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Lindsay Pepin
How does family support
affect adjudicated adolescent
girls' experiences in a
residential treatment facility?
An exploratory study

ABSTRACT

This article presents findings from a qualitative study exploring how family support affects adjudicated adolescent girls' experiences in a residential treatment facility. The perspectives of nine professionals working with this population were gathered using an online survey that collected demographic data and open-ended questions. Data analysis was conducted using a grounded theory method and ten themes were identified: support by biological relative, support by non-biological relative, appropriateness/effectiveness of treatment, dependent on behaviors, face-to-face contact, non-face-to-face contact, socioeconomic reasons, personal reasons, negative effect on behavior, and positive effect on behavior. Implications for practice are discussed, in addition to recommendations for future research.

HOW DOES FAMILY SUPPORT AFFECT ADJUDICATED ADOLESCENT GIRLS'
EXPERIENCES IN A RESIDENTIAL TREATMENT FACILITY?
AN EXPLORATORY STUDY

A project based upon an independent investigation,
submitted in partial fulfillment of the requirement
for the degree of Masters of Social Work.

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2009

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CHAPTER 1

INTRODUCTION

Since 1995, the number of adolescent girls committed to the Department of Youth Services (DYS) in Massachusetts has increased by 51% (Commonwealth of Massachusetts, 2007). While there has been much discussion about this disturbing increase in the number of female juvenile delinquency, there is currently little understanding of what is effective in working with this population and reducing juvenile crime rates. There is a paucity of research on female juvenile delinquents compared to the amount of research that has been dedicated to male juvenile delinquents (Funk, 1999). The research that has been conducted with juvenile delinquents and their families has focused primarily on various risk factors within families that may contribute to delinquency. The question that has not been answered is, once incarcerated, what types of interventions make re-arrest less likely and enhance their chances of being successful once they return to the community? Where can providers find strengths in this population that can build on to reduce recidivism?

This topic is of importance to social work because social workers are involved in all levels of child and adolescent mental health and the juvenile justice system. They are advocates in the courts, clinicians in the treatment facilities, and family stabilization workers in the community, to name a few of their important positions (Brownell & Roberts, 2002). Social workers also carry the unique view of the person in their environment. This naturally leads to thinking about the ways in which environmental

conditions affect individuals' functioning and success. An essential part of this environment is the family system. The impact of families on the development of different characteristics in children has been researched a great deal (Davies, 2004). Yet, there is far less information available about this process when it comes to looking at juvenile delinquents, and even fewer studies that investigate protective factors related to the families of adjudicated adolescents. It is possible that valuable information may be gained for the practice of social work by merging these two topics. Research examining family support specific to the population of female juvenile delinquents is missing and could expand our knowledge on the protective factors for this population.

This study is aimed at filling the gap in understanding the influence of families for girls who have been incarcerated. As there is little in the literature that directly speaks to how these girls define family support and how they experience it while incarcerated, this is an exploratory study aimed to answer the following research question: how do adjudicated adolescent girls who have spent time in a Department of Youth Services treatment facility experience family support during the time they were in the program.

This study provides implications for practice in how providers conceptualize family and who can be supportive to adjudicated girls. This can affect who is allowed visitation and who is included in family therapy. There is also consideration given to how the courts make placements and whether proximity is at all possible. There are also implications as to how the treatment facilities can assist families in overcoming barriers to visitation.

THE FOLLOWING CHAPTER PROVIDES AN OVERVIEW OF THE AVAILABLE LITERATURE ON JUVENILE DELINQUENCY AND ADOLESCENT GIRLS AND

THE ROLE OF FAMILIES. CHAPTER III OUTLINES THE METHODOLOGY, DESCRIBING THE STEPS TAKEN TO COMPLETE THE STUDY. THE RESULTS ARE PROVIDED IN CHAPTER IV, WHICH INCLUDES THE THEMES THAT WERE DERIVED FROM THE DATA, AS WELL AS QUOTES FROM PARTICIPANTS TO FURTHER ILLUSTRATE THOSE THEMES. FINALLY, CHAPTER V IS THE DISCUSSION CHAPTER THAT SUMMARIZES THE FINDINGS, LIMITATIONS OF THE STUDY, AND IMPLICATIONS FOR SOCIAL WORK PRACTICE AND FURTHER RESEARCH.

CHAPTER 2
LITERATURE REVIEW

Introduction

Juvenile delinquency has been widely studied, especially in regards to adolescent boys and the negative influences in their lives that have contributed to their delinquency (Mullis, Cornille, Mullis, & Huber, 2004; Williams, Ayers, Bright, Abbot, & Hawkins, 2007). However, while there is a wealth of knowledge regarding boys and what may have led them to their criminal behaviors, insufficient research has been conducted on delinquent adolescent girls who have spent time in a juvenile detention center or treatment facility. Although many researchers have looked at way to identify risk factors for these adolescents, little attention has focused on viewing the family as a potential source of support for their children as, most of the research on how families relate to juvenile delinquency is full of risk factors and negative effects (Fagan, Van Horton, Hawkins, & Arthur, 2007; Hay, Fortson, Hollist, Altheimer, & Schaible, 2007; Church, Wharton, & Taylor, 2009). This chapter provides an overview of research on juvenile delinquency, focusing mainly on girls, research on the impact of family support as a potential protective factor, and what is known about treatment for this population.

Juvenile delinquency

As of January 1, 2007, the Department of Youth Services in Massachusetts had 2091 committed youth (Commonwealth of Massachusetts, 2007). Almost 90% of them

are committed until the day they turn 18 years old, with the remaining 224 adolescents committed until their 21st birthday. On any given day, there are 300 youth held by the juvenile courts in secure detention programs. As stated in the introduction, the rate of juvenile female incarceration has increased by 51% in MA, which is in stark contrast to the rate of the male committed population which has actually decreased 15.8% since 1995, over the same period of time (Commonwealth of Massachusetts, 2007). Nationally, the rate of increase was 35%, which, although lower than the rate in MA, was still a disturbing increase over time (Lederman, Dakof, Larrea, & Li, 2004).

In a national study focused on adolescent delinquent girls, structured interviews were conducted with 493 girls admitted to a short-term juvenile detention facility in an effort to better understand the needs and characteristics of this population (Lederman et al., 2004). The results of this study illustrated that the girls involved in delinquent behaviors are from diverse backgrounds with multiple needs. While the girls came from racially diverse backgrounds, the majority self identified as being from minority populations: 42% African American, 33% Latino, 11% Haitian, 8% white, and 6% choosing 'other.' The mean age of the population was 15 years old and 54% of the girls included had committed a violent crime.

In addition to the demographic information, Lederman and colleagues (2004) also included information regarding family functioning, trauma and sexual abuse history, physical health, delinquent behavior and gang involvement, education, mental health and substance abuse history, sexual activity, and peer relationships. They found that the majority of the girls reported a parent or close family member who was involved in the criminal justice system. In addition, one third of the sample reported a family member

with an alcohol problem, and one quarter reported family issues with drug and mental health problems.

Although the findings of this study are useful, among the limitations of this study noted by the authors, the interviews were conducted during the first few days of detainment, which is a uniquely stressful time. Because the data was taken during a detainment, it is unclear if these girls went on to be placed in a longer-hold facility or if they were released within a couple of days of their initial detainment. Therefore, it is impossible to determine if these girls could be compared to those who were placed in centers for a longer sentence, which may have different individual or systemic consequences.

In addition, while one of the aims of the study was to better understand and evaluate family functioning, there was no information gathered from the families. Therefore, the information comes only from the girls' perspective and knowledge of family affairs. Finally, there was no comparison data provided on either delinquent boys or non-delinquent girls. Such information might have given their results more meaning when compared and contrasted with a similar population.

Etiology theories for juvenile delinquency

There have been numerous theories on the development of delinquent acts among adolescents. Lowe, May, and Elrod (2008) attempt to integrate several of these theories, including social organization and social control theories, differential association and social learning theories, and strain, cultural conflict, and critical theories. The authors then used the theories in predicting in-school and out-of-school delinquency among a

sample of rural and small town youth, paying special attention to gender differences. They found strong theoretical predictors for delinquent peer influence, attachment to school, self-report victimization, family strain-noxious stimuli, and seriousness of school problems (Lowe et al., 2008). With regards to gender, the strongest predictor was delinquent peer influence while self-report victimization was strongest for females. The authors recommend further research into understanding how theoretical predictors of delinquency vary by context and gender.

In a recent study, Church, Wharton, and Taylor (2009) stated “both differential association theory and social control theory point to the importance of family cohesion, family stressors, and nonfamilial relationships in the development or prohibition of deviant behavior” (p. 5). Using data from a national longitudinal study, the authors looked at these three factors: family stress, family cohesion, and nonfamilial relationships, along with perceived self-image, peer’s delinquent activity, and respondents’ delinquent activity. The results show that family stressors had a significant and direct effect on respondents’ delinquency. Association with delinquent peers was predicted by both family cohesion and family stressors (Church, et al., 2009).

A longitudinal study by Bernburg, Krohn, and Rivera (2006) applied labeling theory to a sample of urban adolescents, which maintains that intervention by the juvenile justice system should affect an adolescent’s social network. This increases the probability that the adolescent will become involved with delinquent social groups, the stigma of which may lead to further deviant acts. The results of this study confirmed that “juvenile justice intervention is significantly associated with increased probability of serious delinquency in a subsequent period” (Bernburg, Krohn, & Rivera, 2006, p. 82). The authors do

acknowledge that changes in opportunity due to official intervention may impact their findings. The juvenile justice system does tend to place delinquents in the company of other delinquents, such as in therapeutic groups, after-school intervention programs, and treatment facilities. Though juvenile delinquency is not a permanent status, it does occur at a critical time in development and can have long-lasting effects.

While Lederman and colleagues (2004) found that the majority of juvenile delinquents identify as a minority, Barrett, Katsiyannis, and Zhang (2006) attempted to understand where these differences originate. Barrett and colleagues compared the predictors of offense severity, prosecution, incarceration, and repeat violations for 8,074 males and 4,394 females born in 1985 that had been referred through the South Carolina Department of Juvenile Justice and who identified as either Caucasian or African American. Contrary to many stereotypes, they found that African Americans and females were prosecuted less often than Caucasians and males, which the authors interpreted as evidence that the South Carolina system "does not treat minority youth more harshly than majority youth" (Barrett, et al., 2006). However, this only reflects the decision to prosecute, which means there is still the possibility that minority youth are being arrested in disproportionate numbers, which can also be very damaging. Unfortunately, while the authors collected data on income and family history, they dropped it from their predictive analyses, therefore little is known about these influences on delinquent behavior.

In a recent study, Gavazzi, Bostic, Lim, and Yarcheck (2008) looked at gender, family factors, and race/ethnicity among court involved youth as they related to the development of internalizing and externalizing problem behaviors. The relationship between gender and internalizing and externalizing behaviors was "significantly reduced

when family factors are taken into account" (Gavazzi, et al., 2008, p. 363). Findings also showed that females in the sample exhibited more clinical problems than males, which could be linked with difficulties in family functioning. Based on these findings, the authors implied that incorporating family-based interventions was especially important when serving female juvenile delinquents.

Acoca (1998) noted that much of our information on incarcerated girls has been pieced together from various studies and reports, and there is a great need for more information because data suggests that it is a population with serious multiple problems that will carry over into adult dysfunction. Family characteristics that are unique to female juvenile offenders include parental disengagement and inattention, abuse by a parent, emotional conflicts within the family, family histories of arrest, incarceration and fragmentation, and poverty (Mullis, Cornille, Mullis, & Huber, 2004).

Family support

Given the fact that there are clear risk factors for delinquency contributed by families (Fagan, Van Horton, Hawkins, & Arthur, 2007; Hay, Fortson, Hollist, Altheimer, & Schaible, 2007), it stands to reason that there must also be ways in which they can also be protective. Of specific interest are ways that the family can provide support in efforts to change a girl's current path when they are already involved in the juvenile justice system. Family support is a broad term that has been used to describe multiple aspects of ways that families are protective and influence their children's behaviors. This section will outline ways that different researchers have worked to define

and conceptualize family support and its role in influencing the occurrence of juvenile delinquency.

There are a variety of ways that researchers have defined or conceptualized family support. Definitions include parental awareness and monitoring, family rituals, moderate strictness, stability, positive communication, parental closeness, and secure/autonomous attachment (Allen, et al., 2002; Cheng, 2004; Clark & Shields, 1997; Hair, Moore, Garrett, Ling, & Cleveland, 2008; Parker & Benson, 2004; Romero & Ruiz, 2007). Family support has been found in several large studies to be a crucial factor in the overall health of adolescents. The National Longitudinal Study on Adolescent Health study found parent-family connectedness was protective against every health risk behavior that was identified in the study, including violence (Resnick, et al., 1997).

In an additional study using data from the National Longitudinal Survey of Youth, evaluating data from 4,671 girls between the ages of 12 and 14, the authors analyzed the impact of parenting practices and whether there was a relationship between parent-child relationships and delinquency and mental health over a four year period (Hair, et al., 2008). The authors found that positive relationships with mother and/or father figures at the first measure of quality of parent-adolescent relationship, perceived awareness/monitoring, delinquency, and mental health significantly predicted higher levels of mental health and lower levels of delinquency at the follow-up three to four years later. More specifically, participating in routine family activities led to fewer delinquent behaviors. Positive parent-adolescent relationships referred to adolescents who enjoyed spending time with parent(s) and wanted to be like the parent, thought highly of a parent. It also included the adolescent thinking that the parent(s) praised her

for doing well, not criticizing their ideas or blaming them for parent's problems, and helping them with things that are important to her. The authors also concluded that the quality of the parent-child relationship matters, even as adolescents approach adulthood and think that their parents have less of an affect on them (Hair, et al., 2008). One limitation of this study was that the authors did not have control over the parenting measures that were used and would have liked to gather more details. Another limit is that there is no information on the participant before age 12, and the authors have not yet conducted any more follow-ups, so there is no way to know if the protective factors had as much of an affect after a longer period of time. In other words, this study shows possible ways to prevent delinquency, but not whether or not family support can impact or change a negative pattern after a girl has been incarcerated.

Regardless of the structure (e.g. biological or step-families) of the family, data from the National Longitudinal Survey of Youth, Cheng (2004) concludes that family stability, along with parental supervision, is significantly related to the likelihood a child would commit delinquent acts. Based on these results, the author states that "preservation of the biological or step-family structure, without disruption, yields the benefit of reduced childhood delinquency" (Cheng, 2004, p. 56). There were limitations to this study, in that it was a secondary data analysis and the authors had no control over what questions were asked of how much information was available to him. Only 14% of large NLSY sample had answered the questions from which they took their data, which means their possible sample was much smaller than total of participants in the survey. The participants self-selected by answering these certain question and may have had certain things in common that separated them from the rest of the respondents, which therefore limits the

generalizability of the results. Similar to the Hair and colleagues (2008) study, this has again focused on prevention and not the influence of family support after a girl has already committed delinquent acts and whether it can help to change the course of an individual's behavior.

Another study with a similar preventive focus looked the specific factor of communication among family members as related to family support and a possible preventative factor against delinquency (Clark & Shields, 1997). Overall, the findings showed that open communication between child and parent was significantly related to less serious forms of delinquency, with problem communication tending towards more serious delinquent acts. However, these predictions did not hold true when interactions were broken down by gender. There were serious limitations related to the sample of this study, though, with small percentages being minority or from nontraditional families. Also, their results do not necessarily show "whether poor communication leads to delinquent behavior, or whether the relationships uncovered here were due to the disintegration of the family as a result of delinquency" (Clark & Shields, 1997, p. 85).

Two studies have shown other factors related to family support that reduces the risks for delinquency but does not provide an "intervention" for changing already delinquent behavior. The first, based on data from the National Educational Longitudinal Study, showed that parental support had a larger affect on decreasing risk behaviors than it had on increasing self-esteem. In fact, "adolescents who perceived their parents as supportive were more likely to have less delinquency, school misconduct, drug, and alcohol abuse" (Parker & Benson, 2004, p. 527).

Another factor of family support that has been considered as protective in preventing delinquency is a secure attachment. Allen and colleagues (2002) evaluated the influence of specific types of attachment on the development of delinquency and social skills. A preoccupied attachment style was most predictive of increases in delinquent behavior, relative to more securely attached participants, which often occurred in the presence of high levels of maternal autonomy. The authors hypothesized that the mothers' expressions of autonomy "may be particularly threatening to adolescents whose attachment organization is more oriented toward heightened interactions with parents . . . This in turn could lead to dysregulation of behavior and to dysfunctional efforts to gain parental attention and interaction" (Allen, et al., 2002, p. 63). Using a longitudinal design the authors were able to track patterns over time. The findings of this study indicate that delinquency prevention programs should also consider the incorporation on attachment patterns between primary caregivers and the adolescents (Allen, et al., 2002).

There are also studies that investigate issues of family support among specific minority population (Grant, et al., 2000; Romero & Ruiz, 2007). Romero and Ruiz (2007) studied the concept of familism in the Mexican American population, which is defined as unity, social support and interdependence in the context of positive family relationships. The authors examined coping with risky behaviors, familism, and parental monitoring in a sample of adolescents and results showed that spending more time with family led to reporting higher rates of parental monitoring. Also, higher parental closeness and monitoring was associated with less coping with risky behaviors later on (Romero & Ruiz, 2007). The authors suggested that a larger longitudinal sample be used in replicating their results in order to give them more statistical power.

Another study aimed at a specific minority looked at urban African American youth exposed to stress and what protective factors could be found for lessening the effects of that stress (Grant, et al., 2000). In a sample of 224 sixth-, seventh-, and eighth-grade girls, the authors examined coping strategies, positive parent-child relationships, and religious involvement. One of the most interesting results showed that strong father-figure relationships were protective when it came to stress and externalizing symptoms in this population. The authors felt this reflects traditional gender roles, in that father-figures are more often the disciplinarians, which have direct associations with decreasing externalizing behaviors, including juvenile delinquency.

These studies present the theme of research on family support as prevention. This study is aimed to fill the gap regarding whether it is possible to use family support in a positive way once a girl has already entered the juvenile justice system. The following section will describe intervention strategies that have been used at that point in the adolescents' lives.

Treatment modalities

It is clear from the above discussion of family support that there has been much research on how to prevent adolescent girls from engaging in delinquent behaviors. This next section will review what types of interventions have been used with this population when those protective factors are not present or the individual, despite having protective factors, still enters into the juvenile justice system and needs intervention strategies or programs to alter their behavioral patterns. Johnson (2003) pointed out that treating adolescent girls in general, not only female juvenile delinquents, must take into account

the fact that these girls still need their parents, just in a different way than when they were younger. There are a variety of intervention programs that have been used to address the needs of female adolescent delinquents. While they differ in their specific approaches, the majority of the programs use a family focus, rather than an individual focus to help address the delinquent behavior. However, although they used a family focus to influence behavior, the majority does not specifically highlight or utilize the family factors that have been shown to be effective in preventing delinquency, as presented in the previous section. Rather the majority of the studies focus on regaining control of the adolescent to curtail the challenging and offending behaviors.

In an article reviewing practice models of juvenile delinquency, Jennings and Gunther (2000) compare differential association and social control theory with a family health model. According to differential association, delinquent behavior is learned in small, informal group settings (Shoemaker, 1994). Social control, on the other hand, asserts that an individual's ties to social institutions, like school and family protect him/her from acting on urges to break the law (Curran & Renzetti, 1994). The family health model employs a broader definition of family and the "systematic interaction between the family and its social environment" (Jennings & Gunther, 2000, p. 78), with the main goal being empowering the family. Because this approach values the fact that each family's experience is unique and delinquent behavior occurs in that context, providers must create individualized interventions – the family is the expert on their own situation. This approach highlights strengths as opposed to deficits.

One example of a family based program is the Family Solutions program examined which was offered to first-time juvenile offenders with the goal of reducing re-

offending (Caldwell, Horne, Davidson, & Quinn, 2007). The program consisted of ten weekly two-hour group sessions for both the adolescents and parents, focusing on three specific aspects of family dynamics in the context of the program: parent stress, family functioning, and parent-adolescent communication. Goals of these sessions included building trust and group cohesion and interpersonal and family skill building. An outcome study on the Family Solutions Program found significant increases in the family's level of open communication at both post-intervention and follow-up and increases in the family functioning scores (Caldwell, et al., 2007). Unfortunately, there was no data available on recidivism rates among the study participants.

A second family approach also incorporates the use of systemic interventions to address the multiple issues facing families with a child involved in the juvenile justice system. Multisystemic Therapy (MST) is a "highly individualized family- and home-based treatment" aimed at "treating serious juvenile offenders and their multi-problem families" (Henggeler, Melton, & Smith, 1992, p. 954). One of the primary targets of MST is to reduce the level of incarceration for juveniles who are either at risk of incarceration or who have already been incarcerated (Henggeler, et al., 1992; Henggeler, Melton, Smith, Schoenwald, & Hanley, 1993). Outcomes in the first study comparing randomly assigned samples that received either MST or the usual services delivered by South Carolina's Department of Youth Services found that individuals who participated in the MST services had less arrests and spent fewer days incarcerated than the usual services group. The MST families also reported more group cohesion and less peer aggression (Henggeler, et al., 1992). One of the strengths of MST is that it is very individualized to each client's specific cultural, family, and community needs, and as a result, it was found

to be equally effective among genders and ethnicities (Henggeler, et al., 1992). While the results of this study are very encouraging, the authors did not mention if participants in the MST group had ever experienced out of home placement or if this was their first offense. This is significant because there could be differences across the board for these two types of offenders.

A second study used a longitudinal design to evaluate MST's effectiveness in reducing re-incarceration over a long period of time (Henggler, et al., 1993). Findings showed that MST "prolonged the time to re-arrest of the serious juvenile offenders in this sample" (Henggeler, et al., 1993, p. 288). At the time, this study was the first outcome study to show a treatment having lasting positive effects with serious juvenile offenders. They looked only at re-arrest, though, not incarceration, and while the MST participants were re-arrested *less often* than those who received the usual services, there were still a large number of teens re-arrested.

More recently, Coleman and Jenson (2000) conducted a longitudinal investigation of abused and behavior problem youth participating in a family preservation program. Therapists spent between 30 and 50 hours with families over an average of 60 days and their intervention strategies focused on skills training for youth, parent training, and crisis intervention. Follow-ups were conducted with families between eight months and three and a half years after completion of the program. The difference in this sample was that all but nine of the 104 children in the sample had not actually committed a crime at the time of referral to the program; rather they were identified as having behavior problems in the family and community or as having been abused. These nine youth in the sample were on probation when they started the program. The authors found that youth in the

larger behavior problem subset had more parent-child conflict at the outset than the abused subset. They were also significantly more likely to be convicted of a crime, felony or misdemeanor, during the follow-up period. Surprisingly, the risk of offending increased by 22% for each additional family problem identified at the beginning of the program (Coleman & Jenson, 2000). The authors found enough differences between the behavior problem and abused groups to conclude that family preservation services need to be more adaptive to the needs of clients and suggested that subsequent research should focus on these specific needs (Coleman & Jenson, 2000).

Summary

Working with families from a strengths perspective involves "valuing families though recognizing and building on their strengths [which] can assist families in improving their lives" (Early & GlenMaye, 2000, p. 118). If it has been determined that a girl will return to her family of origin after being sent to a detention or residential treatment facility, there must be sufficient positive things about the family to justify reunification, which provides an ideal basis for recognizing and building upon the positive and resilient aspects of the family. Therefore, acknowledging and working with existing strengths would lead to better family functioning. In addition, a strengths based perspective is very versatile because it can be integrated with other theoretical orientations (Johnson, 2003), which means it wouldn't require a total overhaul of any pre-existing system.

The unique situation of how to best service girls who are already involved with the juvenile justice system is the main focus of this study. It is evident in the literature

presented here that the research on family support among this population has mainly dealt with prevention and not the more difficult task of intervening and changing delinquent behaviors. This is an important piece of the puzzle in figuring out how to deal with the problem of female juvenile delinquency that has been increasing in severity in recent years. The aim of this study is to explore the unique situation of incarceration as it relates to family support in hopes of creating a base on which more research may be conducted on the specific protective factors that families have to offer to these adolescents. The purpose of this study is to answer the following research question: how do adjudicated adolescent girls who have spent time in a Department of Youth Services treatment facility experience family support during the time they were in the program? The hypothesis was that positive family support is a protective factor once girls have already entered into the juvenile justice system.

CHAPTER 3

METHOD

Participants

The participants in this study were nine professionals working in the field of adolescent mental health and the juvenile justice system. The only inclusion criterion was that they must have worked directly with the girls in a professional capacity, which includes direct contact with adjudicated girls either during or after their stay in a state-run or contracted treatment program. The positions of participants included juvenile court counselors, clinicians, and direct care staff. There was no exclusion criteria based on age, gender, or race. The survey was posted online in English only, as the primary investigator is not fluent in any other languages. There are a total of 9 participants that responded to the demographic questions in the survey. Five of the respondents identified as female (62.5%) and three identified as male (37.5%). The age of respondents ranged from 24 to 54 years of age, with the average being 36.88 years. The majority of participants identified as Caucasian (n=7, 87.5%) and only one as African American (12.5%). There was a range of positions in which participants were employed. There were five juvenile court counselors, two clinicians, and one participant involved in juvenile public policy. The average length of time working in the field was 9.88 years. Three of the respondents had obtained their masters degree, two in social work and one in science. Three others indicated having a Bachelor of Science and two had a Bachelor of Arts. See Table 1 for a representation of all demographics by participant.

Table 1: Demographics of Participants

Participant	Gender	Age	Race	Position	Experience (in years)	Level of Education
1	male	42	white	Public policy	8	MS
2	female	28	white	Juvenile court counselor	5	BA
3	male	40	white	clinician	12	MSW
4	female	24	white	Juvenile court counselor	2	BS
5	male	46	white	Chief court counselor	24	BA
6	female	54	black	Juvenile court counselor	17	BS
7	female	31	white	Juvenile court counselor	3	BS
8	female	30	white	Clinical social worker	8	MSW
9	female	32	Latino	Direct care supervisor	5	GED

Study design and measures

A flexible method of gathering data through an open-ended online survey was utilized, which yielded qualitative results for analysis. A snowball method was used in recruitment for this study. An invitation email was sent out to the investigator’s contacts through the juvenile justice, mental health, educational and social services systems. In addition to inviting the individual to participate in the survey, there was a statement

asking the individual to forward it on to any other professionals they know of in the field, regardless of whether the receiver decides to participate in the study. The informed consent was also placed on the website with the survey and each participant was required to check the box indicating consent before s/he can move on to the actual survey. In efforts to ensure confidentiality, all IP addresses were stripped from the information collected by the online survey software. A contact phone number and email was provided within the consent should a potential participant have a question before giving consent and completing the survey. In addition to survey questions related to family support among the population, the participants are also asked to provide certain demographic and professional information. This included gender, age, race, position, number of years working in the field, and level of education.

The data obtained through the online survey was qualitative as shown in the questionnaire (Appendix A). The survey was open four weeks and reminders were sent out after two weeks of the survey being open. Once the survey was closed, responses were analyzed for themes and, where applicable, the responses were compared and contrasted with regards to demographics, education level, and the capacity with which the participant worked with the population. However, the primary aim was to better understand from the responses how family support impacted the experience of the girls they work with who were incarcerated for a period of time. This study was approved by the Smith College School for Social Work Human Subjects Review Board. All materials pertaining to the HSR, recruitment, and consent are included in Appendix B - D.

Data Analysis

A grounded theory methodology was employed to analyze the narratives that resulted from the open-ended survey questions. This methodology is defined as a systematic generation of theory based on the collected data (Anastas, 1999). According to Anastas (1999), “the goal of the method is to ensure that theory is adequately grounded in “reality” or empirical data, particularly in complex, contextual data that are generated by flexible method research” (p.423). This best fits the study because, due to the lack of similar research in the field, the data is really building the concepts from the ground up.

There was no need for transcription in this study, as the online software provided a spreadsheet of all responses. Demographics were analyzed for average age and years working in the field, and percentages were obtained for gender and race. All other demographic data is presented in the narratives. The principal investigator reviewed all of the participants’ responses several time and patterns/themes were noted after each review of the responses. By comparing and contrasting the material in search for patterns, ten themes were determined based on the best conceptualization of the similar ideas expressed by the participants. Although the responses were reviewed several times, the original 10 codes remained the ones used in the data analysis. Once these ten themes were decided upon, these were used in the coding process.

The primary investigator then re-read all responses and highlighted sentences and/or phrases that matched a specific theme. The highlights were color-coded by the code, for example, red corresponded with theme 1, blue with theme two, etc. Three independent trials were conducted, in total, with these ten themes by the principal investigator of this project. The second trial matched the first at a rate of 90% of the

codes identified. The third trial was a 100% match to the first, and the data is derived from the third trial. The total number of responses for each code was then calculated. In the next chapter, selected responses of the participants are presented to illustrate more clearly some of these 10 codes.

While none of the original themes were deleted or others added to it, based on the data analysis, some of the wordings or titles of themes were modified from the original. The idea behind the theme was kept the same, but the name was changed to make it more representative of the information conveyed under that theme. For example, the theme “most therapeutic approach” was changed to “appropriateness/effectiveness of intervention” because it was a better description of the information that was categorized under this theme. Also, “negative effect on behavior” and “positive effect on behavior” previously used the word ‘consequence’ instead of ‘effect.’ This was changed because of the implications of the word ‘consequence’, and ‘effect’ seemed more appropriate.

CHAPTER 4

FINDINGS

This was a qualitative study, as such the results presented are based on the ten themes that were discussed in the previous chapter, using the narratives of the participants as much as possible to illustrate the themes that emerged from the survey responses. These themes included the following: support by biological relative, support by non-biological family, appropriateness/effectiveness of intervention, treatment dependent on behaviors, face-to-face contact, non-face-to-face contact, socioeconomic barriers to support, personal barriers to support, negative effect on behavior, and positive effect on behavior. Table 2 presents these themes with the total number of times were coded within the responses. In general, these themes cross-cut the various questions of the survey, and are therefore presented as general themes. Some themes will be presented from specific questions, though, as they did not appear in response to more than two questions. A brief description of each theme is provided in this chapter, along with a discussion of what the participants said around this theme.

Table 2: Themes and their number of responses

Theme	Number of Responses
Biological relative	13
Non-biological family	5
Appropriateness/effectiveness of intervention	6
Dependent on behaviors	5
Face-to-face contact	8
Non-face-to-face contact	8
Socioeconomic barriers	4
Personal reasons	4
Negative effect on behavior	6
Positive effect on behavior	5
Total	64*

*Total does not match number of participants as the participants provided multiple responses to the survey.

Theme 1: Support by biological relative

Participants were asked to define who the adjudicated girls usually considered part of their family. It was also common throughout the responses that the participants mention who was offering the support to the girls. Space was provided to address this issue in order to recognize the fact that meaningful support may be coming from non-traditional sources. It was also important to have participants define “family” as applied to the girls with whom they have worked. Seven participants indicated at least one biological relative throughout their responses, with the theme being mentioned 13

times in total. The individuals indicated ranged from biological parents, grandparents, siblings, and cousins. One participant stated that “typically there is a biological aunt, cousin, [or] grandmother that the juvenile appears to be close to.” Another indicated that often grandmothers are referred to and thought of as “mom.” Only one participant mentioned fathers, stating “a large portion of females [are] raised only by their biological father.”

Theme 2: Support by non-biological family

This theme is the counterpart to the one listed above. In cases where the participants’ responses did not only mention a biological family member, it was common for them to refer to a non-biological individual(s) that the girl has a close supportive relationship with. As stated above, it was important to recognize the presence of support from non-traditional sources. Participants offered varied responses to when describing this theme. Five of the participants mentioned non-biological individuals, along with biological, as being considered family. Examples of these individuals include boyfriends, friends, friends’ mothers and siblings, and gang members. One participant stated “it usually var[ies] by economics . . . lower economic girls may consider friends as sister[s] . . . and gang members as family.” Of note, no participants listed only non-biological family members. All responses had some mention of a biological family member.

Theme 3: Appropriateness/Effectiveness of Intervention

The third theme that emerged from the responses was the appropriateness and effectiveness of the treatment the girls received. In other words, the participants ($n=6$)

raised their concerns about whether the interventions the girls received were appropriate and would ultimately be helpful to them in changing their behaviors. For example, one participant stated that his/her office, in an effort to provide an appropriate setting for the girls, “works to provide the females a more therapeutic approach [than males].”

Similarly, another participant reported that their agency would explore a variety of placement options such as a wilderness camp or group home to try to find the most “appropriate treatment setting.”

While the above participants discussed the efforts made to match up the appropriate treatment with the girls’ needs, three participants offered negative comments about the therapeutic approach, or lack thereof, taken with girls in their experience. However, it is not clear whether the concerns were based on whether the agency did not consider other approaches or whether once the girls were placed, the placement did not match their expectations for their level of effectiveness. One participant referenced the length of stay possibly playing a role in the effectiveness or appropriateness of the placement, stating “Most [girls] re-offend. The youth I serve tend to have short stays, and seem to go back in within several months of release.” Another noted challenges stemming from within the agency and being able to meet the needs of the girls, that “it is often difficult for a facility to manage girls because of lack of understanding of various needs of girls.” Similarly, while no specifics were given, another participant also noted that programmatic shortfalls contributed to the ineffectiveness of the program. “I think the program that I work for needs to help the girls more so when they leave our facility they do better in the out.”

Theme 4: Dependent on behaviors/offense

The fourth theme expressed the sentiment that the “punishment fits the crime.” In other words, respondents ($n=5$) stated that the intervention provided was focused on how the girls fell into categories of intervention based solely on their crime, rather than on their individual needs. These predetermined tracks appeared to dictate where the girls were sent and for how long. This theme highlights a different approach to treatment planning that was referred to in the previous theme. In contrast to the previous theme, the participants discussed the importance of finding an appropriate placement that would most fit the individual needs of the girl in the hopes that such an intervention would be therapeutic and ultimately helpful. For those that made statements that expressed this “dependent” theme, it appeared that the treatment decisions were driven by predetermined policies. For example, one participant stated that at the facility where he/she worked, the girls’ treatment fell between one and three months, a length of time determined by the type of offense they committed, rather than the individual needs of the girl being placed there.

Theme 5: Face-to-face contact

One of the primary aims of this research project was to better understand the specific mode of contact and support used during an incarceration period. The theme that emerged around this focus addressed the means through which biological and non-biological family stayed in contact with the girls and managed to offer support during a particularly difficult time. The primary form of contact ($n=8$) that was identified was

“face to face” contact, or in person contact between a support person and the girls themselves. The only form of face-to-face contact that participants identified was simply characterized as visits to the treatment facility, as this was the only way possible. Two participants commented that these visits took place in spite of the restrictions placed on them, such as they can only occur on certain days of the week and siblings are not allowed to visit at certain facilities “to ensure that notes/paraphernalia are not being transferred in and out of the facility.” The theme of face-to-face contact was found in responses throughout the surveys, yet the participants did not offer their opinion as to which mode of contact they felt was most important or effective in communicating support.

Not only were visits considered the primary way of maintaining contact, they were also perceived by the participants to be a common method the girls received support during their stay at the facility. An example of such support was shared by a participant who related a story of a parent coming to visit on her daughter’s birthday and bringing cake for all of the girls at the facility to celebrate. Another participant reported that there might be requirements on families to come to the facilities to participate in family therapy. However, it is not clear if such required visits were experienced by the girls as receiving support as a voluntary visit might have.

Theme 6: Non-face-to-face contact

While many girls had face to face contact during their stay in the facility, other forms of communication were also mentioned by the participants as being a means through which the girls remained in contact between themselves and their family and

support systems. This theme of non-face to face contact captures the other modes of communication. Only two other forms of contact and methods of support reported by participants were identified by participants. Phone calls and letters were the non-face to face methods, which is understandable given that many facilities do not allow cell phones or have email access, as such, they are limited to only those two methods. Six participants listed phone calls as a major method of support, with one participant stating “the majority of contact is through phone calls.” Two other participants reported that there are some restriction placed on these calls, though, such as the calls home can be made “once a night for five minutes” and must be “approved by clinicians.” Letters were also mentioned by two participants as ways the girls stay in contact with their families.

As with the face-to-face contact, letters and phone calls were described by the participants as ways families both stayed in contact as well as offered support to their daughters/relatives during this time. One participants went as far as connecting the phone calls to potentially greater support upon release, stating that families who “remain in phone contact [and] appear to want to assist the girls in avoiding future trouble once they return home.”

Theme 7: Socioeconomic barriers

Participants were asked to list some of the common reasons from their perspective that led to families not visiting their daughters while incarcerated. Within the responses, it was clear that socioeconomic barriers were the most significant issue for families. The most commonly listed reason ($n= 4$) was difficulties with finding transportation and lack of gas money. Problems with child care for other children in the home were also reported

as keeping families from being able to visit. Three of the five respondents to this question listed the above-mentioned practical barriers to offering support in person.

Theme 8: Personal reasons

While the majority of respondents felt that socioeconomic issues were the primary barriers to being able to visit the facility, some participants also noted that it appeared to them that personal reasons played a role in their lack of visitation. The responses reflected the participants' belief that the support person made a conscious decision not to visit and/or felt there was a reason not to visit. The responses for this theme were more varied than those for socioeconomic barriers, yet they were all clear examples of when a family member had a personal reason for not visiting the treatment facility. Four of the participants responded with such reasons. An example of such a statement came from one participant who stated "some parents have stated they feel the juvenile . . . is in "need of a lesson," and going to see them would take away from them "learning from what they've done." As the parents were not surveyed themselves, there are no specific details offered as to how they came to the decision not to visit. However, based on the responses, there are certain cases where an adjudicated girl did not receive face-to-face contact and support from those identified as part of her family. There was no information offered as to whether families that chose not to visit kept in contact and/or offered support through phone calls or letters.

Theme 9: Negative effect on behavior

It was clear from the responses that from the perspective of the participants, they felt that the return home often led to an increase in negative behaviors. This theme illustrates the participants' opinions about the girls' experiences of returning home after so much time away from their families. There was a clear pattern in the responses that the participants felt that there was often a problem in the transition from facility back to the home. This theme came up six times throughout the responses. One participant stated "the transition back home can be difficult . . . parents usually expect that the girls' problems will be gone." Another experienced that "in most cases . . . girls return at least once . . . they have a hard time getting back to home life." Two participants went so far as to link these difficult transitions with the perceived lack of contact and support the girl received while in she was away. These participants responded that in his/her opinion a lack of family support led to negative effects on the girls' behavior. One participant stated "some of the girls have come home feeling rejected by their parents, asking why they didn't come to see them."

Theme 10: Positive effect on behavior

In the previous theme participants identified the difficult transitions for girls. In contrast, over half ($n=5$) of the participants noted that a positive transition, sometimes related to the family support they received, which in turn had a positive impact on their behavior upon return home. Within the theme, participants were able to identify cases where they saw positive outcomes after girls were released from the facilities. One participant shared that in his/her experience "some girls actually decide to do better" and

“in a few cases [treatment] actually works.” Another stated that “the more support [there is,] the less emotional and behavioral problems.” In addition, “they are happy to be home with their families, they enjoy the freedom . . . sometimes they do right so they never have to return.”

In summary, the themes that emerged from the qualitative data included support by a biological relative, support by non-biological family, appropriateness/effectiveness of intervention, dependent on behaviors, face-to-face contact, non-face-to-face contact, socioeconomic barriers, personal reasons, negative effect on behavior, and positive effect on behavior. The following chapter will provide a discussion of the meaning of these findings and the implications for social work practice based on these findings.

CHAPTER 5

DISCUSSION

Summary of Results

The objective of this study as an exploratory study was to expand the literature available on female juvenile delinquency. It is evident in the existing literature that the following questions have not been answered: Once incarcerated, does family support make re-arrest less likely and enhance their chances of being successful once they return to the community? Where can providers find strengths in this population that can build on natural supports to reduce recidivism? This study sought to look specifically at how adjudicated adolescent girls may experience family support while serving time in treatment facilities, and what effect, if any, this has on their experience afterwards. This chapter will also address the limitations of this study, implications for social work, and areas for future research.

This study allowed the participants to define “family” as they saw it pertained to the girls with which they worked in order to provide space for non-traditional formations of the concept of family. The overwhelming response from participants was that, in most cases, this reflected biological family members. About half the participants also mentioned non-traditional family members, such as peers and their peers’ family members, along with biological members. This shows an expanded definition of family with the inclusion of non-biological individuals included in the broader definition of family. These results show that the social supports of the family primarily included

biological family members, however, in many cases, other non-biological individuals were included within their social support network. While this could be interpreted positively if you consider the fact that there may then be more people available to provide support to the girls, more research would need to be conducted to determine what impact or differences come from having a broader network of individuals to provide support.

The sample was split fairly evenly with regards to how they saw the girls' treatment being handled by the system. Interestingly, the participants expressed two very different practices within the juvenile court system. Contrary to the literature, none of the participants mentioned that anything regarding the families was factored into decisions about where, how long, or what kind of treatment. Only one participant mentioned family therapy, which is in contrast to what has been found in the literature where greater gains have been obtained in reducing future negative behaviors when the family has been included in models such multi-systemic family therapy (Henggeler, et al., 1992; Henggeler, et al., 1993).

Another interesting finding was that there are still a number of treatment facilities that use predetermined sentences or treatment plans rather than on the individual needs of the girls. This more closely resembles the adult justice system with its minimum sentence requirements, which seems to be more responsive to public opinion about the sometimes real, and sometimes perceived, rise in juvenile violent offenses (Commonwealth of Massachusetts, 2007).

Participants reported that there was a range regarding the methods of contact and providing support by the support network. According to their responses, face-to-face visits are utilized for contact and support just as much as phone calls and letters. Given

the fact that treatment facilities may not necessarily be that easily accessible from the communities where families live and many participants noted that socioeconomic barriers made it difficult for families to visit the girls, it may be that other methods of communication should be encouraged and seen as the “norm” rather than an exception. More research should also be done to determine if there is a difference experienced, either quantitatively or qualitatively on the impact of the varying forms of communication.

The fact that there were many forms of communication, one could interpret this finding to show that families are recognizing the importance visiting and putting in the extra time and effort for the girls. This, in of itself, can be viewed as supportive even though no information was provided on the actual content of the visits. As stated previously, there are still barriers keeping some families from visiting. The socioeconomic reasons, such and lack of transportation, are the most unfortunate since families may want to visit, but just don’t have the money or the means. This barrier may be much easier to remedy than the personal reasons that keep families away. If the state-run or contracted facility had the resources to assist families with the trip, the amount of face-to-face contact could be greatly increased. While it is impossible to know based on this study’s design and results what impact such face-to-face contact has on the girls when they return home, it may have been that having consistent contact while they were away helped their transitions back to their home community.

Transitions back home was a theme that emerged in the responses. From the perspective of the participants, problematic transitions seem to lead to conflict with parents and have negative effects on behaviors, possibly perpetuating the cycle as the

girls return to the same behaviors that previously got them in trouble, and reenter the court system again. On the other hand, the participants attributed more successful transitions to the girls missing their freedom. Some participants also attributed positive changes in behavior directly to family support and the program's treatment. However, these views were based on their perceptions and were only expressed by a minority of the participants. More research would need to be conducted to investigate the causal relationship between family support and success post-release.

Limitations

While there were some interesting findings that emerged from this study, it is important to recognize that there were several limitations in this study other than those already mentioned. The first limitation is the small sample size, only nine participants. There are several reasons why response rates may have been lower than expected. One of the reasons for the low response rate may have been the sampling method. It is inherent in the snowball sampling method that the researcher has no control over how the recruitment email is passed along, only with whom it originates. Therefore, the recruitment email may not have reached the desired population and/or may not have been passed along to other individuals as requested. It is possible that the email reached people who may have been willing to participate and later realized that they were not part of the target population. It is also possible that the email did not get forwarded to people as hoped, even with a second reminder being sent out to the original list.

Another reason for the small sample may be that the population accessed is not actually very large. The number of individuals that work directly with adjudicated

adolescent girls may not be that high given the fact that these girls are a very specific population. One participant stated that where he/she worked, they had no females committed to DYS custody in the past year. While this situation may not be true for many areas of the country, the response from this participant does indicate that for some areas, there are limited placements for girls, further limiting the number of individuals who then work with them professionally.

Another limitation related to the methodology is the fact that the data was single-coded and therefore lacks inter-rater reliability. There was no second coder with which to compare results. The primary investigator tried to combat this by conducting three independent coding trials. The third trial was a 100% match to the first trial. Consequently, this was the data set used for analysis, yet a stronger design would have been to have a second investigator also coding the data. Also, it is not possible to identify causality based on the results. The responses were based on the participants' perceptions rather than determining the direct effect of on-going contact and/or support. The use of a web-based survey, though advantageous in many ways, eliminates the possibility for follow-up questions. These can often be very useful for clarification. Therefore, some of the research questions may not have been as fully explored as they might have been in a focus group or individual interviews.

It was the primary investigator's intention to reach participants that had direct contact with the girls while they were serving their time in the treatment facility. In actuality, the majority of participants ($n=6$) had contact with the girls before and/or after this time. Their contributions are no less valid, but they are most likely based on second hand accounts of what the girls and their families told them about the experience after the

fact. The sample also lacked diversity in that a large portion of the participants were white and most of the sample worked a juvenile court counseling position. The sample was also two-thirds female and had completed their bachelor's degree. It is unknown how these factors may influence the girls they come in contact with and their subsequent relationship with them and their family. This, in turn, could affect their responses to survey questions.

Finally, in creating unique measures, there is often the possibility that the questions used may not elicit the information as intended in the design of the question. The survey question asking what the participants knew about the girls' experience of returning to their families when they got out of the program is an example of a question where the responses did not provide the information sought out by the investigator. In addition, because of the research design, there was no mechanism through which the investigator could ask follow-up questions to ask the question in a different way in an effort to elicit other responses.

Implications for Practice

It is clear based on the results of this study that participants experienced non-biological individuals as members of the families with support to offer the girls. Based on these findings, it behooves both policy workers and practicing clinicians to be more inclusive when involving individuals that encompass a girl's support network when focused on planning for treatment and/or arranging family therapy. The practice of only allowing immediate biological family members to enter the facilities for visitation may be excluding critical supportive individuals who may be an integral part of their success.

upon returning home. In addition to expanding the types of individuals who are included as supports, juvenile court professionals and other providers can further support the girls by being more mindful of the individual needs of the girls and their support systems when considering different placement options. It was clear from this study that for many families, socioeconomic barriers impact their ability to remain in face-to-face contact with the girls. As such, courts should consider the proximity of a facility to the community of origin and consider a placement that is a manageable distance for the support network whenever possible. In addition, courts and/or treatment facilities should investigate methods to financially support the families in an effort to assist with some of the socioeconomic barriers that may prevent them from visiting the girls. Assistance with gas money or helping to arrange car pools are two examples ways that funds could be used to reduce some of the economic barriers mentioned in the study.

Future Research

Many ideas for additional research have already been mentioned in this discussion. Some of these include: the causal relationship between support and continuing success in the girls; differences between biological versus non-biological supports in creating a support network; whether there are differences between face-to-face supports compared to other forms of support, such as letters or phone calls; and if “forced” support/contact (e.g. mandated family therapy) when compared to voluntary support/contact (e.g. visits initiated by support individuals) have the same impact.

In addition to these ideas already mentioned, another idea would be to investigate the content of the visits and what effect they may have on the girls’ experience. Certain

aspects of the interaction, such as who comes to visit and what topics are discussed, might have an impact on the girl's behaviors or progress in the program. Along the same lines, researchers could investigate whether moving the girls to facilities closer to their community of origin actually resulted in supportive individuals visiting more often. Would the families be more involved and/or invested in the treatment? Also, it could be valuable to interview the girls themselves to learn from them what they felt they needed as far as support is concerned. They could also offer what impact they feel that support, or lack thereof, may have had on their subsequent involvement with the juvenile justice system. Directly interviewing successful girls could also shed light on the factors that play into their success. This could point towards family support and/or other factors that may create more of a difference in their successful transition and abstinence from future criminal activities.

Conclusion

In conclusion, there is a wealth of information to still be gained regarding adjudicated adolescent girls. This is a population that needs support and appropriate treatment in order to improve outcomes and provide the girls with the best possible future. In these cases, the state has already taken on the burden of treatment, but families can be an invaluable resource in providing support to the girls during this difficult time. If more can be understood about how this support can help the girls, what type or method of support is most valuable, and how this may facilitate their transition back home, providers could more effectively create an intervention plan that facilitates change.

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APPENDIX A

DEMOGRAPHIC AND SURVEY GUIDE

Gender: M F Age:_____

Race: White Black Latino

American Indian Other:_____

Discipline/Position:_____

Number of years working in this field:_____

Level of education:_____

1. Please describe the capacity in which you worked with adjudicated adolescent girls who served time in a DYS treatment facility.
2. Please define who the girls usually consider part of their family. Does this represent a more “traditional” family structure or does it include extended family members or individuals that are not biologically related?
3. How often are the girls you are in contact with mandated to a DYS program? Do most of them serve only one period of time in a facility or do they tend to re-offend and spend time in several different facilities? How long is each stay, on average?
4. How do the girls stay in contact with their families during this time? Were the families able to come visit the girls or did they keep in touch mostly through phone calls and letters?

5. If they weren't able to visit, what are some common reasons?
6. In what ways are families supportive of the girls during this time?
7. In what ways, if any, do you think this affects their experience in the program?
8. Please describe what you know about the girls' experience of returning to their families after so much time away.
9. Please use the following space to detail anything else you feel is important to share that isn't related to any of the previous questions.

APPENDIX B
HSR LETTER OF APPROVAL

February 5, 2009

Lindsay Pepin

Dear Lindsay,

Your final revisions have been reviewed and all is now in order. We are happy to give final approval to your study.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

You have worked very hard on getting this all together and we wish you good luck with your recruitment and your project.

Sincerely,

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee

CC: Melissa Grady, Research Advisor

APPENDIX C

RECRUITMENT EMAIL

Dear Potential Participant,

My name is Lindsay Pepin and I am a graduate student at Smith College School for Social Work in Northampton, MA. I am working on a masters thesis aimed at exploring how adjudicated adolescent girls experience family support related to their experience in juvenile treatment facilities. Because you are identified as a professional working in this field, your knowledge and experience is valuable to my study.

This study is a web based survey and should only take about 15 minutes. While there are no direct benefits to you, your responses will help to expand the literature on a topic that requires much more attention and research. A full consent form is included in the survey, as well as more information regarding risks and benefits.

Please click the link below to be taken directly to the survey.

The link for the survey is:

https://www.surveymonkey.com/s.aspx?sm=Oca_2bEfohjzSkYTsO13vgzw_3d_3d

Your responses are very important and I hope you will take the time to complete the survey. Feel free to contact me with additional questions at the phone number below. Please pass this email along to anyone else you know that works with adjudicated adolescent girls during or after their stay in a juvenile treatment facility. Even if you choose not to participate, please forward this email and give others the chance to contribute to this study.

Sincerely,

Lindsay Pepin

413-552-7147

linzpepin@hotmail.com

APPENDIX D
INFORMED CONSENT FORM

Dear Potential Participant,

My name is Lindsay Pepin and I am a graduate student at Smith College School for Social Work. As part of my thesis project, I am studying how adjudicated adolescent girls experience family support while they are mandated to a state run or contracted treatment facility. It is my hope that this study will expand the knowledge and understanding of how to provide more effective services for the complex needs of these girls. My thesis will be shared with the Smith College School for Social Work community and findings will be used for my Master's thesis, presentation, and possible publication.

In order to participate, you must hold a professional position working with adjudicated adolescent girls. This study will use a survey method through Survey Monkey, a web-based software program. The survey questions will involve writing responses that reflect your knowledge of the experiences of the girls you work with.

This survey is completely voluntary and you are free to stop the survey at any point at which time your answers will be disregarded in the final analysis. In addition, you are free to skip any question(s) you do not want to answer. Although there are no direct benefits to you for your participation, it will contribute to the literature on a population with extremely complex experiences and needs.

Participation in this study is confidential: no identifying information about the participants will be used in the analysis or dissemination of this research. All identifying information in terms of the IP address will be removed by the software program. In addition, because the survey will be administered by Survey Monkey, the primary investigator will not be able to track data to connect any responses to a specific participant. Data will be locked in a file cabinet during the thesis process and for three years thereafter, in accordance with Federal regulations. After this time, all data will be destroyed.

In order to participate, you must give consent. If you have any questions before doing so, please contact me. I can be reached by phone at 413-552-7147 or by email at lpepin@smith.edu. You can also reach the Chair of the Smith College School for Social Work Human Subjects Review Committee at 413-585-7974.

By completing this survey, you are indicating that you have read and understand the above information and that you have had the opportunity to ask questions about the study, your participation, and your rights and that you agree to participate in the study.

[] Please click the box, which indicates that you agree to the above statements.