their detainees were often unaware of any potential mental issues, which some adolescents had entering detention. Institutions were merely looking for effective programs, serving as a constructive component in providing a level of control when it involved youth behavior. Some studies suggested, “Juvenile facilities provide more and better activities, kids should be in school part of the day, and engaged in athletic, recreational, and treatment activities the rest of the day” (Harrell & Schuster, 2013, p. 4).

Despite the research, many institutions were confronted with budgetary constraints and limited resources to sufficiently provide the resources needed for adequate programming. “Regardless of the type, size, or budget of the facility, it is

imperative that facility administrators provide a solid foundation and support for the development and implementation of quality programs for youth in confinement” (Clark et al., 2015, p. 387). Moreover, such programming could positively enhance their developmental skills from a social and physical prospective. “Through programs, youth are placed in many social situations that serve to alter their distorted views of themselves and their situation” (Clark et al., 2015, p. 361). Programming was also a very valued entity among staff, which should include a structured and properly engaging base, which ultimately ensured interaction among the participants and staff alike. Essentially, “staff members need to provide other forms of structured programs or activities that keep all youth busy and safe from harm” (Dietch, 2015, p. 556).

Therefore, the benefits of providing programming for adolescents in detention clearly exceeded any illogical reasons some institutions had neglectfully chosen not to institute. Research showed, “Recreation programs provide an alternative outlet for physical tension, as well as a safe and controlled outlet for managing anger and aggression” (Gallant, Nicholson, & Sherry, 2014, p. 9). With proper programming, adolescents could improve in detention facilities.

Summary

A review of the then-current literature suggested several juvenile justice facilities were lacking the resources and struggling to find solutions to address stress-related problems among the adolescent population. Studies showed many institutions were poorly equipped to address various forms of mental illness, trauma, or stress-related problems within their facilities. Moreover, it was quite apparent many adolescents in detention had a history of stress and trauma related occurrences throughout their short

lives. Unfortunately, in many instances, it already had a profound effect on the mental capacity and physical development on some of those adolescents. Therefore, as various studies revealed, an over exposure to high levels of stress for prolonged periods could have serious implications, which would ultimately have a drastic effect on many of them for years to come.

Furthermore, then-current research indicated mental illness could be found in most juvenile populations, which continued to be a huge concern among detention facilities throughout the country. Fortunately, to combat the mental illness concerns, some detention centers developed a series of best practice solutions, addressing many of the concerns directly. Therefore, juvenile centers were slowly taking steps to ensure some form of progress was being made; however, many institutions were still grossly inefficient. Essentially, sufficient resources were needed for detainees who may be suffering from the effects of stress and mental illness. Certainly, some obvious best practices would consist of providing appropriate screening procedures for adolescents upon their arrival to detention. Ensuring adequate training was provided for juvenile staff, which successfully promoted a smoother transition for the youth and met some of their needs under such adverse circumstances.

Chapter Three: Methodology

The objective of the researcher, in this study, was to determine a specific statistical instrument, a Likert-scaled questionnaire/survey, which would successfully measure stress and coping activities among adolescents in juvenile detention. Consequently, surveying this population of youth and setting out to achieve the main objective in finding sufficient answers, which could further promote additional research towards addressing stress on detained adolescents. Conducting such a project would require performing a qualitative and quantitative analysis, which was essential in capturing the accuracy and validity pertaining to this study.

Therefore, collecting the data along with the hypothesized variables put in place, the researcher chose to utilize the Pearson Product Moment Correlation Coefficient (PPMCC) and the two-tailed z -test for difference in proportion. Furthermore, based on the then-current literature available, this approach provided the most credible instrument to use in assessing what the statistical relationship was between the results of each survey question presented in this study. The PPMCC was used as

a statistic to determine the degree and direction of relatedness between two continuous variables. The possible values of range from -1.00 to +1.00, and the closer the number is to an absolute value of 1.00, the greater the degree of relatedness. (Arkkelin, 2014, p. 95)

Performing such a procedure required the researcher to rely heavily on the survey questions to help formulate a process in addressing the scope of the questions. Also, the z -test for difference in proportion further assisted in formulating the relationship between stress levels and coping activities in this study. The z -test for difference in proportion was

typically performed as “a statically test for means and proportions of a population, used when the population is normally distributed and the population standard deviation is known” (Bluman, 2013, p. 670).

The participants in this study were given a Likert-scaled survey questionnaire, which specifically provided the researcher with the necessary data to draw an objective conclusion towards determining a definitive answer with respect to the research questions and null hypotheses. The preferred statistical instruments mentioned also provided an analysis and comprehensive view of the data presented. Each participant was given a 12-question survey and three written-response questions, highlighting their approaches to coping with or adapting to their potential levels of stress in detention. Moreover, the researcher’s discovery of results from some studies conducted assessing the participant’s views or attitudes involving various topics, further solidified the approach towards collecting the data in this manner. Therefore, electing to use the Likert-scaled survey as the choice instrument in obtaining the data, due to the essential questions posed in assessing the attitudes and feelings among the participants, was a logical decision. The researcher also considered conducting a post-survey on the participants once they completed the first survey, days afterward. However, after consulting with the institution and chair representative on the matter, it was determined data gathering would be difficult to collect. Furthermore, some participants could possibly be released prior to performing the post-survey, which could affect the collection and accuracy of the data.

According to educational authors, Fraenkel, Hyun, and Wallen (2011), “A self-reporting instrument in which an individual respond to a series of statements by

indicating the extent of agreement. Each choice is given a numerical value, and the total score is presumed to indicate the attitude or belief in question” (p. G-4).

Research Questions

The researcher investigated the following research questions:

RQ1: How do adolescent youth perceive their levels of stress prior to detention and once detained in juvenile facility?

RQ2: What are adolescent youth perceived levels of stress prior to detention and once detained in juvenile facility?

RQ3: How do adolescent youth in detention manage their stress levels?

RQ4: What are some ways adolescents in detention manage their stress levels?

RQ5: How do detention facilities provide resources or intervention strategies for youth experiencing levels of stress?

Null Hypotheses

The hypotheses for this mixed methods study were:

Null Hypothesis 1: There is no relationship in a detained youth’s stress level and programming activities, as measured by stress survey assessment.

Null Hypothesis 2: There is no relationship in a detained youth’s stress level, along various timelines, and programming activities used to deal with stress, as measured by the stress survey assessment.

Null Hypothesis 3: There is no relationship in a detained youth’s stress level, along various timelines, and levels of adapting to stress or talking to staff about stress.

Null Hypothesis 4: There is no difference in a detained youth’s stress level and choice of programming activities, as measured by the stress survey assessment.

Null Hypothesis 5: There is no relationship between a detained youth's stress level stress and the frequency with which the youth engages in a coping method.

Research Setting

The study took place at the 22nd Judicial Circuit of Missouri, Family Court Juvenile Detention, which was located in the city of St. Louis, Missouri, and was in operation since 1965. The participants in this study were temporarily housed in the juvenile detention facility and were held on charges of allegedly committing a crime. The typical age range was between 11 and 17-years-old; however, many were awaiting their day in court to determine their adjudication status by the presiding judge. Once their status was determined, based on the evidence presented and the judge's decision, the youth in question were detained, released, or placed in a court appointed program. Often, the court programs served as a true holistic approach to potentially address the youth concerns or issues in a positive manner, which may have contributed to the adolescents' placement in a juvenile detention facility.

Sampling

According to the City of St. Louis Family Court Report to the Community (2016), "The average stay among many juveniles in detention is 30.5 days. The most frequent causes for detention are property felonies 26%, felonies against another person 20% and technical probation violates 14%. Males constitute approximately 92% of the centers population" (p. 12). The percentages mentioned represent a total number of adolescents (294), detained in the city juvenile detention facility for the entire year. Fortunately, some were provided with services, which may address some of the issues that possibly contributed to their involvement with the juvenile justice system, such as drugs, neglect,

or violation of the law. Moreover, this could be a turning point for many youth, while others less fortunate may have a greater road to travel, which could result in certification status and that they were then tried under the adult system.

The 32-participants chosen in this study were initially granted permission from their parents or legal guardian to participate in the study. Therefore, gaining permission from the parent and the length of stay, detainment after a 3-day hearing, were the only determining factors which could deem a participant non-eligible for the study. The researcher was given clearance from the institution in obtaining permission from the parents or guardian in allowing their child to participate in the study during visitation hours. The researcher agreed with the institution; the best opportunity to seek such permission from parents would be on the designated visitation days, which occurred on Tuesday at 10 to 11 am, Thursday at 7 to 8 pm, and on Sunday from 1 to 2 pm.

Furthermore, this allowed the researcher the opportunity to answer any questions the parents had about the nature of the study and gain further insight on the overall goal/objective of this project. Initially, once consent was provided, the researcher visited the youth's assigned unit and administered the survey, after they completed their visit. Uniquely, the institution assigned each youth to a living unit; they were given a specific color coded uniform, which designated what living unit they reside in. Therefore, during the admission process, a decision was often made, based on age and sophistication of the youth admitted into the center, by the admission staff. Once youth was properly screened by the admission staff and the on-duty nurse, individuals were then escorted to their assigned unit. The facility was equipped with six living units, which had 15 to 20 small individual rooms for detainees. At the time of the study, the institution was only using

three of the six units to house juveniles that entered the center (Unit-I brown uniform, Unit-H green, and Unit-F orange).

Consequently, the facility was equipped to house well over 100 youths at a time; however, those numbers sharply declined over the years, since the institution actively participated in juvenile justice reform programs. Theoretically, prior to the institution's involvement with such programs, the population would typically exceed the juvenile center's capacity. However, since implementing the reform programs such as Juvenile Detention Alternative Initiative (JDAI), the facilities experienced several years of continual reduction in the detention center's overall population. Essentially, the main objective of JDAI was simply to reduce low-level offenders from entering juvenile detention centers across the country. Many facilities partnered with JDAI and saw their juvenile population numbers drastically decline, due to the number of detention initiative programs available for low-offending youth. Adolescents held in the detention centers, which were recognized as JDAI facilities, were those who posed a greater risk to the community.

Therefore, those individuals held in juvenile centers across the country potentially posed an imminent threat to the community, which often involved a higher than normal combination of stress and trauma-laden teens. Ultimately, the researcher's method of questioning specifically focused on coping or adaptive measures, self-applied approach towards individual stress levels, while temporarily confined in a restricted environment. Ultimately, seeking to capture a relationship between environment (juvenile center), and the adolescents' existing levels of stress endured while in detention. Furthermore, it was important for the researcher to clearly understand the true gravity of this study, along

with the then-current literature suggesting the level of turbulence many of these adolescents may have encountered in their short life spans.

Moreover, the researcher's initial approach in collecting data towards this survey was often administered individually or in a small group setting, which often consisted of gathering the results immediately afterwards from the participants. This, therefore, eliminated or minimized possible mishandling and ensured no potentially compromising of the results from the data. Each participant was given unlimited time to complete the survey; periodically, the researcher would have to clarify the questions and read the entire set of questions for those who lacked sufficient reading skills, due to possible learning disability. After participants completed the survey, the researcher systematically entered the data response into excel software, from which statistics provided the overall response from the questions. This process required the researcher to develop a questionnaire format in excel. The information extracted from the participants' responses were placed in a coding format based on a five-scale answer selection. Participants were given five options in selecting their choice, 1 represented 'unlikely,' 2 represented 'somewhat unlikely,' 3 represented 'don't know,' 4 represented 'likely,' and 5 represented 'very likely.' Once the information was entered, the researcher then coded the results, which further provided the necessary data to successfully transfer the responses from the questionnaire into the PPMCC and z -test for difference formulas.

Unfortunately, there were few studies available, which measured the magnitude of stress in adolescents in detention and what methods may be used to combat the problems associated with high degrees of stress. However, there were many studies conducted over the years essentially confirming the population of adolescents confined to detention

facilities was more prone to prior exposure to stress and traumatic experiences. “Ninety-three percent of incarcerated youth reported exposure to adverse events in their lives, according to a study by the Mental Health and Juvenile Justice Collaborative for Change” (Better Solutions for Youth with Mental Health Needs, 2014, p. 3). These events could include, but were not limited to, accidents, physical or sexual abuse, serious illness, and violence. On average, each youth reported six adverse events prior to their conviction. All of these experiences could trigger mental disorders, including depression, anxiety, and post-traumatic stress disorder (Thompson, 2016, p. 1).

Despite several profound studies suggesting many adolescents in juvenile facilities had some prior history with trauma and stress, there was little supporting research documenting solutions used to help adolescents cope or adjust to stressful situations while detained in juvenile centers. Therefore, the institutions and their staff were responsible for working with such challenging adolescents, which were left scrambling to find solutions that would address the problems directly. “Professionals who work with detained or incarcerated youth should recognize that these individuals often have difficulties coping with stress, feelings of threat, impaired attention and impulse control, maladaptive ways of thinking, and peers who encourage and reward problem behaviors” (Whitten, 2013, para. 5).

Summary

Essentially, it was obvious St. Louis City juvenile justice took great strides in ensuring their clients partook in juvenile justice reform. Certainly, over the years, this was the centerpiece of the institution in providing a plethora of services, which compassionately met many needs of its youth. However, despite the history and longevity

associated with the St. Louis City's juvenile justice system, undoubtedly with there was uniqueness of the services provided within the city juvenile facility at the time of this writing. The need to develop further institutional resources, which continually provides adequate programming and additional tools for its detainees and staff was ongoing. Clearly, the institution exceeded its own expectations over the years, and continued to set the bar high. Impressively, striving to renew its commitment in remaining one of the model institutions among many similar facilities within the state and country.

Therefore, with the institution progress approach it has made over the years, the goal of the researcher was to present sufficient data in a non-arbitrary and impartial manner. Ultimately, reflecting and potentially understanding the magnitude of this study, while maintaining steady level of unbiasedness in gathering sufficient data was the researcher's initial goal. Furthermore, the information obtained from the collection of this data could potentially introduce other avenues for addressing stress among detained adolescents with greater emphasis and resolve. However, keeping this approach in mind, as it further compelled the researcher's scope and commitment in providing data, which would initially capture the attitudes and beliefs of the institutions' detainees, was paramount.

Consequently, in a much broader sense the information collected with this study could provide various institutions with a knowledge basis towards effective interventional tools for detainees under unbearable stress. Ideally, promoting and enhancing each institution's capability in properly addressing potential problems in confronting the ill effects of stress among its adolescent population was a goal. The results could positively change the dynamics among the youth displaying aggressive tendencies, which could

reduce potential harm to other adolescents and staff. The results could also serve as a means of reducing staff and youth confrontations, offsetting potential harm or danger to all involved under crisis circumstances.

Chapter Four: Results

The purpose of this research was to determine if adolescents in juvenile detention are successful in adjusting to their stress.

Research Questions

The researcher investigated the following research questions:

RQ1: How do adolescent youth perceive their levels of stress prior to detention and once detained in juvenile facility?

RQ2: What are adolescent youth perceived levels of stress prior to detention and once detained in juvenile facility?

RQ3: How do adolescent youth in detention manage their stress levels?

RQ4: What are some ways adolescents in detention manage their stress levels?

RQ5: How do detention facilities provide resources or intervention strategies for youth experiencing levels of stress?

Null Hypotheses

The hypotheses for this mixed methods study were:

Null Hypothesis 1: There is no relationship in a detained youth's stress level and programming activities, as measured by stress survey assessment.

Null Hypothesis 2: There is no relationship in a detained youth's stress level, along various timelines, and programming activities used to deal with stress, as measured by the stress survey assessment.

Null Hypothesis 3: There is no relationship in a detained youth's stress level, along various timelines, and levels of adapting to stress or talking to staff about stress.

Null Hypothesis 4: There is no difference in a detained youth's stress level and choice of programming activities, as measured by the stress survey assessment.

Null Hypothesis 5: There is no relationship between a detained youth's stress level stress and the frequency with which the youth engages in a coping method.

General Qualitative Feedback

The researcher was convinced many of the adolescents involved in this study would be experiencing above normal to high levels of stress, based on some literature at the time of this writing, suggesting the overall likelihood many detained juveniles typically were exhibiting such symptoms ("Excessive Stress," 2014). Furthermore, under this preconceived notion many would probably describe their stress levels as unbearable and totally beyond manageable, based on various literature, which was depicted in various occurrences as it relates to stress among detainees (Henry et al., 2015).

Therefore, the purpose of Chapter Four is to provide sufficient data as it pertains to adolescents' stress levels within a restricted environment. The researcher was astonished to discover several adolescents appeared to be somewhat immune to their own stress and built a level of self-resiliency towards things around, including the environment they temporarily resided in. Essentially, some adolescents' clear perceptions of their own stress was either non-existing or considerably above healthy levels.

Moreover, the researcher continued to analyze much of the data collected and incorporate the survey questions based on the hypotheses, which further provided significant evidence in drawing a specific relationship towards stress. Coding the documents and using the statistical tools towards many of the responses from each individual participant, the researcher could determine most of the adolescents' attitudes

and beliefs as it related to their stress. Initially, out of the 32 participants involved in the survey, 50% responded to experiencing stress prior to detention. Therefore, one could possibly interpret the numbers not being slightly higher among some adolescents, could be due to some not clearly understanding the full magnitude of stress on the body; plus, how built up stress could possibly trigger various types of initial responds to certain situations, because of potential prolonged stress. The information provided in Table 1 was obtained from the 32 participants surveyed on their feelings and attitudes toward 12 questions, which centered around stress. The survey questions were then ranked based on how the participants responded to the question (5 highest, 1 lowest), a total was provided, and percentage given as the result. However, this was based on if all 32 participants answered each survey question as a 5, which would equal the total possible points available of 160.

Table 1

<i>Survey Responses</i>		
Survey Questions	Top survey response to questions, 5 being the highest and 1 the lowest.	Percent number based on total.
Survey Question #10 Do you read books or participate in recreational activities (cards or board games) to reduce your stress levels in Detention?	4.09	131 total 160 possible = 82%
Survey Question #4 Do you listen to music, meditate or pray when your stress levels are high?	4.03	129 total 160 possible = 81%
Survey Question #8 Do you participate in Detention programming to cope with or reduce your stress?	3.53	113 total 160 possible = 71%

Table 1 continued.

Survey Question #6 Are you experiencing any stress now?	3.43	110 total 160 possible = 69%
Survey Question #5 Do you exercise to release stress?	3.31	106 total 160 possible = 66%
Survey Question #9 Are you able to self-adjust or adapt to stress while in Detention?	3.09	99 total 160 possible = 62%
Survey Question #7 Do you work on decreasing your stress level in Detention?	3.09	99 total 160 possible = 62%
Survey Question #1 Did you have any stress before entering detention?	3.03	97 total 160 possible = 61%
Survey Question #3 Do you get stressed very easily?	2.90	93 total 160 possible = 59%
Survey Questions #11 Do you always adapt to stressful situations while in Detention?	2.84	91 total 160 possible = 57%
Survey Question #12 Do you talk with staff about your stress?	2.40	77 total 160 possible = 48%
Survey Question #2 Do you talk with a friend about your stress levels?	2.25	72 total 160 possible = 45%

However, another conclusion could be drawn from this as well, which indicated some adolescents apparently had such a high tolerance stress level and a profound threshold to endure, whatever the outcome dictated. Certainly, for many of the participants, their response to the survey questions was a clear indicator of their own self-resiliency, particularly those individuals' tolerance to some form of stress prior to

detainment. In this study, 60% of the participants in question #1, overall responded to feeling some stress prior to detention. Table 2 signifies how participants responded to the survey questions of stress prior to detention, once detained and adapting to stressful occurrences in juvenile detention, specifically addressing research question #1 and #2.

RQ1) How do adolescent youth perceive their levels of stress prior to detention and once detained in juvenile facility?

RQ2) What are adolescent youth perceived levels of stress prior to detention and once detained in juvenile facility?

Table 2

Participants Responses to Questions 1, 6, and 11

	Survey Category's Unlikely=1, Somewhat Unlikely=2, Don't Know=3, Likely=4, Very Likely=5	Number of Participants Response to Survey Category(N=32)
Survey Question #1	5	2
Did you have any stress before entering detention?	4	14
	3	3
	2	9
	1	4
Survey Question #6	5	10
Are you experiencing any stress now?	4	9
	3	4
	2	3
	1	6
Survey Question #11	5	1
Do you always adapt to stressful situations while in Detention?	4	13
	3	3
	2	10
	1	5

Despite the environment the survey was conducted in, the researcher tried to minimize outside influences (peers), during the administering of the survey. Fearing the response from the participants could be skewed due to this and would potentially cause different attitudes and channel beliefs other than their own. Captivatingly, some

participants took a more inquisitive approach to the questions as a method or means of identifying and potentially assisting in a direct prognosis to their unreasonable levels of stress. While there were others who looked for remedies in coping with their stress and took a more candid approach in acknowledging, the participants were confronted with a great deal of stress and discomfort while in detention. Unfortunately, the study revealed most of the participants (69%) responded to feeling stressed in detention. However, only 57% said overall, they could adapt to the stressful situation while detained. The numbers were even more profound based on the responses; a total of 15 participants answered 1 or 2 under the survey category when it involved adapting to stress in detention, which was only 47%.

Therefore, in the beginning phase of the research, after the researcher carefully explained all the integral components of this study to parents and those participants willing to partake in the survey, the researcher felt the interaction and the support displayed by many of the parents on the topic was clearly a fulfilling experience. Often, parents found the notion of finding interventional methods, which could possibly assist their child with some form of coping tactics towards addressing potential stress, would be helpful. Utilizing such tools at the youth's disposal, whenever confronted with the unhealthy effects of stress, was convincing and intriguing to some parents. Furthermore, many parents took the opportunity to convey to the researcher their own personal views of stress and having to endure much of it since their son or daughter had been in detention.

Consequently, many parents acknowledged the burden of having a child detained in a juvenile facility was painfully stressful, with the only contact they received was

through phone calls or visitation. Obviously, this prolonged period of stress was equally dangerous and troublesome for the parents as they struggled to find their own means to cope. Unfortunately, under such adverse circumstances many loved ones of detained youth encountered their own high levels of stress, undoubtedly due to the environment and being unaware of what the court proceeding may bring; this alone could be problematic for both the parent and the child alike.

Table 3

Participant Responses to Questions 4, 5, 7, 10

	Survey Category's Unlikely=1, Somewhat Unlikely=2, Don't Know=3, Likely=4, Very Likely=5	Number of Participants Response to Survey Category(N=32)
Survey Question #4	5	15
Do you listen to music, meditate or pray when your stress levels are high?	4 3 2 1	11 1 2 3
Survey Question #5	5	7
Do you exercise to release stress?	4 3 2 1	13 1 5 6
Survey Question #7	5	5
Do you work on decreasing your stress level in Detention?	4 3 2 1	13 3 2 9
Survey Question #10	5	14
Do you read books or participate in recreational activities (cards or board games) to reduce your stress levels in Detention?	4 3 2 1	13 1 2 2

Table 3 shows what methods the participants chose to use in addressing their levels of stress while in detention, specifically addressing research questions #3 and #4.

RQ3) How do adolescent youth in detention manage their stress levels?

RQ4) What are some ways adolescents in detention manage their stress levels?

The data suggested many adolescents strove to reduce their own level of stress; more than half of the youth surveyed responded to the notion of seeking ways towards managing or reducing stress. However, the data results also indicated at least 11 participants (34%) did not take specific measures in successfully approaching or coping with their stress while in detention. Although, the data results indicated only a small number of adolescents who did not seek ways in addressing stress, which could potentially pose trouble for the youth and the institutions as well.

Therefore, the encouraging factor based on the data provided clearly showed adolescents positively engaging in some form of active programming to reduce or manage the stress they endured. More than 26 participants out of 32 (81%), responded on the survey in a manner that would suggest they listened to music, prayed, or simply meditated to help with stress levels. Furthermore, the data was overwhelmingly positive when a plethora of activities were provided by the institution for detained youth. The survey suggested out of the 32 participants in the survey, at least 27 in the study (84%), were involved in recreational activities or simply reading to combat stress. Many of the youth in the survey also responded very favorably to exercising, about 63%, with a total number of 20 participants agreed they preferred this method of releasing stress. However, the researcher should mention the number of participants (11), which did not exercise to reduce or release high stress levels, did not appear to be an alarming amount, none the less concerning, specifically addressing research questions #5.

RQ5) How do detention facilities provide the resources or intervention strategies for youth experiencing levels of stress?

Table 4

Participant Responses to Question 8

	Survey Category's Unlikely=1, Somewhat Unlikely=2, Don't Know=3, Likely=4, Very Likely=5	Number of Participants Response to Survey Category(N=32)
Survey Question #8	5	9
Do you participate in Detention programming to cope with or reduce your stress?	4 3 2 1	14 0 3 6

The focal point for many institutions was whether the programming provided for the youth under their care was significant and viewed in a favorable way, and whether there were necessary changes that needed to be made to engage the interest of the adolescents. In the Table 4, the participants responded to the survey question addressing their feelings as it related to programming in detention. Per the survey, 23 participants responded (72%) favorably to the detention program as a means of coping with or reducing their stress. Only nine participants (28%) stated they did not feel detention programming benefited them in reducing or coping with their stress.

Comparing some of the survey questions together, which further demonstrated a degree of significance based on the participants' responses, showed the importance of activity on the youths' psychological make-up on everyone. An overwhelming high percentage of youth selected from the survey category 4 or 5 (likely/very likely), on questions #4, #5, #8, and #10, suggesting adolescents were taking proactive measures towards addressing their stress under adverse conditions. However, the numbers were strikingly low for youth talking with a friend or staff concerning their stress levels; the

average response on questions #2 and #12 was a mere 2 (somewhat unlikely). Table 5 addresses participants’ feelings when it involves confiding into friends or staff concerning their stress, specifically addressing research questions #5.

RQ5) How do detention facilities provide the resources or intervention strategies for youth experiencing levels of stress?

Table 5

Participant Responses to Questions 2 and 12

	Survey Category’s Unlikely=1, Somewhat Unlikely=2, Don’t Know=3, Likely=4, Very Likely=5	Number of Participants Response to Survey Category(N=32)
Survey Question #2	5	3
Do you talk with a friend about your stress levels?	4	5
	3	2
	2	9
	1	13
Survey Question #12	5	5
Do you talk with staff about your stress?	4	7
	3	0
	2	4
	1	16

The data also indicated many of the youth had some form of difficulty when the task involved controlling or regulating their stress levels as the survey suggested, 41% of the participants’ responded within the survey range of 1 and 3 on question #3. Ironically, question #9 on the survey simply asked participants if they could adjust or adapt to stress while detained. A slightly even number of participants responded to the question by selecting 1, 2, or 3, respectively on the survey, from which 16 youth indicated they could. However, despite the earlier results from the survey, the numbers indicated some youth were still struggling to adjust or adapt with their stress while detained. Table 6 addressed

if participants viewed themselves as easily stressed or capable of adapting under stressful circumstances in detention, specifically addressing research question #1 and #2.

RQ1) How do adolescent youth perceive their levels of stress prior to detention and once detained in juvenile facility?

RQ2) What are adolescent youth perceived levels of stress prior to detention and once detained in juvenile facility?

Table 6

Participant Responses to Questions 3 and 9

	Survey Category's Unlikely=1, Somewhat Unlikely=2, Don't Know=3, Likely=4, Very Likely=5	Number of Participants Response to Survey Category(N=32)
Survey Question #3	5	5
Do you get stressed very easily?	4	7
	3	7
	2	6
	1	7
	5	1
Survey Question #9	4	15
Are you able to self- adjust or adapt to stress while in Detention?	3	6
	2	6
	1	4

General Quantitative Feedback

Analyzing the data further using the z-test format for difference in proportion, with a critical value of -1.96 and +1.96, there appeared to be some significant differences in the proportions for questions #2, #3, and #12. The participants selected from the survey categories 1, 2, and 3 at a higher rate of occurrence. However, the z values for questions #2, #3, and #12 indicated the results would suggest a rejection of null hypothesis #4 (a higher number of youth did not select categories 4 or 5 for the survey question), based on enough evidence supporting the claim. Therefore, when utilizing the

null hypothesis #4 question concerning no difference in a detained youth’s stress level, along various timelines, and the levels of adapting to stress or talking to staff about stress would be rejected if applied to the survey questions (#2, #3 & #12). Table 7 also gives an overall view of how participants responded to the survey questions from a percentage factor, the higher response (#4 & #5) were calculated together; the same was done for the lower level answers.

Table 7

Z-Test Values in Proportions/Average Value Response to Scale

	# 1	# 2	# 3	# 4	# 5	# 6	# 7	# 8	# 9	# 10	# 11	# 12
% 5s												
+												
% 4s	50	25	37.5	81.25	62.5	59.37	56.2	71.87	50	84.3	43.7	37.5
% 3s												
+												
% 2s												
+												
% 1s	50	75	62.5	18.75	37.5	40.62	43.7	28.12	50	15.6	56.2	62.5
z-test value		4.00	2.00	5.00	2.00	1.50	1.00	3.50		5.50	1.00	2.00

Furthermore, the data presented suggested there was not enough information to support a difference in responses to questions #2, #3, and #12 in in a the stress survey among the research participants. There was also evidence, based on the participants’ response using the z-test format, which concluded a higher number of youth selected categories 4 or 5 for the survey questions #4, #8, and #10. While a correlation did only occur with questions #4 and #10 under the Pearson Product Moment Correlation Coefficient (PPMCC) format, the percentage numbers found within Table 7 were used to formulate a z-test value to determine how the participants responded to questions based on the survey category scale. Therefore, viewing the z-test value for difference in percentages representing scores, it was evident questions #2, #3, #4, #5, #8, #10, and #12

($z = 4.00; 2.00; 5.00; 2.00; 3.50; 5.50; 2.00$, respectively) would suggest rejecting null hypothesis #4 (a higher number of youth did not select categories 4 or 5 for the survey question), due to no difference in a detained youth’s stress level and programming activities measured by the stress survey assessment. Incorporating, a two-tailed test the z value was outside of the critical value of -1.96 and $+1.96$. Therefore, questions #6, #7, and #11 would be the only survey questions which fell within the noncritical region ($z = 1.50; 1.00; 1.00$, respectively), suggesting not to reject the research null hypothesis #4 (a higher number of youth did not select categories 4 or 5 for the survey question), towards what adolescent youth perceived levels of stress prior to detention and once detained in juvenile facility. However, this conclusion was reached based on the evidence presented when the participants responded favorably to a question, or in some instances they did not.

Table 8

Z-Test Values for Difference in Proportion to Questions #5 and #9

Survey Question #5	Mean	3.290322581	3.064516129
Do you exercise to release stress?	Known Variance	2.157258	1.313508
	Observations	31	31
	Hypothesized Mean Difference	0	
Survey Question #9	z	0.67	
Are you able to self-adjust or adapt to stress while in Detention?	$P(Z \leq z)$ one-tail	0.249886881	
	z Critical one-tail	1.644853627	
	$P(Z \leq z)$ two-tail	0.499773762	
	z Critical two-tail	1.959963985	

The data information provided in Table 8, using the z -test as the statistical format for questions #5 and #9, would suggest to not reject null hypothesis #4 (There is no difference in proportion of response to the Likert-scale question). With a critical value of $+1.96$ and -1.96 , in combination of the two questions, one would imply there was no

difference in a detained youths’ stress levels, along various timelines and programming activities used to deal with stress, as measured by the stress survey assessment. There was not enough evidence to support this rationale, due to the z score (0.67) not falling within the critical area. Although, when analyzing the two questions using the PPMCC format with an r -critical value of 0.250, the evidence presented suggest there was no significant relationship between #5 and #9 (0.097). Null Hypotheses #2 and #4 were not rejected.

Table 9

Z-Test Values for Difference in Proportion to Questions 6 and 8

Survey Question #6	Mean	3.612903226	3.387096774
Are you experiencing any stress now?	Known Variance	2.19254	2.254032
	Observations	31	31
	Hypothesized Mean Difference	0	
	z	0.60	
Survey Question #8	$P(Z \leq z)$ one-tail	0.275515056	
Do you participate in Detention programming to cope with or reduce your stress?	z Critical one-tail	1.644853627	
	$P(Z \leq z)$ two-tail	0.551030111	
	z Critical two-tail	1.959963985	

The data information provided in Table 9, using the z -test as the statistical format for questions #6 and #8, would suggest to not reject null hypothesis #4 (There is no difference in proportion of response to the Likert-scale question). With a critical value of +1.96 and -1.96, in combination of the two questions, one would imply not to reject null hypothesis #4, suggesting there was no difference in detained youths’ stress levels and choice of programming activities, as measured by the stress assessment survey. There appeared to be not enough evidence to support this rationale, due to the z score of 0.60 not falling within the critical area. Analyzing the two questions using the PPMCC format with the r -critical value of 0.250, the evidence presented suggested there was no significant relationship between #6 and #8 (0.195). Null Hypotheses #2 was not rejected.

Initially, following the same z -test format and presenting different survey questions, capturing the attitudes and beliefs of the adolescents/participants in the study, the response from the participants on Table 10 reflects on some interesting results collected in this study.

Table 10

Z-Test Values for Difference in Proportion to Questions 10 and 12

Survey Question #10	Mean	4.064516129	2.419354839
Do you read books or participate in recreational activities (cards or board games) to reduce your stress levels in Detention?	Known Variance	1.313508	2.700605
	Observations	31	31
	Hypothesized Mean Difference	0	
	z	4.57	
	$P(Z \leq z)$ one-tail	2.41687E-06	
	z Critical one-tail	1.644853627	
	$P(Z \leq z)$ two-tail	4.83375E-06	
Survey Question #12	z Critical two-tail	1.959963985	
Do you talk with staff about your stress?			

The data information provided in Table 10, using the z -test as the statistical format for questions #10 and #12, would suggest rejecting null hypothesis # 4 (There is no difference in proportion of response to the Likert-scale question). Analyzing the two questions and determining the results from the z test suggested null hypothesis #4 would be rejected, due to no relationship in a detained youth’s stress level, along various timelines, and the levels of adapting to stress or talking with staff about stress. The z score of 4.57 did fall outside of the critical area of +1.96, suggesting there was enough evidence to reject null hypothesis #4 (There is no difference in proportion of response to the Likert-scale question). There was a significant difference in proportion in response to #10 and #12. When using the PPMCC format with a r -critical value of 0.250, the evidence presented suggested there was a significant relationship between question #10

and #12 (0.334). Null hypothesis #3 was rejected.

Table 11

Z-Test Values for Difference in Proportion to Questions 3 and 4

Survey Question #3	Mean	2.903225806	4
Do you get stressed very easily?	Known Variance	1.958669	1.644153
	Observations	31	31
	Hypothesized Mean Difference	0	
Survey Question #4	Difference		
Do you listen to music, meditate or pray when your stress levels are high?	z	-3.22	
	P(Z<=z) one-tail	0.000647265	
	z Critical one-tail	1.644853627	
	P(Z<=z) two-tail	0.00129453	
	z Critical two-tail	1.959963985	

Essentially, comparing the two questions #3 and #4, the results from the z test suggested the null hypothesis #4 (There is no difference in proportion of response to the Likert-scale question) would be rejected. The z score of -3.22 did fall outside of the critical area of -1.96, suggesting there was enough evidence to reject the rationale of this null hypothesis. Analyzing the two questions using the PPMCC format with an r-critical value of 0.250, the evidence presented suggest there is a significant relationship between question #3 and #4 (0.271). Null hypothesis #2 was rejected.

Analyzing the survey data as it involved the views of the participants and any unforeseen parameters, which may or may not hinder the integral perception some detained adolescents had of their stress was important. However, the data collected and shared should essentially shed some light on the participants’ overall relationship they had towards stress. Null hypothesis 1 suggested there appeared to be no relationship in detained youths’ stress levels and programming activities, measured by the stress assessment.

Therefore, when applying the same questions under the PPMCC, with a critical

value of $r = 0.250$, null hypothesis #2 indicated there was a significant relationship between the survey question #1 and the activities mentioned in questions #3 and #11. As indicated on Table 12, the critical value for question #1 and #3 was 0.5635, suggesting strong correlation. However, when combining #1 and #11 together, their values fell at 0.2609, also indicating both values fell beyond the r critical value. Despite, the correlation using the PPMCC format among the three questions #1, #3 and #11, this would appear to suggest to reject null hypothesis #1. There was a significant relationship between responses to #1, #3, and #11. Null Hypothesis 1 was rejected. Hypothesis 1 was supported. Therefore, the survey data as it involved the views of the participants and any unforeseen parameters, which may or may not hinder the integral perception some detained adolescents had of their stress was important. Although, the data collected and shared should essentially shed some light on the participants' overall relationship they had towards stress.

Table 12

Pearson Product Moment Correlation Coefficient (PPMCC) to Questions 1, 3, and 11

Pearson Product Moment
Correlation Coefficient
(PPMCC)

Survey Question #1
Did you have any stress
before entering detention?

Pearson Value for #1 & #3 =
0.56

Survey Question #3
Do you get stressed very
easily?

Pearson Value for #1 & #11 =
0.26

Survey Question #11
Do you always adapt to
stressful situations while in
Detention?

Table 13

Z-Test Values for Difference in Proportion to Survey Questions 1 and 3 and 1 and 11

Survey Questions #1 and #3	Mean	3	2.903225806	
	Known Variance	1.515121	1.958669	
	Observations	31	31	
	Hypothesized Mean Difference	0		
	z	0.28		
	P(Z<=z) one-tail	0.386254837		
	z Critical one-tail	1.644853627		
	P(Z<=z) two-tail	0.772509675		
	z Critical two-tail	1.959963985		
	Survey Questions #1 and #11	Mean	3	2.806451613
		Known Variance	1.515121	1.490927
Observations		31	31	
Hypothesized Mean Difference		0		
z		0.62		
P(Z<=z) one-tail		0.267120609		
z Critical one-tail		1.644853627		
P(Z<=z) two-tail		0.534241218		
z Critical two-tail		1.959963985		

Null hypothesis 2 was: There is no relationship in detained youth’s stress level, among various timelines, and programming activities used to deal with stress, as measured by the stress survey assessment. The data information provided in Table 14, using the PPMCC and the Z-test for difference as the statistical format for questions #6 and #3, there appeared to be a significant relationship between stress, indicated by question #6 and the activities associated with in questions #3, #8 and #11. The critical value for #6 and #3 was 0.3118 and combining #8 with #6, the results were 0.2983. The critical value for #11 combined with #6 was 0.4784, which indicated the questions in the Table 14 all fell beyond the critical value $r = 0.250$.

Table 14

Pearson Product Moment Correlation Coefficient (PPMCC) to Questions 3, 6, 8, and 11

Pearson Product Moment Correlation Coefficient (PPMCC)	
Survey Question #6 Are you experiencing any stress now	Pearson Value for #6 and #3 = 0.31
Survey Question #3 Do you get stressed very easily?	Pearson Value for #6 and #8 = 0.30
Survey Question #8 Do you participate in Detention programming to cope with or reduce your stress?	Pearson Value for #6 and #11=0.48
Survey Question #11 Do you always adapt to stressful situations while in Detention?	

Under the PPMCC there appeared to be a significant relationship between questions #6, #3, #8, and #11. Null hypothesis 2 was rejected. Hypothesis 2 was supported.

Therefore, the survey data as it involves the views of the participants and any unforeseen parameters, which may or may not hinder the integral perception some detained adolescents have of their stress is important. Although, the data collected and shared should essentially shed some light on the participant’s overall relationship they have towards stress.

Table 15

Z-Test Values for Difference in Proportion to Survey Questions 3, 6, 8, and 11

Z Test for Difference in Proportions			
Survey Questions #6 and #3	Mean	3.387097	2.903225806
	Known Variance	2.254032	1.958669
	Observations	31	31
	Hypothesized Mean Difference	0	
	z	1.31	
	P(Z<=z) one-tail	0.09466006	
	z Critical one-tail	1.644853627	
	P(Z<=z) two-tail	0.189320119	
	z Critical two-tail	1.959963985	
	Survey Questions #6 and #8	Mean	3.387096774
Known Variance		2.254032	2.19254
Observations		31	31
Hypothesized Mean Difference		0	
z		-0.59	
P(Z<=z) one-tail		0.275515056	
z Critical one-tail		1.644853627	
P(Z<=z) two-tail		0.551030111	
z Critical two-tail		1.959963985	
Survey Question #6 and #11		Mean	3.387096774
	Known Variance	2.254032	1.490927
	Observations	31	31
	Hypothesized Mean Difference	0	
	z	1.67	
	P(Z<=z) one-tail	0.047402011	
	z Critical one-tail	1.644853627	
	P(Z<=z) two-tail	0.094804022	
	z Critical two-tail	1.959963985	

Null hypothesis #3 was: There is no relationship in a detained youth’s stress level, along various timelines, and the levels of adapting to stress or talking to staff about stress. The data information provided using the PPMCC as the statistical format for some questions appeared to suggest no significant relationship between stress indicated by question #1 and activities associated with question #11 (0.089). The null hypothesis #3 was not rejected. When questions #5, #12 were included and presented in a combined approach to get a more defined assessment of the null hypothesis, the results indicated a more descriptive analogy, which coincided with rejecting the null hypothesis. Overall, Null Hypothesis #3 was not rejected.

Null hypothesis 4 was: There is no difference of detained youth’s stress level and choice of programming activities, as measured by the stress survey assessment. The data information provided in Table 16 used the PPMCC as the statistical format for questions #6 and #7. There appeared to be no significant relationship between the survey questions #6 and #7, for which the results (0.1947) further indicated no relationship. Null Hypothesis #4 was not rejected.

Table 16

Pearson Product Moment Correlation Coefficient (PPMCC) to Questions 6 and 7

Pearson Product Moment Correlation Coefficient (PPMCC)	
Survey Question #6 Are you experiencing any stress now	
Survey Question #7 Do you work on decreasing your stress level in Detention?	Pearson Value for #6 and #7 = 0.19

The data information provided in Table 17 used the z -test as the statistical format for questions #6 and #7. The critical value suggested there was no significant difference between responses to questions #6 and #7, and using the z test format the results indicated to not reject the null hypothesis, since the z -value (0.59) did not fall outside the region. Null hypothesis 4 was not rejected. Hypothesis 4 was not supported.

Table 17

Z-Test Values for Difference in Proportion to Survey Questions #6 and #7

<i>Z Test for Difference in Proportions</i>			
Survey Questions #6 and #7	Mean	3.387096774	3.161290323
	Known Variance	2.254032	2.28125
	Observations	31	31
	Hypothesized Mean Difference	0	
	z	0.59	
	$P(Z \leq z)$ one-tail	0.277475517	
	z Critical one-tail	1.644853627	
	$P(Z \leq z)$ two-tail	0.554951034	
	z Critical two-tail	1.959963985	

Importantly, the survey data as it pertained to the views of the participants and any unforeseen parameters, which may or may not hinder the integral perception some detained adolescents had of their stress was important. Although, the data collected and shared should essentially shed some light on the participants’ overall relationship they had towards stress.

Essentially, null hypothesis 5 was: There is no relationship between a detained youth’s level of stress and the frequency the youth engages with a coping method. Furthermore, based on the scope of the null hypothesis question under the PPMCC with a critical value of $r = 0.250$, there appeared to be no correlation between stress indicated

by questions #6 and #9, which the results were 0.0691 or between questions #3 and #10 (0.1464), suggesting no relationship. The null hypothesis 5 was not rejected.

Table 18

Pearson Product Moment Correlation Coefficient (PPMCC) to Questions 3, 6, 9, and 10

Pearson Product Moment Correlation Coefficient (PPMCC)	
Survey Question #6 Are you experiencing any stress now	
Survey Question #9 Are you able to self-adjust or adapt to stress while in Detention?	Pearson Value for #6 and #9 = 0.07
Survey Question #3 Do you get stressed very easily?	Pearson Value for #3 and #10 = 0.15
Survey Question #10 Do you read books or participate in recreational activities (cards or board games) to reduce your stress levels in Detention?	

In testing the null hypothesis #4 (There is no difference in proportion of response to the Likert-scale question), the critical value for z suggested not to reject the null hypothesis #4 since the critical score is (0.95) did not fall within the region. Based on the results there is not enough evidence between questions #6 and #9 using the z test format to support a significant difference.

Table 19

Z-Test Values for Difference in Proportion to Survey Questions 3, 6, 9 and 10

Z Test for Difference in Proportions			
Survey Questions #6 and #9	Mean	3.387096774	3.064516129
	Known Variance	2.254032	1.313508
	Observations	31	31
	Hypothesized Mean Difference	0	
	z	0.170827638	
	P(Z<=z) one-tail	1.644853627	
	z Critical one-tail	0.341655275	
	P(Z<=z) two-tail	1.959963985	
	z Critical two-tail		
	Survey Questions #3 and #10	Mean	2.903225806
Known Variance		1.958669	1.313508
Observations		31	31
Hypothesized Mean Difference		0	
z		0.000175515	
P(Z<=z) one-tail		1.644853627	
z Critical one-tail		0.000351031	
P(Z<=z) two-tail		1.959963985	
z Critical two-tail			

Utilizing the same format (z test), and null hypothesis with a different combination of numbers, the results indicated a significant difference in proportion for questions #4, #5 and #7, #1), suggesting to also reject the null hypothesis. Null Hypothesis #4 was rejected.

Table 20

Z-Test Values for Difference in Proportion to Survey Questions 4, 5, 7, and 10

Z Test for Difference in Proportions			
Survey Questions #4 and #5	Mean	4.03125	3.3125
	Known Variance	1.644153	2.157258
	Observations	32	32
	Hypothesized Mean Difference	0	
	z	2.09	
	P(Z<=z) one-tail	0.018518449	
	z Critical one-tail	1.644853627	
	P(Z<=z) two-tail	0.037036899	
	z Critical two-tail	1.959963985	
	Survey Questions #7 and #10	Mean	3.09375
Known Variance		2.28125	1.313508
Observations		32	31
Hypothesized Mean Difference		0	
z		-2.88	
P(Z<=z) one-tail		0.001991818	
z Critical one-tail		1.644853627	
P(Z<=z) two-tail		0.003983636	
z Critical two-tail		1.959963985	

Summary

The data provided in Chapter Four strongly suggests there was significant evidence presented regarding adolescents in a juvenile detention setting indicated they were often confronted with above normal levels of stress. The participants in this study, based on the survey results, indicated experiencing previous levels of stress prior to detention and a high number expressed their stress was not easily induced. However, a high percentage of adolescents suggested they were very keen on developing methods of reducing or adapting to their stress. Therefore, many of the participants preferred to

participate in a variety of activities, such as reading, praying, exercising, recreational activities, and detention programming to reduce or cope with their stress. Unfortunately, the data also suggested half of the participants struggled to adapt to stressful situations while in detention and many did not talk with friends or staff concerning their stress. Further discussion shall be forthcoming in Chapter Five.

Chapter Five: Discussion and Reflection

The purpose of this study was to determine if adolescents in juvenile detention could adjust or cope with their levels of stress while in a restricted environment. The participants in this study were given a Likert-scale (1 to 5, low to high) survey, to determine what views and attitudes they had concerning their stress levels while detained. The average age range of participants in this study was 11 to 17-years-of-age, and each was permitted to participate by their parent or legal guardian. Categorically, analyzing the data as it related to how and what approaches adolescents took to manage their stress while in detention, the results clearly supported strategies often utilized by youth to combat or adapt to stress.

Research Questions and Hypotheses

The researcher investigated the following research questions:

RQ1: How do adolescent youth perceive their levels of stress prior to detention and once detained in juvenile facility?

RQ2: What are adolescent youth perceived levels of stress prior to detention and once detained in juvenile facility?

RQ3: How do adolescent youth in detention manage their stress levels?

RQ4: What are some ways adolescents in detention manage their stress levels?

RQ5: How do detention facilities provide resources or intervention strategies for youth experiencing levels of stress?

The hypotheses for this mixed methods study were:

Hypothesis 1: There is a relationship in a detained youth's stress level and programming activities, as measured by stress survey assessment.

Hypothesis 2: There is a relationship in a detained youth's stress level, along various timelines, and programming activities used to deal with stress, as measured by the stress survey assessment.

Hypothesis 3: There is a relationship in a detained youth's stress level, along various timelines, and levels of adapting to stress or talking to staff about stress.

Hypothesis 4: There is a difference in a detained youth's stress level and choice of programming activities, as measured by the stress survey assessment.

Hypothesis 5: There is a relationship between a detained youth's stress level stress and the frequency with which the youth engages in a coping method.

Review of Methodology

The first approach in determining what methods could be utilized in determining the effects stress may, or may not, have towards adolescents' abilities to cope or adapt to their own stress levels while in detention required a particular process, which involved creating and categorizing a specific level of questions that could capture the real views of participants, 11 to 17-years-of-age, in a restricted environment and then aligning questions in a manner such that participants would not feel intimidated, confused, or uncomfortable answering in a non-intrusive way. After determining what line of questions would provide the best and most truthful responses from participants, the researcher administered two statistical methods (PPMCC and z -test for difference in proportions) to the data that would provide sufficient evidence in concluding an appropriate theory with regard to the hypotheses.

Interestingly, the 32 participants in this study provided some evidence suggesting correlation and significant proportion of response on five hypotheses and five research

questions. However, determining the mean /average was based on a categorized ranking of participants' responses to Likert-scale questions (5-most likely, 1-not likely), which showed from a simplistic view what the participants' attitudes were concerning the survey questions. Therefore, data also presented showed some proof of inconclusive responses, which would possibly suggest further study into the topic.

The PPMCC approach provided a greater range of correlation among the 12 survey questions; eight sets of survey questions appeared to have significant evidence of supporting the hypotheses. Examples, of the combined questions which demonstrated relationships were : 1 & 3; 1 & 11; 5 & 9; 6 & 8; 6 & 9; 6 & 7; and 6 & 11; while only five pairs of questions, 3 & 4; 3 & 10; 4 & 5; 7 & 10; and 10 & 12 suggested rejecting the Null Hypothesis, as there was enough evidence available to support the hypotheses' relationship claim. The questions were matched accordingly in determining which would appropriately correspond to the research questions and the hypotheses.

Youths' Perceived Stress

Analyzing the youths' perceived levels of stress prior to and once detained involved using the PPMCC and a z test for difference in proportion format. The test results under the PPMCC statistical format revealed no significant correlation in the two survey questions, #1 and #6, with a score of 0.20, asking participants, 'Did they have any stress prior to detention and if they were experiencing any stress in detention?'

However, using the z test for difference in proportion with a critical value of 1.96 and applying the same questions (#1 and #6), the results showed a z score of -1.18, indicating a failure to reject the Null Hypothesis #4. Consequently, it appeared to be not enough evidence to support Hypothesis 4, which suggested no difference in a detained youth's

stress level and programming activities measured by stress survey assessment.

Therefore, this was consistent when analyzing the participants' responses to each of the survey questions independently from a percentage number. Using this approach and capturing the number of participants' choice selections based on the scale, provided further insight towards the youths' views on stress while detained.

Survey question #1 indicated the participants responded evenly among the categorized Likert-scale, 50% selected 4 or 5, representing the highest on the scale and 50% selected 1, 2, or 3 as lowest choice. The numbers from this survey question indicated there were some youth affected by stress prior to detention and others that did not seem to have any stress. Essentially, the results from question #1 seemed to challenge much of the then-current literature suggesting a high number of adolescents in detention experienced prior levels of stress before detainment. The results from question #6 suggested the participants' responses were slightly higher, at (59%) selecting 4 or 5 and (40%) selecting 1, 2, or 3, indicating a higher percentage of individuals affected by stress in detention.

What Perceptions Youth Have of Their Stress

The data provided under this research topic utilizing a PPMCC statistical method, plus a z test for proportion, significantly showed an amount of correlation with questions #3 and #6, once entered in the equation. The results indicated a correlation of 0.31 based on the r – critical value of 0.250, when the participants were asked, 'Do you get stressed very easily and are you experiencing any stress now?' coinciding with Hypothesis #2 on how youths perceived their levels of stress prior to detention and once detained.

However, using the z test for difference in proportion with a z -critical value of 1.96 statistical format, the results from questions #3 and #6 revealed a score of 1.31 indicating not to reject the Null Hypothesis #2, further suggesting there was not enough evidence to support the claim of a relationship in a detained youths' stress levels, among various timelines and programming activities used to deal with stress, as measured by the survey assessment. Therefore, analyzing participants' average responses to question #3 indicated 62.5% selected 1, 2, or 3 as the preferred choice for response to the research question, suggesting, a lower percentage of youth did not get as easily stressed, based on the survey response. The participants' responses to question #6 indicated 59% felt they were experiencing stress in detention, based on the survey choice selection of 4 or 5.

Managing Stress

The data collected in this section intended to specify how participants managed their stress, indicating various levels of correlation when combining survey questions that emphasized which methods were used. There were several questions on the survey asking participants to respond to the Likert-scale appropriately (5-highest, 1-lowest), based on what approach they tended to have more success with in addressing their stress. The survey questions #4, #5, #7, #8, and #10 all had some correlation between each other, linked by the mentioned activity suggested in the question. The data also showed when various questions were combined, some may or may not have had significant correlation, depending on what survey questions were grouped together in direct response to the research.

This was evident in the following series of survey questions #4 and #5, which asked participants, 'Do you listen to music, meditate or pray when your stress levels are

high and do you exercise to release stress?’ Analyzing such data results for questions #4 and #5, utilizing the PPMCC method, showed significantly mild correlation between the two with a score of 0.27. The evidence also suggested questions #8 and #10 had correlation 0.25, along with questions #7 and #8 with an r value of 0.47. However, when question #4 was combined with #10, there appeared to be no significant correlation among the survey questions, with a score of 0.17 (r -critical = 0.25).

Applying, the z test for difference in proportion to questions #6 and #7, the decision was not to reject Null Hypothesis 4, since the z -value (0.59) did not fall inside the critical region. Only two survey questions showed significant difference in proportion. The results suggested questions #4 and #5 with a z value of 2.09; plus #7 and #10 also showed significant difference in proportion with a z value of -2.88. However, the relationship was inverse. This information suggested enough evidence to further explore potential differences in detained youths’ stress levels and choice of programming activities, as measured by stress survey assessment.

Analyzing what method of choice participants responded to on the survey scale questions indicated some similar results as the above data discussion suggested. Participants responded favorably to question #4, 81% selected either 4 or 5 on the scale, indicating many participants listened to music, prayed, or meditated when their stress levels were high. For Question #5, 62.5% of the participants selected 4 or 5 referencing to exercising as a method of dealing with stress. Fifty-six percent of the participants responded to question #7 positively, indicating youth actively worked on reducing their stress levels while in detention. Seventy-two percent of the participants responded favorably to survey question #8, suggesting youth actively participated in detention

programming to reduce or cope with their stress. Question #10 received the highest approval rating out of all the research questions on the survey; 84% of the participants read books and/or participated in recreational activities, such as playing cards or board games to help reduce stress.

Methods in Reducing Stress

Collecting the data among the youth surveyed in this study, which specifically analyzed various topics, such as, ‘What are some ways adolescents in detention manage their stress levels?’ the responses tended to be consistent with the previous results, suggesting the preferred methods used in reducing or managing stress. The results revealed a higher favorability to the questions mentioned above (#4, #5, #8, & #10) respectively. However, analyzing the two questions #2 and #12, which also could be a preferred choice among the youth surveyed revealed some interesting results. There was a significant correlation found in both questions #2 and #12, with a score of 0.28, when using the PPMCC format and r – critical value of 0.250, which indicated, evidence to support the research hypothesis question and not enough information to support the Null Hypothesis 3, which was no relationship in a detained youth’s stress level along various timelines and levels of adapting to stress, or talking with staff about stress. Utilizing, the z test for difference in proportion, the score between the questions (-0.41), strongly suggesting no significance in difference of proportions, indicating a failure to reject Null Hypothesis #3, there is no relationship in a detained youth’s stress level, among various timelines, and the levels of adapting to stress or talking to staff about stress. This evidence further supported the response many of the participants provided on the survey scale. A high percentage of participants (75%) selected 1, 2, or 3 as their choice when

responding to survey question #2; this was also true for question #12 (62.5%), strongly suggesting many of the youth did not seek staff advice or talk with their peers when it involved stress.

Resources and Intervention Strategies

The participants' views were measured on several survey topics relating to stress and each question was instrumental in capturing the youths' feelings. Those beliefs were highlighted in the data collected relating to the research question addressing, 'How do detention facilities provide resources or intervention strategies for youth experiencing levels of stress?' The survey questions #8 and #9 seemed to be the most appropriate in finding a direct link to the research hypothesis question.

Analyzing survey question #8, 'Do you participate in Detention programming to cope with or reduce your stress?' and #9, 'Are you able to self-adjust or adapt to stress while in Detention?' the results indicated no significant correlation found using the PPMCC statistically approach with an r -value score of 0.06. Although, the r value score represented no correlation among the questions, this did not take precedence when it involved the youths' response to the survey question. Youth responded very favorably on question #8, with 72% selecting either 4 or 5 on the survey, and on #9 the results reflected an even view towards the question; 50% selected 4 or 5, while 50% chose 1, 2, or 3. Essentially, based on the two survey questions, one could assume youth actively participated in detention programming to cope with or adapt to their levels of stress, while other youth may not have taken such necessary steps in doing so. When dissecting the results from the data using a z test for difference in proportion, with a critical value score of 1.96, the study revealed a 1.32, suggesting there was not enough evidence to

reject Null Hypothesis 5. Furthermore, despite the results and not rejecting the Null Hypothesis #5, which stated, 'There is no relationship between a detained youth's level of stress and the frequency the youth engages in a coping method,' many youths were productively seeking individual methods of addressing or adapting to their own stress through various coping techniques they developed and possible resources provided to them by the institution. A clear indicator, programming served more than just keeping youth busy, it also suggested from the data provided as some form of release for those confronted with stress and anxiety.

Hypothesis Summary

Hypothesis 1: There is no relationship in a detained youth's stress level and programming activities measured by stress survey assessment. Hypothesis 1 was supported. NH 1 was rejected.

Hypothesis 2: There is no relationship in a detained youth's stress level, along various timelines, and programming activities used to deal with stress, as measured by the stress survey assessment. Hypothesis 2 was supported. NH 2 was rejected.

Hypothesis 3: There is no relationship in detained youth's stress level, along various timelines, and levels of adapting to stress or talking to staff about stress. Hypothesis 3 was not supported. NH 3 was not rejected.

Hypothesis 4: There is no difference in detained youth's stress level and choice of programming activities, as measured by the stress survey assessment. Hypothesis 4 not supported. NH 4 not rejected.

Hypothesis 5: There is no relationship between a detained youth's stress level and the frequency the youth engages in a coping method. Hypothesis 5 was not supported. NH 5 was not rejected.

Recommendations for Detention

Gathering the data necessary to present the results of this study, with the help of 32 participants outlining their views on stress in detention, was a tedious process. However, to streamline any potential studies going forward, the institution should strive to incorporate sufficient data on adolescents' stress. Potentially, this process would require screening youth during the admissions procedure, which should coincide with psychological screening, known as a MAYSI (The Massachusetts Youth Screening Instrument); this instrument could be known as a stress protocol assessment. In addition, developing a program requiring all new admits into detention to participate in a stress management class within the first week or two of detainment. Furthermore, such a program would allow new admits the opportunity to share their stress with a trained specialist, which could possibly help youth address their stress in a therapeutic manner. Each month, the institution should administer and collect data on all detained youths' stress levels. Therefore, this type of survey could allow the institution an opportunity to assess their youths' stress and what programs/ activities in the detention center were helpful.

Recommendations for Further Study

The premise of this study was to gain further insight into the views of detained youths' attitudes and beliefs on their stress while in detention. The 32 participants provided such insight into an often ignored and misunderstood population, for which

society rarely had sufficient answers or remedies in helping youth. The relatively small number of youth participating in this study represented just a fraction of the detained adolescents in the juvenile court system across the country. Collecting enough data on this specific population could provide a much more comprehensive evidence towards intervention and understanding the overall mindset of many adolescents in a detained setting.

The importance behind this type of research would clearly provide a greater lens for the institutions and equip the juvenile staff with reasonable tools to assist adolescents in detention systems, ensuring a better quality for adolescents and potentially change the lives of many less fortunate in acquiring sufficient resources. Institutions should implement a screening procedure during the admission intake process assessing youth for potential stress; this data will provide a broader scope of knowledge on the mental state of incoming adolescents. This information would also be beneficial to psychological services, shedding light on the number of adolescents affected by or experiencing levels of stress. Therefore, if this type of data existed it would further draw more awareness of how relevant stress is among detained youth and potentially provide greater resources, such as appropriate funding for institutions to address the issue.

Discussion

The research discovered in this study could arguably suggest that further explanation and more information is necessary in discovering definitive answers without leaning towards assumptions. At-risk adolescents were a population of youth often well written about and less received from societal views. Then-currently, there were several types of literature available on at-risk adolescents concerning the effects continual trauma

had on the undeveloped brain, to what method of discipline was effective for dealing with problematic youth. However, the literature was quite limited when it involved at-risk youth detained to juvenile detention facilities and the focal topic was confronting stress under such conditions. Fortunately, the data presented in this study represented those individuals and provided a clearer synopsis of adolescents experiencing unwelcome stress in a detention center. The study also pointed out some misconceptions centered on the mindset of detained adolescents' approaches to adapting, coping, and adjusting to stress.

The evidence collected from the 32 individuals in this study suggested only half of the participants felt stress was a factor prior to entering detention. Much of the then-current literature available suggested otherwise, indicating more than half of detained adolescents had prior stress, even PTSD. Despite the literature, several adolescents surveyed experienced no stress prior to entering detention, dispelling the notion that nearly all detained youth endured such symptoms. Ultimately, one could question why the results appeared to be not as prevalent among the participants. Could this indicate an ability among adolescents to tolerate stress at a greater capacity or did resiliency become the major factor for some? There were studies suggesting "resilient functioning demonstrates great variability over time" (Klika & Herrenkohl, 2013, p. 9). Although, the focus of this study was not intended to measure levels of resilience or tolerance in combating stress among detained adolescents, there may be conclusive evidence supporting the notion, which suggested resiliency and tolerance were effective when confronting stress. Moreover, this could be providing an example of why the participants in the study did not exhibit significant stress levels prior to detention. The great

psychiatrist, Dr. William James would say, “the greatest weapon against stress is our ability to choose one thought over another” (as cited in Bouchard, 2016, para.10).

Several participants in this study showed very little resolve when it involved adapting to stress in detention. The evidence revealed many participants could not find ways to adapt to their stress or express those concerns to juvenile staff. Despite the opportunity to seek immediate assistance from staff, many chose to utilize their own self-adjustment methods towards addressing their stress. A higher percentage of participants responded positively to engaging in some form of an activity to assist in adjusting to stress. The evidence in the survey suggested participants would often involve themselves in programming, recreational activities, and other outlets, which seemed to be the more impactful in reducing symptoms of stress. The data clearly suggested many youth viewed the activities provided by the institution in a favorable way and as potentially another outlet or avenue for youth to address their stress while detained.

Furthermore, the data in the study also suggested participants’ responses were relatively low towards the survey question involving, ‘the likeliness of individuals becoming easily stressed.’ However, when the question was posed if individuals were experiencing stress while in detention, a higher percentage responded positively to the question, further indicating youths’ ability to adjust to their level of stress while adapting was difficult to do in detention. Interestingly, when participants were surveyed concerning methods that did not involve some form of activities or self-applied approach to stress, the youth were less inclined to cope or adjust. This was significantly evident in the data; several participants just felt adjusting was easier than adapting to stress while in detention. The rationale behind this could be contributed to the environment many of the

adolescents in this study came from. Several came from improvised conditions and violent neighborhoods, suggesting they could not change or fix the environment they lived in, and adjusting to the conditions was the best way to handle the circumstances.

Therefore, this observation could further serve as a blueprint for the approach taken by the participants when confronting their stress prior to detention and once admitted. Whereas, adapting to the conditions in the neighborhood was a difficult task for some, the same could be said for the detention center and the youth confronted with stress in such an environment. This could further explain why some youth had a far more challenging time adapting to stress in detention than simply adjusting. Reinforcing the notion of self-adjusting to stress by participating in individual activities or in a group setting was conducive to reducing stress levels.

Conclusion

The data collected towards this study would not be possible without the help of 32 adolescents' willingness and commitment in providing their true beliefs, outlining the level of stress they encountered in detention. Recognizing many of them were confronted with stress, as the data suggested, under adverse circumstances and often not necessarily having the external resources to appropriately address the problem. The researcher hoped the data presented would provide some insight into the most challenging population, which was often forgotten and unfairly treated from a societal view. There was clear evidence suggesting the need for further research, promoting a better understanding of detained adolescents' stress levels and incorporating ways to address it. Targeting this population could provide efficient strategies for those working with at-risk youth in a juvenile or residential facility. However, more research is needed in understanding what

components of stress trigger the body to respond in a self-adjusting mold, or does resiliency uniquely link these factors all together? Further, research is necessary when it involves adolescents who may have endured above normal stress and trauma experiences, which studies suggested was true for most youth in juvenile detention facilities.

Therefore, information provided in this study could potentially assist in opening the doors and further reduce the level of uncertainty confronting detained adolescents' stress levels. Institutions were left with wondering, what internal mechanism can manage those external obstacles while youth are under their care? Categorically, the evidence presented suggested detained adolescents were remarkable in adjusting to their stress levels regardless of the environment. Adjusting to stress was highly likely if a collection of resources was sufficiently provided for an individual or given within a group setting, which further enhanced the opportunity for youth to address their own stress levels successfully. Although, the notion of adapting to stress posed to be a much more difficult and equally challenging concept for youth to achieve, no matter the environment or circumstances, notably, the family dynamics for each individual child/ adolescent seemed to be an instrumental force behind achieving some success towards adjustment levels. Could this also be the prerequisite for reducing or avoiding certain stress? The concept of adapting or adjusting to stress could be interchangeable terms, which conceivably warranted future studies on how the mind/ body could process and regulate those feelings among detained youth. The individuals who participated in this study could provide the first initial step in helping to unlock the importance of understanding this unique population; their commitment and efforts spoke volumes. Essentially, without the help of 32 participants in this study, silence would have continued to be the norm in assisting

juvenile institutions in confronting stress among an often challenging and misunderstood group.

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Appendix A:

Stress Survey Questionnaire

Please, rank your response to the following questions below. Circle any number between 1 and 5 that represents your feelings regarding the question. 1 represents unlikely, 2 somewhat unlikely, 3 don't know, 4 likely and number 5 is very likely.

1) Did you have any stress before entering detention?

1	2	3	4	5
unlikely	somewhat unlikely	Don't Know	Likely	Very Likely

2) Do you talk with a friend about your stress levels?

1	2	3	4	5
unlikely	somewhat unlikely	Don't Know	Likely	Very Likely

3) Do you get stressed very easily?

1	2	3	4	5
unlikely	somewhat unlikely	Don't Know	Likely	Very Likely

4) Do you listen to music, meditate or pray when your stress levels are high?

1	2	3	4	5
unlikely	somewhat unlikely	Don't Know	Likely	Very Likely

5) Do you exercise to release stress?

1	2	3	4	5
unlikely	somewhat unlikely	Don't Know	Likely	Very Likely

6) Are you experiencing any stress now?

1	2	3	4	5
unlikely	somewhat unlikely	Don't Know	Likely	Very Likely

7) Do you work on decreasing your stress level in Detention?

1	2	3	4	5
unlikely	somewhat unlikely	Don't Know	Likely	Very Likely

8) Do you participate in Detention programming to cope with or reduce your stress?

1	2	3	4	5
unlikely	somewhat unlikely	Don't Know	Likely	Very Likely

9) Are you able to self-adjust or adapt to stress while in Detention?

1	2	3	4	5
unlikely	somewhat unlikely	Don't Know	Likely	Very Likely

10) Do you read books or participate in recreational activities (cards or board games) to reduce your stress levels in Detention?

1	2	3	4	5
unlikely	somewhat unlikely	Don't Know	Likely	Very Likely

11) Do you always adapt to stressful situations while in Detention?

1	2	3	4	5
unlikely	somewhat unlikely	Don't Know	Likely	Very Likely

12) Do you talk with staff about your stress?

1	2	3	4	5
unlikely	somewhat unlikely	Don't Know	Likely	Very Likely

Additional Question:

1) What methods do you use to reduce levels of stress in Detention? Please, explain?

2) Does participating in facility programs help you feel less stressed? Please explain?

3) Do your peers or staff members assist you with managing your stress? Please explain.

Vitae

Mr. Stephen Davis earned his Bachelor of Science degree in Physical Education from the University of Central Missouri State in the fall of 1993, pursuing a career in teaching and coaching. Therefore, during the fall of 1994, Mr. Davis received his first teaching assignment as a Physical Education and Health instructor in an alternative program for emotionally challenged and at-risk students for over a five-year span. Mr. Davis, in 2000 gained employment with the City of St. Louis Public School District, continuing to teach Physical Education/Health within the district, although the job was in St. Louis City Family Court Juvenile Detention Division building. Relishing the opportunity to work with at-risk youth, in addition to his teaching duties during the day, Mr. Davis also worked as a Youth Leader Specialist with Family Court Juvenile Detention for two years.

During that time span, Mr. Davis earned his Master's degree in teaching and K-12 certification from Lindenwood University in 2004. Mr. Davis would later go on and receive a second Master's degree in Education Administration from Lindenwood University in 2006. He later returned to St. Louis Family Court Juvenile Detention Division as an Assistant Supervisor on the 2nd watch within the year, still maintaining his teaching position in the district as well. Mr. Davis, was eventually promoted a year later as the 2nd watch Head Supervisor, which he held for four years and currently teaches middle school in St. Louis Public District. Over the course of 23 total years of teaching Physical Education and Health, Mr. Davis has worked with a wide range of students, under the most difficult and challenging circumstances. Mr. Davis' anticipated

graduation date from Lindenwood University's Doctoral Program in Educational Administration is in December, 2017.