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Gaps in Mental Health Services in the Juvenile Justice System as Identified by Clinical Social Workers

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Gaps in Mental Health Services in the Juvenile Justice System as Identified by
Clinical Social Workers

By

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MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, MN
in Partial fulfillment of the Requirements for the Degree of
Master of Social Work

Committee Members
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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University and St. Thomas University School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the University Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

GAPS IN MENTAL HEALTH SERVICES

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GAPS IN MENTAL HEALTH SERVICES

Abstract

An alarming amount of youth in the United States juvenile justice system have at least one diagnosable mental health issue. Approximately half of these youth will likely recidivate following their first involvement with the juvenile justice system (Heretick & Russell, 2013). The following study identified gaps in mental health services offered to youth in the juvenile justice. Semi-structured interviews were conducted with mental health professionals from the Twin Cities metropolitan area in order to answer the research question: What gaps do clinical social workers identify in mental health services offered to youth in the juvenile justice system? The data collected were analyzed using the grounded theory model in order to recognize major reoccurring themes within the data. Research discovered that family involvement was a major issue in the youths' utilization and follow through of mental health service referrals from the juvenile justice system of the Twin Cities metropolitan area. Furthermore, race, culture, and gender play an important part in the understanding, utilization, and availability of mental health services in the juvenile justice system. Implications of the following research in relation to the betterment of the mental health services of the Twin Cities metropolitan area and the role of social workers in the advocacy and creation of such services are explored.

“I think it’s important for us as a society to remember that the youth within juvenile justice systems are, most of the time, youths who simply haven’t had the right mentors and supports around them-because of circumstances beyond their control” (Q’orianka Kilcher). Adolescence is a difficult time for youth as they navigate puberty on their way to adulthood. During this time, the youth is developing the ability to think abstractly about the world and how their actions affect their environment. The adolescent is moving away from their family and spending more time with and being influenced by peer groups (Perry & Pauletti, 2011). Research indicates that adolescents with weak connections with peers and strong connections with family are more influenced by family, whereas youth with strong peer relations and weak familial relations are more influenced by peers (Steinberg & Morris, 2001) The impact of peer influence may positively or negatively influence the behavior of the adolescent depending on the “personality, age, and perception of peers” of the individual (Steinberg & Morris, 2001). The pressure of adolescence can be exacerbated by a mental health diagnosis as symptoms of mental health issues may manifest in scholastic and relational developmental interferences (Siegel, Freeman, La Greca, & Youngstrom, 2014; Schulte-Korne, 2016). Early detection and intervention of mental health issues can be crucial in aiding the development of the child (Zeola, Guina, & Nahhas, 2016).

Mental health issues are significantly overrepresented in the United States juvenile justice system with over half of the youth in the system having at least one diagnosable mental illness (as cited by Heretick & Russell, 2013). Juvenile justice system is a collection of organizations and professions, including courts and law enforcement, serving individuals “not old enough to be held responsible for criminal acts” that have been convicted of crimes, and will be the definition

used for the current study (Cornell University Law School, 2016). Mental illness, as defined by the Mayo Clinic, is “a disorder that affects your mood, thinking, and behavior” and will be used as the standard definition for this research (Mayo Clinic Staff, 2015). Understanding the prevalence of mental health issues within the juvenile justice system may lead to programming that better addresses those core issues which initially led to their involvement within the system, as well as an overall improvement in quality of life.

Youth with mental health issues are more likely than their counterparts to recidivate after their first involvement with the juvenile justice system (Heretick & Russell, 2013). Recidivism, for the sake of the current research, is defined as reoffending by the youth after their initial involvement with the juvenile justice system (as cited by Heretick, 2013). Research has shown a reduction of recidivism rates among youth involved in mental health services upon their entrance into the juvenile justice system (Pullmann, et al., 2006; Heretick, & Russell, 2013; Zajac, Sheidow, & Davis, 2015; Zeola, Guina, & Nahhas, 2016). A reduction in juvenile recidivism could result in less taxpayer money allocated toward the juvenile justice system, and addressing the mental health needs of affected youth could promote and foster a healthy transition into a productive adulthood (Zajac, Sheidow, & Davis, 2015).

The relevancy of juvenile justice issues for clinical social workers is imbedded in the National Association of Social Workers (NASW) Code of Ethics through the principles of service and social justice (National Association of Social Workers, 1999). As stated, it is the duty of the social worker to address social issues and work toward the elimination of social injustices. The social worker must advocate for vulnerable populations, such as youth with mental health diagnoses in the juvenile justice system; therefore, research into the betterment of mental health services for such populations is crucial to the work of the social worker. Social workers

are a crucial part of the United States juvenile justice system providing mental health services such as therapeutic, case management, probation officers, and counselors (Polowy, Morgan, Fisher, Schoeneman, & Shahin, 2010).

Research has been conducted to better identify the mental health programs that best meet the needs of youth involved in the juvenile justice system. Identifying which programs and techniques are best at addressing the mental health needs of these youth is a significant step in providing them with the help they need to better their mental health and to reduce their likelihood of recidivating. However, recognizing which programs and techniques will be effective is only part of the equation. Research is needed to understand where the gaps in services lie within various communities to better accommodate the needs of youth in different regions. The research of effective programming can then be used by the community to “fill in the gaps” in their existing programming. The current research aims to discover such gaps in mental health services by attempting to answer the research question: What gaps do clinical social workers identify in mental health services offered to youth in the juvenile justice system?

Literature Review

Factors in Juvenile Justice Involvement

Special populations exist within the juvenile justice system that may need special attention regarding services (National Mental Health Association, 2004). Certain populations are disproportionately overrepresented in the juvenile justice system in America. Individual factors such as mental health, gender, and race/ethnicity may affect the likelihood of youths' involvement in the juvenile justice system and the services they receive (Maschi, et al., 2008; Espinosa, Sorensen, & Lopez, 2013; Peck & Jennings, 2016; Spinney, et al., 2016). Research has been conducted to identify how individual factors of youth populations influence the likelihood of juvenile justice contact, and how such factors affect the services offered through the juvenile justice system (Maschi, et al., 2008; Spinney, et al., 2016).

Mental Health. Youth with diagnosable mental health issues are significantly overrepresented in the juvenile justice system of the United States (Shufelt, & Cocozza, 2006). Research has been conducted to understand the relationship between the mental health of adolescents and the juvenile justice system. Burke, Mulvey, and Schubert (2015) discovered through qualitative research that over half of all first-time offenders had at least one mental health diagnosis. Reich administered a diagnostic assessment to 812 youths involved in alternative to detention (ATD) programs and discovered that almost half of those youths were flagged for having potential mental health issues; rates of each diagnosis were higher among females (Reich, 2014). Furthermore, approximately one in three youths met criteria for five clusters of comorbid diagnoses. Of the comorbid diagnoses, post-traumatic stress disorder (PTSD) and mania were flagged as the most common diagnoses to have comorbidity with the

five diagnostic clusters. Another study found that 65% of juvenile detainees surveyed had comorbidity for substance use and mental health disorders (Hussey, Drinkard, & Flannery, 2007). Comorbidity is common among juvenile offenders and studies indicate higher rates of recidivism and mental health service complications among these youth (Hussey, Drinkard, & Flannery, 2007; Reich, 2014). Youth within the juvenile justice system also have been found to have higher rates of suicide than youth in the general population (Lennon-Dearing, Whited, & Delavega, 2013). Further exploration into which services aid in mental health rehabilitation for such youth is needed to help them rejoin society in a healthy manner.

Gender. Within the juvenile justice system, boys comprise most of the youth involved; however, girls are the fastest-growing population (Watson & Edelman, 2013). While the reason for this increase remains unclear, research suggests a correlation between female juvenile justice contact and the rise in “non-serious and domestic related incidences” (Watson & Edelman, 2013). Girls are more likely than their boy counterparts to be detained for non-violent crimes such as probation violation, underage drinking, and curfew violations (Zavlek & Maniglia, 2007). The factors leading to deviant behavior in girls is commonly linked to sexual, physical, and/or emotional abuse (Zavlek & Maniglia, 2007; Lennon-Dearing, Whited, & Delavega, 2013; Smith & Saldana, 2013; Watson & Edelman, 2013). Although abuse and neglect are prevalent among both boys and girls within the juvenile justice system, a history of physical and sexual abuse, especially in childhood, is far more common in girl offenders than boy offenders (Lennon-Dearing, Whited, & Delavega, 2013). Girls often internalize their feelings of victimization which puts them at a higher risk of developing traumatic disorders, schizophrenia, and other persistent mental health issues (Lennon-Dearing, Whited, & Delavega, 2013). A comorbidity of trauma due to childhood abuse and substance use is also found more often in girls than boys in the

juvenile justice system (Smith, Saldana, 2013). Girls' mental health needs in the justice system are not being addressed, as many facilities are not equipped to deal specifically with girls' issues of internalization and serious trauma (Lennon-Dearing, Whitted, & Delavega, 2013; Smith & Saldana, 2013; Watson & Edelman, 2013). Watson and Edelman suggest a reformation of the juvenile justice system to better meet the needs of girls through legislation, staff trainings, further research on best practices, and community-based diversion and prevention programs.

Race/Ethnicity. Youth of color are significantly overrepresented in the juvenile justice system in America (Bilchik, 2008; Guevara, Boyd, Taylor, & Brown, 2011; Duran & Posadas, 2013; Leiber & Peck, 2013; as cited by Lennon-Dearing, Whitted, & Delavega, 2013; Cochran & Mears, 2015). A 2010 report published by the Department of Public Safety and the Office of Justice Programs of Minnesota found 46% of delinquency arrests involved youth of color despite making up 22% of the total youth population, age 10 to 17 in Minnesota (Department of Public Safety, 2010). The 2015 annual report from the Minnesota Juvenile Justice Advisory Committee reported youth of color represented over half of youth admitted into secure detention facilities in 2013 (Juvenile Justice Advisory Committee, 2015). Maschi found that youth of color, especially African-American youth, are at a greater risk of becoming involved in the juvenile justice system than white youth with African-American youth comprising 27% of the total youth surveyed. Youth of color are at a higher risk of police interaction, apprehension, appearing before a judge, being detained, being held in confinement, and not being offered juvenile justice deferment options (Maschi, et al., 2008; Guevara, Boyd, Taylor, & Brown, 2011; Leiber & Peck, 2013; Cochran & Mears, 2015). Furthermore, African-American youth are less likely than white youth to receive mental health services (Maschi, et al., 2008; Burke, Mulvey, & Schubert, 2015). Research indicates that youth of color are not only arrested more often but also receive harsher

punishments for similar crimes committed by white youth (Maschi, et al., 2008; Leiber & Peck, 2013; Cochran & Mears, 2015). Lennon-Dearing and colleagues discovered that, based on the Strengths and Difficulties Questionnaire (SDQ), white girls with similar risk assessments are more likely to receive in-home therapy treatments to address the needs of the youth and their family, whereas girls of color are more likely to be institutionalized. The overwhelming number of detained youth of color is alarming, not only because of racial disparity throughout the juvenile justice system, but also due to a lack of mental health services and an increased risk of suicide that comes with being placed in overcrowded detention facilities (Desai, et al., 2006). Although the exact causes of this major issue are controversial, systemic racism, cultural misunderstandings, stereotyping, and racial biases have been attributed to racial disparities within the juvenile justice system (Leiber & Peck, 2013; Lennon-Dearing, Whited, & Delavega, 2013; Peck & Jennings, 2016). Research suggests several ways in which racial disparities in the juvenile justice system can be addressed, including changes to public policy, preventative efforts, and cultural diversity training for juvenile justice staff, police officers, and communities (Bilchik, 2008; Goodale, Callahan, & Steadman, 2013; Leiber & Peck, 2013).

Recidivism Reduction

Effective services result in more well-adjusted youth and, therefore, a reduction in recidivism rates among youth in the juvenile justice system (Pullmann, et al., 2006; Heretick & Russell, 2013; Zeola, Guina, & Nahhas, 2016). Detention and out-of-home placements have been proven to be more expensive and less effective in recidivism reduction than comprehensive mental health services (Fader, Kurlychek, & Morgan, 2014; Cochran & Mears, 2015). Various

studies have been conducted to determine which mental health services lead to a reduction in the likelihood of youth recidivism (Pullmann, et al., 2006; Heretick & Russell, 2013).

Early Detection and Referrals. Mental health assessments and mental health service referrals are often the first steps in addressing the mental health needs of youth in the juvenile justice system and can be crucial to youths' likelihood to reoffend (Zeola, Guina, & Nahhas, 2016). Zeola, Guina, & Nahhas (2016) retroactively collected quantitative data from the Montgomery County Juvenile Justice Center records in Dayton, Ohio, between 2010 and 2013 to research the connection, if any, between mental health referral rates and recidivism rates of participants. Their study indicated that youth with mental health referrals were less likely to recidivate than youth without a referral. The study did indicate insufficient self-reporting by juveniles as a limitation of the assessment tool they used. Zeola and colleagues suggest further research into effective screening and assessment tools for working with juvenile offenders. Counter services often are unable to provide all the mental health services needed by juvenile offenders, and referral and collaboration with community services are needed (Kapp, Petr, Robbins, & Choi, 2013). Kapp and colleagues found that community service referrals can aid county services by providing services not offered by the county. Their study identified and discussed barriers between juvenile justice services and community services, including low referral rates. Although the need for community service referrals has been recognized, the current rate of referrals is only 6%. Other gaps identified by the study were lack of communication and coordination between services and inaccurate diagnosis of youth. More research is needed to identify and address the shortcomings and barriers between juvenile justice and community services that hinder the effectiveness of assessments.

Wraparound Services. The wraparound holistic service model was developed in 1986, and focuses on the strengths of individuals by coordinating services for youth and their families through the collaboration of mental health service providers and other community care providers (Wyles, 2007; Youth Advocate Programs, Inc, 2016). Individual strengths are highlighted within wraparound services by giving decision-making power to youths' and families (Wyles, 2007). Wraparound services have proven to be effective in recidivism reduction by creating an individualized care plan that focuses on the multi-system needs of youth and family (Rosenblatt, 1996). Pullmann and colleagues (2006) used a meta-analysis to compare demographics, variables related to recidivism, and recidivism rates of participants in the Connections wraparound program with participants in other mental health programs. Their research revealed that lower rates of recidivism and longer periods between program completion and recidivism in the Connections group. The Connections youth also spent less time in juvenile detention than their comparison group counterparts. Bruns and colleagues assert that wraparound effectiveness depends on team effectiveness of service implementation, supportive collaborative organizations, and relationship management (Bruns, Suter, Force, & Burchard, 2005). More research is needed on ways to improve effective practices for wraparound services.

Mental Health Courts. Juvenile mental health courts (JMHC) are used by US courts as an approach to destigmatize youth as criminals by focusing on treating the mental health needs of the youth rather than taking punitive action (Sarteschi & Vaughn, 2013). Research has shown that successful completion of juvenile mental health court systems reduces recidivism rates and the amount of violent crimes committed (Goodale, Callahan, & Steadman, 2013; Heretick & Russell, 2013; Sarteschi & Vaughn, 2013). Heretick and Russell (2013) retrospectively compared recidivism rates of participants within the Colorado Juvenile Mental Health Courts

(JMHC) with those participating in other probationary programs in Colorado. Analysis of comparative data revealed that youths who successfully completed JMHC had significantly lower rates of post-release recidivism than all other probationary groups in Colorado. Research has shown that mental health courts reduce recidivism not only by addressing the mental health needs of individuals, but also by the increased level of respect shown by judges who treat the offenders (Sarteschi & Vaughn, 2013). Judges hold considerable power in the creation and direction of mental health courts (Goodale, Callahan, & Steadman, 2013; Heretick & Russell, 2013; Sarteschi & Vaughn, 2013). As discussed by Goodale and colleagues, judges who become frustrated by the inefficiency of contemporary court proceedings often can create mental health courts; however, research on juvenile-specific mental health courts is limited due to the low number of such courts in the United States (Goodale and colleagues cite only 51 in their studies).

Race/Ethnicity and Services

Research has identified how race and ethnicity can impact the degree to which mental health services are offered to youth in the juvenile justice system (Maschi, et al., 2008; Burke, Mulvey, & Schubert, 2015; Samuel, 2015). Not only are African-American youths less likely to be offered mental health services, but, as discovered by Gonzalez and colleagues, they are also more likely than all other youth to terminate mental health services prematurely (Gonzalez, et al., 2010). The low number of mental health practitioners of color may be a contributing factor of low participation rates among African-American adolescents in mental health services (Copeland, 2006). Furthermore, socio-cultural influences such as stigma, bias, and miscommunication can result in misdiagnosis and mistrust of the adolescent (Copeland, 2006). Copeland suggests mental health practitioners discuss the sociocultural implications of therapeutic relationships with adolescent African-American clients to create a bond and an

understanding between client and clinician. Samuel conducted research to identify causes of disparities in help-seeking behaviors of detained African-American boys, which the research concluded were environmental stressors, belief of what causes mental health issues, and “social issues such as stigma, fear, and mistrust” (p. 42). This study was limited by the small sample population of 54 participants. Further research into help-seeking behaviors of youth of color is needed to understand this gap in services.

Historical and Cultural Trauma and Services

Historical or cultural trauma can be defined as the collective memory of a historical traumatic event by a group of people that influences the development of a culture (Eyerman, 2001). Unlike physical or emotional trauma, “cultural trauma refers to a dramatic loss of identity and meaning, affecting a group of people that has achieved some degree of cohesion (Eyerman, 2001). Examples of cultural trauma in the United States would be the slavery of African-Americans or the genocide and forced mass migration of Native Americans. The impact of historical trauma on certain cultures has resulted in coping mechanisms that have evolved into cultural practices (Wilkins, et al., 2012; Danzer, et al., 2016). Furthermore, historical trauma may impact the worldview and perspectives of groups of people, resulting in mistrust of systems and a lack of investment in mental health intervention (Eyerman, 2001; Copeland, 2006; Wilkins, et al., 2012; Danzer, et al., 2016). Without understanding of historical and cultural trauma and the effects of such trauma, mental health practitioners may not take such factors into consideration when working with certain populations, resulting in inaccurate diagnoses and treatment (Wilkins, et al., 2012; Danzer, et al., 2016). Further research into the impact of historical and cultural trauma on mental health services and involvement in the juvenile justice system is needed.

Family Involvement and Services

Research has shown that family involvement is crucial for youths' participation and completion of mental health programs, which reduce recidivism rates (Maschi, et al., 2008; Heretick, & Russell, 2013; Burke, Mulvey, & Schubert, 2015; Zajac, Sheidow, & Davis, 2015). Family involvement is required for youth's participation in most juvenile justice services and therefore necessary for the youth's involvement in mental health services (Walker, Bishop, Pullmann, & Bauer, 2015). Individual and familial stressors have a major impact on family involvement with youths' successful completion of mental health programming. Lack of communication between the family and the service providers is one of the largest factors leading to low program engagement by the youth (Maschi, et al., 2008). Burke, Mulvey, & Schubert (2015) found that although parents had high concerns of mental health and parental burden, very few participated in mental health services during the juvenile justice system involvement. Parents' who report noticing an impairment in their child's school and family performance are more likely to seek help from professionals than those who do not recognize these impairments. This indicates that lack of parental involvement is not due to a lack of caring, but to an unknown factor which deter them from involving themselves with the youth's mental health services. One way to alleviate the family struggles of getting a child to participate in the program is to bring the program to the family. Several mental health services for youth in the juvenile justice system have moved to using a family in-home therapy model to reduce the likelihood of family and youth disengagement (Maschi, Hatcher, Schwalbe, & Rosato, 2008; Zajac, Sheidow, & Davis, 2015). More research is needed on the role that the family has on youth mental health intervention, and which factors deter family participation in the intervention process.

Conceptual Framework

This study aims to identify gaps in mental health services provided to youth in the juvenile justice system. Interviews of clinical social workers will be conducted to determine which areas of mental health services are not working effectively. Clinical social workers are the professional focus of the current study, as their professional lens has a holistic view of issues within systems.

Research indicates several societal, individual, and environmental factors that attribute to youth involvement in the juvenile justice system (i.e. gender, culture, mental health diagnoses, prevalence of violence within a community, economic status, and public policy). Researchers have developed theories to explain the occurrence of such happenings, most of which include personal and environmental reason. The focus of the current study will be through the lens of person-in-environment perspective, to more closely examine the relationship of individual, societal, and environmental factors and how they may influence a youth's involvement with the juvenile justice.

The person-in-environment perspective maintains the importance of understanding the individual's perceptions and behaviors in the context of his or her environment and how that environment affects the individual (Kondrat, 2008). Person-in-environment perspective, therefore, examines the interconnectedness of an individual's systems, relationships, and the greater society in which the individual resides, as well as the mutual effects seen between those interconnected factors and the individual. Various systems (e.g. home, culture, society) may affect youth who become involved in the juvenile justice system including their participation in and completion of mental health services.

Methods

Research Design

The purpose of the research was to understand the gaps in mental health services offered to youth in the juvenile justice system as identified by clinical social workers within the system. A qualitative research design was used to gather data from participants. Qualitative interview questions (see Appendix A) based on previous research were designed by the author to examine in detail the limitations and gaps of mental health services offered to youth in the juvenile justice system as identified by clinical social workers. Qualitative research best supports the current study, as it allowed participant exploration without limiting their responses within a parameter of certain answers.

Sample

Four clinical social workers with official licenses to practice social work within the states of Minnesota, offering mental health services to youth in the juvenile justice system participated in the current study. The licensed professionals were all licensed independent clinical social worker (LICSW). Although not required, all four participants served youth involved in out-of-home juvenile justice facilities. All four participants identified as female. The sample was collected from the Minnesota-St. Paul greater metropolitan area and worked primarily with youth from the same geographic area. Because clinical social workers within the juvenile justice system can be difficult to contact for research purposes, participants were gathered through snowball sampling in which one participant recruited or referred another to the study. The initial participant was referred to the study by a committee member of the current research.

Protection of Human Subjects

All human participants in the current study were provided with an informed consent form (see Appendix B), signed and reviewed with the researcher prior to the interview, to ensure their protection. The informed consent form explained to the participant why they were selected, what was asked of the participant, the voluntary nature of the study, the risks and benefits of participating in the study, and how their information was handled to protect their privacy. The consent form was template designed by the St. Catherine's University Institutional Review Board (IRB) and was edited to fit the context of the current study. The final consent form used with participants was approved by the IRB of St. Catherine's University. The participants were given the opportunity to ask questions pertaining to the study following review of, and prior to signing and dating, the consent form. The completed consent forms were stored in a locked filing drawer at the home of the researcher until the completion of the study (June 30, 2017), when they will be destroyed.

Data Collection

A qualitative research design was used to complete the current research. A semi-structured format was used to complete the interview process, guided by research questions (see Appendix A) designed by the researcher and approved by the research committee and the St. Catherine's University IRB. The interview questions were open-ended to ensure the quality of the data being collected. The questions were designed by the researcher, guided by previous research conducted about mental health services offered to youth in the juvenile justice system, and by the suggestions made by the committee expert on juvenile justice affairs, Jerald A. Moore. The questions asked participants about current mental health practices offered to youth in the juvenile justice system and perceived gaps within such services. The questions had a focus

on cultural, racial, gender, and systems effects on services. All four interviews were conducted over the telephone.

Data Analysis Plan

I used axial coding for analyzing the data I collected (Biddix, 2009). I read through the transcripts from participants to identify recurring themes and categories within the data. I repeated this step several times to accurately identify all themes. I then categorized main themes individually, while using subthemes as evidence to support the main themes. The findings were recorded by hand on paper in a wheel-style diagram with the main theme in the center and the subthemes jetting off the main theme. My research committee reviewed my data to conduct a reliability check to assess the accuracy of the data.

Strengths and Limitations

The strengths of the qualitative research include the open-ended questions, which allow for more in-depth answers and explore multifaceted causes of the research topic. The participants of the study explained, in detail, the gaps they identify within the mental health services offered to youth in the juvenile justice system. Quantitative research would limit the participants' ability to speak freely of the several issues within the mental health programming. A limitation of qualitative research is that the findings are influenced by the researcher's own lens. As a social worker, I have a specific professional lens that I use to view the world in which empathy for vulnerable individuals affects how I view the juvenile justice system as a whole. Qualitative research is limited by the inability to generalize data and apply findings to other organizations or areas beyond the boundaries of where data were collected.

Findings

This research attempted to address the research question: What gaps do clinical social workers identify in mental health services offered to youth in the juvenile justice system? A review of qualitative data collected from four participants reveal seven themes that describe the juvenile justice system and the mental health services offered to the youth involved in the system: Lack of therapeutic lens, lack of integrated trauma informed care, barriers of contracted services, impact of culturally responsive services, impact of gender on services, and the critical impact of family involvement.

Lack of Therapeutic Lens

Out of the four participants in this study, three identified an overall lack of a therapeutic lens in the approach to and treatment of youth in the juvenile justice system. Although mental health was recognized as a leading factor to juvenile justice system involvement, participants indicated a focus on corrections and punishment rather than therapeutic intervention. One participant stated, “I just think that our juvenile facility can keep kids safe and secure, it would be really nice if there were a little more of a therapeutic component to really help kids while they’re in there.”

Two out of the four participants indicated lack of funding for mental health services for youth in the juvenile justice system. One participant stated, “...the department says to have more trauma informed settings is a priority. However, if you look at the money and where the money goes it’s not towards educating people about trauma or mental health. It’s correctional”. Regarding funding for juvenile justice mental health services, another participant stated, “I’ve been on task forces, and just you know there’s a lot of trying to make things better

and then I guess it's people get sort of like where the funding is at is not really for mental health".

Integrated Trauma Informed Care

The research indicated a variety of mental health diagnoses found in youth involved with the juvenile justice system. Common diagnoses noted by the participants were depression, oppositional defiant disorder (ODD), post-traumatic stress disorder, conduct disorder, and attention deficit hyperactivity disorder (ADHD). Trauma was the most noted disorder by the participants, with all four citing trauma as the most commonly found mental health issue in youth in the juvenile justice system. Furthermore, all participants described trauma-informed care as the main focus of their clinical work with their clients in the juvenile justice system. All four participants cited lack of trauma-informed care as a setback to clinical intervention in the juvenile justice system, with one participant stating:

...a lot of it is needing to have our staff be, like, an ongoing basis, being educated about trauma and de-escalation. And it's not necessarily a priority even though in more recent years, and the department says to have more trauma informed settings is a priority. However, if you look at the money and where the money goes it's not towards educating people about trauma or mental health. It's correctional.

As identified by all four of the participants of the current study, trauma may look like other behavioral disorders such as various conduct disorders. As one participant indicated by stating:

They still have the symptoms to those [conduct disorders], but because they are looked at as conduct kids, then they tend to be treated as such and not understand

that they have trauma, they have secondary trauma, they have PTSD. There is a lot of our kids that kind of get pushed to the wayside because they are looked at as conduct kids.

One participant indicated that accurate and effective treatment of trauma can often be difficult for professionals in their place of work due to lack of mental health resources, “Behavior issues a lot of times related to trauma, and, sometimes not. But we often times do not have access to resources to get kids into treatment therapy”. Effective treatment of trauma may also look different depending on the cultural or racial identity of the client as one participant pointed out:

I think that [Eurocentric assessments and services] has an impact because then we get in to pathologizing a group of people’s behaviors that maybe sometimes caused by a system. And we’re also kind of missing a lot of the environmental concepts in our services. You know when we speak about trauma, generationally, environmentally, institutionally, what that looks like. How that affects people.

Gender also impacts whether or not a client is viewed through a trauma lens or a conduct lens. Two participants stated that their girl clients are more likely to be therapeutically approached from a trauma lens whereas their boy clients are more likely to be approached through a conduct disorder lens. One participant stated, “I think females are, tend to be more looked at as venerable and dealing with more trauma, and I think that the male clients aren’t always looked at that way, but more from a conduct lens”. Another participant stated:

I think there’s still a lot of work to be done with boys in a way that may be seeing them as also kind of more, that they have been victimized which is the reason why

they're here. And there is some fragility there in terms of a lot of the traumas that they've experiences. So, if I'm looking at you like you need to take responsibility for what you've done, and change how you think, and kind of calm the hell down, you'll be okay. I'm not addressing then what has happened to you that has allowed you to get to that place.

One participant also cited that the lack of mental health in the Youth Level of Service/Case Management Inventory (YLS/CMI) stating:

Basically, it's a risk needs assessment that kind of all of our services have to I mean, not even just services, but when they're sent to our program we have to assign services based on the YLS domains and none of which are mental health. So, there's a lack of understanding or integration for how mental health actually like impacts these eight domains [in the assessment].

Barriers of Contracted Services

All four of the participants endorsed utilizing contracted services within their agency. As identified by three out of four participants, contracted services in out-of-home juvenile facilities have several gaps within the implementation of their services. Contracted services are those services that are not provided through internal programming. Gaps in such services were identified as being access and communication. One participant shared the following, "But we often times do not have access to resources to get kids into treatment therapy, get them potentially seeing a psychiatrist in the effectively role, in a quick fashion."

Two participants identified disconnection in communication between contracted workers and on-site staff members as a significant barrier to services. One participant stated the following:

the fact that as a licensed therapist, that I'm not necessarily seen as a mental health provider. Um, and that, because they contract out in this facility, that therefore, somehow, I'm not necessarily qualified to make the decision, nor am I qualified to obtain information in regards to the client, so, I might have a client, so I had a client who is also seeing the psychiatrist, I don't necessarily get any of the information because it's the psychiatrist's client. I actually have to ask the residents, the kids on my caseload, what medications they're on, because for some reason I'm not privy to that information. So, they might have therapy, they might even their mental health person might do therapy or meet with the kid, but then not necessarily have to share that information with me.

Another participant stated that:

...there's separate mental health services being offered which aren't very well coordinated with us and even though I'm a licensed mental health practitioner, because of HIPPA laws, there's this lack of communication between psychiatrists, their person doing mental health care and ourselves that are working with the kid in the living unit and providing therapy for them through the program, so it's very disjointed.

Culturally Responsive Services

All four participants identified gaps in services related to culturally specific issues. These gaps included lack of practitioners of color, mental health stigma, historical and systemic racism, and a lack of culturally specific services.

All four participants identified lack of diversity within practitioners as being a barrier to services. All participants suggested that a lack of diversity leads to clinician biases and lack of representation for clients. One participant stated the following:

I would say one of the most challenging things for Dakota County is that we just struggle to get clinicians of color, or clinicians of different backgrounds. We generally have a lot of white women and white men providing services...it's not that I don't believe that we can't provide good quality good mental health care, and yet it is important that we have more diversity. And some families that's like the only way you're going to get any buy in.

Regarding the same issue, another participant suggested the following:

...of the three programs, there are...seven therapists out here. We are all female. And I am the only non-white therapist. So, I guess, looking at who we have as therapists, and then the clientele, you know there is always questions about, like, how are you going to relate to my child? How are you going to relate to my family?

All four of the participants indicated cultural stigma surrounding mental health may affect services provided to youth in the juvenile justice system. How a mental health provider handles cultural stigma around mental health may affect the client's buy-in of services as indicated by a participant's statement:

... even in the way that we talk about mental health, I think can either continue to stigmatize or not, or disengage people in wanting to participate. So, if people do get into the door and they're like, okay, let me go check this out and see what it's about, and then they're not, their experiences are not being acknowledges or

validated, or who they are, or how that impacts the choices that they make. If those things are not there then, if the people who are providing the services have minimal connection or, if again, if there isn't a variety of recommendations of people who are providing the services also look or live like, or have had similar experiences or are relatable...So, I think that it definitely has an impact on what people choose regarding services, what people think about with mental health, what they think about the services that they need.

Of the four participants, three indicated historical and systemic racism as limiting some culture's trust and investment into juvenile justice system mental health services. One participant stated:

...I think that is a piece, just historical, certainly systems...I mean I think, you know, when you're working certainly with African American families you know, I think, it's a broad statement, but I do think the historical racism, just like molds you into not believing or trusting in systems.

Eurocentrism in services and assessments along with lack of culturally specific services were identified as lacking by three of the four participants. One participant stated:

...when we are assessing, and even though a lot of our assessments are to some degree validated, they're still quite Eurocentric. So, a lot of things that youth may experience and describe, for example for a practitioner who's making an assessment saw it as something that was getting in the way and not necessarily really capturing or understanding what that experience was like for that youth and then it would impact the assessment, so the biases that come into play when we

are doing diagnoses, which then impacts what types of services they are receiving...

Impact of Gender on Services

Lack of resources for gender specific services was identified by two of the four participants as a barrier to services within their agency: “I think our girls have been minimized. They have not been provided gender in general, really gender specific type treatment programming environment”. The two participants indicated that as male is the dominating gender in the juvenile justice system, evidence-based practices for female-specific interventions are limited, leaving service providers to use evidence-based practices tested on male populations:

...people often times take a therapeutic model that was created for kids in juvenile justice, and that is generally boys. Then they say, you know, we’re going to modify this to work with girls. And that can work sometimes...But there are some models, you know anger management models are typically good skills for girls but don’t necessarily hit on some of the same issues.

Furthermore, one participant asserted that due to a low number of girls in out-of-home juvenile justice placements, gender-specific resources and services can be challenging to find: “Since the numbers are smaller...the ability to get resources is significantly more challenging. You know, there aren’t enough numbers to fill day treatment programs so we don’t have a day treatment program”.

Two participants discussed the importance of acknowledging the high amount of sexual abuse and sex trafficking girls in the juvenile justice system have been victims of:

I don’t know the research, but I’ve got to believe that it’s got to be well over 90% of the girls in the juvenile justice system have been have been physically or

sexually abused in some way. I mean I should say that are in a facility or something.

Another participant highlighted the importance of therapeutically treating girls involved in sex trafficking rather than taking punitive measures:

I mean there's the whole sex trafficking thing. How can we help them? And if we are to look at girls as kind of, charging them for offenses like prostitution and things of that nature instead of saying, hey, you're the one that needs services, not to be punished for your actions.

Critical Impact of Family Involvement

All four of the participants highlighted the importance of family involvement in the implementation and effectiveness of juvenile justice mental health services:

When parents are not involved, their ability to continue being successful, being on medication, seeing a therapist, getting skills to alleviate some of their targeted behaviors. It decreases a great deal in my opinion. The likelihood of the kid being successful and having the support from his family, or even her family, there's no motivation, there's no consistency, there's no structure, so why continue to make changes when you're not being supported in doing so.

The main factors of important family involvement included access and continued services, and parental need for own intervention and support.

One participant described the difficulty some families have maintaining services following the youth's release from out-of-home placements due to lack of important resources such as transportation and medical insurance. Regarding access to medical insurance:

The other thing is insurance. These kids will lose their MA [Medical Assistance]. While there in a facility, it is the facilities obligation to take care of their medical, mental health, stuff like that. So, if you have a private insurer, that stays. But if you're on medical assistance it stops and it becomes the counties obligation. But with that, then parents are billed. You know, and a lot of those parents don't pay much of a fee anyway, or the parents are billed on a sliding scale...And then a lot of times these kids get out of the facility and then their MA isn't back on right away, and then there's a lot of bureaucracy and steps to get that stuff taken care of, so maybe they don't get in and get their meds right away.

The same participant went on to explain how lack of transportation can interfere with continued services for youth living in suburban areas with limited public transportation:

People come out here and they kind of get stuck in a way. And so, a lot of times we have kids, parents can't get them to appointments. And then if you miss mental health appointments then...you miss a couple, you can't come back.... those are a lot of the obstacles for a lot of our impoverished, and working poor families, that like, they might have a car but the car is broke, and they can't afford to fix it. They ran out of gas or whatever.

Three of the four participants cited both internal and external factors major barriers to family involvement in juvenile justice mental health services. They listed chemical addiction, mental health issues, lack of support or being overwhelmed, and poverty as family involvement issues. Parental fatigue or burnout was found to be a major cause of lack of family involvement:

I have some parents I know, like I said earlier, that self-medicate, and I have other parents who I know are tired, they're exhausted, they might have two little kids at

home, and they've had to go to court, they've had to deal with homelessness because of their kids' behaviors, being kicked out. They've probably had to deal with losing their jobs, and so, sometimes, you know, I had a mom the other day say "I love my kids and I'll do whatever I need to but, you know, I've had to deal with so much that I'm tired".

Discussion

This study examined gaps and limitations of mental health services offered to youth within the juvenile justice system in the Twin-Cities metropolitan area. The research aimed to understand the mental health needs of youth in the juvenile justice system and what services are lacking in addressing those needs. Although not required, all participants served youth involved in detention or out-of-home juvenile correctional facilities. The discussion will expand upon the interconnectedness of the findings of the present study and how the data relate to previous findings that have been examined by integrating the findings with the literature reviewed.

Need for Culturally Responsive Services

The results from the current study indicate similarities in findings from previous research regarding culture and mental health services. Previous research found that a lack of practitioners of color may be a barrier to mental health services for youth involved in the juvenile justice system (Copeland, 2006). All participants of the current study identified a lack of diversity in practitioners as limiting client's and their families from receiving services: "...we just struggle to get clinicians of color, or clinicians of different backgrounds... And some families that's like the only way you're going to get any buy in". Other factors such as cultural bias and stigma has been found in both previous research and the current study to affect diagnoses, trust and understanding of services, and ultimately participant in services (Eyerman, 2001; Copeland,

2006; Wilkins, et al., 2012; Danxer, et al., 2016). The four participants of the current study agreed that cultural stigma and biases affect the participation in mental health services:

... even in the way that we talk about mental health, I think can either continue to stigmatize or not, or disengage people in wanting to participate...So, I think that it definitely has an impact on what people choose regarding services, what people think about with mental health, what they think about the services that they need.

Regarding the issue of culture and diagnoses, one participant stated:

...when we are assessing, and even though a lot of our assessments are to some degree validated, they're still quite Eurocentric...the biases that come into play when we are doing diagnoses, which then impacts what types of services they are receiving... You know when we speak about trauma, generationally, environmentally, institutionally, what that looks like. How that affects people.

The recruitment of practitioners of color, education on effects of historical and cultural trauma, and further research into causation of racial disparity in the juvenile justice system will help ease the gaps in culturally specific juvenile justice services.

Need for Evidence-Based Practices for Girls

Regarding gender specific services, the findings of the current study aligned with those of previous research findings. Both research identified in the literature review and the findings of the current study indicate that girls' mental health needs are not being addressed in the juvenile justice system due to lack of gender specific interventions and resources for girls (Lennon-Dearing, Whitted, & Delavega, 2013; Smith & Saldana, 2013; Watson & Edelman, 2013). The current study was able to expand on the literature regarding potential causes of lack of gender specific services including male domination of the justice system, resulting in little female

focused evidence-based practices and lack of female specific resources: “Since the numbers are smaller...the ability to get resources is significantly more challenging. You know, there aren’t enough numbers to fill day treatment programs so we don’t have a day treatment program”.

The current study also contained similarities to previous literature regarding the prominence of sexual abuse and sex trafficking issues plaguing girls in the juvenile justice system (Lennon-Dearing, Whited, & Delavega, 2013). Two participants of the current study indicated the prevalence of sexual trauma and sex trafficking for girls in the juvenile justice system:

I don't know the research, but I've got to believe that it's got to be well over 90% of the girls in the juvenile justice system have been have been physically or sexually abused in some way. I mean I should say that are in a facility or something.

Continued research and additional funding for female specific juvenile justice mental health services and resources are important to bridge the gender gap in services offered to youth in the juvenile justice system.

Critical Family Involvement and Barriers to Services

Family involvement in the mental health intervention program for the youth has been identified by the previous and current research as being one of the most significant roles in the youths’ utilization and follow through with services (Pullmann, et al., 2006; Maschi, et. al., 2008; Heretick, & Russell, 2013; Burke, Mulvey, & Schubert, 2015; Zajac, Sheidow, & Davis, 2015). Lack of family involvement was one of the most significant gaps identified by the current research with one participant reporting: “When parents are not involved, their ability to continue being successful, being on medication, seeing a therapist, getting skills to alleviate some of their targeted behaviors. It decreases a great deal in my opinion”. Family is necessary for the youth to

get to appointments, follow up their medication, and improve the quality of life at home. The current research along with previous research identified variables that may affect a family's lack of involvement within their youths' treatment program including family stressors, lack of family support, and cultural components (Pullmann, et al., 2006; Burke, Mulvey, & Schubert, 2015). The present research also identified parental burnout, lack of transportation and medical insurance, chemical addiction, parental mental health issues, and poverty as influential factors on lack of family involvement in the youths' treatment plan.

I have some parents I know, like I said earlier, that self-medicate, and I have other parents who I know are tired, they're exhausted, they might have two little kids at home, and they've had to go to court, they've had to deal with homelessness because of their kids' behaviors, being kicked out. They've probably had to deal with losing their jobs, and so, sometimes, you know, I had a mom the other day say "I love my kids and I'll do whatever I need to but, you know, I've had to deal with so much that I'm tired".

The creation of more in-home, intensive family therapy, along with wraparound services can bridge that gap between youth, their families, and needed services by making the services more accessible and user friendly while also adding that added support that the family needs to achieve a better quality of life for themselves and their youth.

Implications for Social Work Practice

Mental health professionals, probation officers, and other professionals within the juvenile justice system often have a background in social work. The current research is therefore crucial for the social worker's need to better services offered to their clients in the juvenile justice system. Social workers should use the current research to advocate for the betterment of

mental health services offered to youth involved in the juvenile justice system. Social work professionals and students may also use the current research as a template for further their own research into gaps in mental health services offered to youth in the juvenile justice system in any region of the world.

Implications for Policy

Policy influence and creation is a cornerstone of the social work profession. Social justice is a value found in the social work Code of Ethics. The NASW Code of Ethics clearly states that one role of the social worker is to fight for social change against oppression, discrimination, and poverty while working “on behalf of venerable and oppressed individuals and groups of people” (National Association of Social Workers, 1999). Youth in the juvenile justice system meet criteria for all factors listed under social justice in the NASW Code of Ethics. It is therefore a social worker’s ethical responsibility to create and advocate for policy addressing gaps in mental health services offered to youth in the juvenile justice system. Future policy should consider the findings of the current research regarding racial, cultural, and gender disparity regarding mental health services and other issues in the juvenile justice system. Such policy should focus on micro, mezzo, and macro causalities of racial and gender disparity in the juvenile justice system. Evidence-based practices such as the current study and similar research should be considered when drafting policy to ensure effectiveness of services supported and provided. Furthermore, bills should be drafted allocating grant money from the state general fund for the specific purpose of funding nonprofit organizations and state and county run juvenile detention facilities that address racial and gender disparities in the juvenile justice system.

Implications for Future Research

Further research in the gaps of mental health services within the juvenile justice system is still needed. Future research will benefit from asking more in-depth questions pertaining to types of wraparound and multisystemic services offered to the youth within the juvenile justice system. Emphasis on historical and cultural trauma implications of services will allow future researchers to ask questions in relation to the significance and depth these factors play on a youths' involvement with mental health services. Future researchers will also gain from having more participants in the study whom also come from various professional backgrounds including mental health professionals, probation officers, and other officials from the juvenile justice system.

Strengths and Limitations

The current study consists of strengths and limitations that influence the validity and reliability of the current study. The strengths of the qualitative research include the open-ended questions that allow the participant to go into depth with their answers and explore multifaceted causes of the research topic. The participants of the study could explain with detail the gaps plaguing the mental health services within the Twin Cities metropolitan area juvenile justice system. A limitation of qualitative research is that the findings are influenced by the researchers own lens. My professional training as a social worker created a bias towards viewing the current research through a person-in-environment conceptual framework. Had I been professionally trained under a different discipline, my conceptual framework and ultimately my research may have appeared differently. Another limitation of the current research is the lack of participants. For this specific research project, only four individuals were available to participate. A limitation of very few participants limits the scope of the entirety of the issue of gaps within youth mental

health services in the juvenile justice system. Furthermore, all participants were from the Twin Cities metropolitan area, limiting the relevance of the current research to one specific geographical area.

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Appendices

Appendix A. Interview Questions

1. How long have you been providing services to youth in the juvenile justice system?
2. What are the most common mental health diagnosis for youth referred from the juvenile justice system?
3. What are the most common types of offenses for youth in the juvenile justice system?
4. What types of mental health services do you offer to youth?
5. What intervention programs are offered to youth as an alternative to traditional disciplinary actions?
6. What do you perceive as gaps in mental health services for youth in the juvenile justice system?
7. How do you feel racial and cultural factors affect the mental health services offered to youth in the juvenile justice system?
8. How do you feel racial and cultural factors affect participation and completion of mental health services?
9. How do you feel racial and cultural factors affect the therapeutic relationship between clinician and client?
10. How do you feel gender affects the mental health services offered to youth in the juvenile justice system?
11. How do you feel gender affects participation and completion of mental health services?
12. Do you feel that mental health services address specific needs of girls in in the juvenile justice system?

13. How does family involvement affect participation and completion of mental health services?
14. What types of wraparound or multisystemic services are offered to youth involved in the juvenile justice system and their families to aid in mental health service involvement?
15. How do you feel our community can better serve the youth in the juvenile justice system with mental health diagnoses?

Appendix B. Consent Form**ST CATHERINE UNIVERSITY
Informed Consent for a Research Study**

Study Title: Gaps in Mental Health Services in the Juvenile Justice System as Identified by Clinical Social Workers

Researcher(s): Heather. A Fretty, LSW

You are invited to participate in a research study. This study is called Gaps in Mental Health Services in the Juvenile Justice System. The study is being done by Heather A. Fretty, a Masters' candidate at St. Catherine University in St. Paul, MN. The faculty advisor for this study is Rajean P. Moone, Ph. D., LNHA at St. Catherine University.

The purpose of this study is to examine the gaps in mental health services offered to youth in the juvenile justice system as identified by clinical social workers. This study is important because the findings may improve and advance mental health services offered to youth in the juvenile justice system, ultimately improving the quality of our communities. Approximately 7 people are expected to participate in this research. Below, you will find answers to the most commonly asked questions about participating in a research study. Please read this entire document and ask questions you have before you agree to be in the study.

Why have I been asked to be in this study?

The current study is using a snowball sampling method to collect participants. You have been selected as a peer, colleague, or associate of yours has identified that you meet criteria required to participate in the study including your professional standing and your knowledge of mental health services offered to youth in the juvenile justice system.

If I decide to participate, what will I be asked to do?

If you meet the criteria and agree to be in this study, you will be asked to do these things:

- Read and sign the consent form
- Participate in an audio recorded interview with a duration of 45-60 minutes
- The interview will be audio recorded and transcribed at a later time. The findings of the interview will be used in a qualitative research paper authored by the interviewer and presented on May 15, 2017. All identifying information including your name and the institution you work for will be redacted. The information will be read by the interviewer's research committee to verify the reliability of my findings. The recording and transcript of the interview will be destroyed no later than April 30, 2017.

In total, this study will take approximately 60-70 minutes over 1 session.

What if I decide I don't want to be in this study?

Participation in this study is completely voluntary. If you decide you do not want to participate in this study, please feel free to say so, and do not sign this form. If you decide to participate in

this study, but later change your mind and want to withdraw, simply notify me and you will be removed immediately. Your decision of whether or not to participate will have no negative or positive impact on your relationship with St. Catherine University, nor with any of the students or faculty involved in the research.

What are the risks (dangers or harms) to me if I am in this study?

The study has no foreseeable risks.

What are the benefits (good things) that may happen if I am in this study?

The study has no direct benefits for the individual. The study may, however, improve and advance mental health services offered to youth in the juvenile justice system, ultimately improving the quality of our communities.

Will I receive any compensation for participating in this study?

You will not be compensated for participating in this study.

What will you do with the information you get from me and how will you protect my privacy?

The information that you provide in this study will be audio recorded and transcribed at a later time. The audio recording will be stored on my personal cell phone protected by a passcode known only by me. I will keep the research results in will keep the hard-copy data in a locked file at my apartment in Minneapolis where I am the sole inhabitant. I will keep the electronic copy of the transcript in a password protected file on my computer. Only myself and my research committee will have access to the records while I work on this project. I will finish analyzing the data by April 30, 2017. I will then destroy all original reports and identifying information that can be linked back to you.

Any information that you provide will be kept confidential, which means that you will not be identified or identifiable in the any written reports or publications. If it becomes useful to disclose any of your information, I will seek your permission and tell you the persons or agencies to whom the information will be furnished, the nature of the information to be furnished, and the purpose of the disclosure; you will have the right to grant or deny permission for this to happen. If you do not grant permission, the information will remain confidential and will not be released.

Are there possible changes to the study once it gets started?

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

How can I get more information?

If you have any questions, you can ask them before you sign this form. You can also feel free to contact me at 507-254-9336 or Fret2827@stthomas.edu. If you have any additional questions later and would like to talk to the faculty advisor, please contact Rajean P. Moone at (651) 235-0346 or moon9451@stthomas.edu. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact Dr. John

Schmitt, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739 or jsschmitt@stkate.edu.

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

Statement of Consent:

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

My signature indicates that I have read this information and my questions have been answered. I also know that even after signing this form, I may withdraw from the study by informing the researcher(s).

Signature of Participant

Date

Signature of Researcher

Date