An inquiry into the experiences of adolescents in multiple residential treatment settings: do perceptions change over time and at follow-up?

Timothy Francis Heinrichs

Iowa State University

Follow this and additional works at: https://lib.dr.iastate.edu/rtd

Part of the Clinical Psychology Commons, Family, Life Course, and Society Commons, Psychiatry and Psychology Commons, Social Psychology Commons, Social Psychology and Interaction Commons, and the Social Work Commons

Recommended Citation


This Dissertation is brought to you for free and open access by the Iowa State University Capstones, Theses and Dissertations at Iowa State University Digital Repository. It has been accepted for inclusion in Retrospective Theses and Dissertations by an authorized administrator of Iowa State University Digital Repository. For more information, please contact digirep@iastate.edu.
INFORMATION TO USERS

This manuscript has been reproduced from the microfilm master. UMI films the text directly from the original or copy submitted. Thus, some thesis and dissertation copies are in typewriter face, while others may be from any type of computer printer.

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleedthrough, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send UMI a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

Oversize materials (e.g., maps, drawings, charts) are reproduced by sectioning the original, beginning at the upper left-hand corner and continuing from left to right in equal sections with small overlaps. Each original is also photographed in one exposure and is included in reduced form at the back of the book.

Photographs included in the original manuscript have been reproduced xerographically in this copy. Higher quality 6" x 9" black and white photographic prints are available for any photographs or illustrations appearing in this copy for an additional charge. Contact UMI directly to order.

UMI
A Bell & Howell Information Company
300 North Zeeb Road, Ann Arbor MI 48106-1346 USA
313/761-4700  800/521-0600
An inquiry into the experiences of adolescents in multiple residential treatment settings:
Do perceptions change over time and at follow-up?

by

Timothy Francis Heinrichs

A dissertation submitted to the graduate faculty
in partial fulfillment of the requirements for the degree of
DOCTOR OF PHILOSOPHY

Major: Human Development and Family Studies
(Marriage and Family Therapy)
Major Professor: Harvey Joanning

Iowa State University
Ames, Iowa
1998
This is to certify that the Doctoral dissertation of

Timothy Francis Heinrichs

has met the dissertation requirements of Iowa State University

Signature was redacted for privacy.

Major Professor

Signature was redacted for privacy.

For the Major Program

Signature was redacted for privacy.

For the Graduate College
### TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>ACKNOWLEDGMENTS</th>
<th>viii</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSTRACT</td>
<td>ix</td>
</tr>
<tr>
<td>CHAPTER 1. INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>Purpose of the Study</td>
<td>2</td>
</tr>
<tr>
<td>Questions posed in the Study</td>
<td>3</td>
</tr>
<tr>
<td>CHAPTER 2. REVIEW OF RELATED LITERATURE</td>
<td>5</td>
</tr>
<tr>
<td>History of Adolescence</td>
<td>8</td>
</tr>
<tr>
<td>Residential Treatment</td>
<td>10</td>
</tr>
<tr>
<td>History of Inpatient Psychiatric Services</td>
<td>10</td>
</tr>
<tr>
<td>History of Residential Treatment Facilities</td>
<td>12</td>
</tr>
<tr>
<td>Statistics</td>
<td>16</td>
</tr>
<tr>
<td>Qualitative Research</td>
<td>20</td>
</tr>
<tr>
<td>Theory</td>
<td>22</td>
</tr>
<tr>
<td>CHAPTER 3. METHOD</td>
<td>29</td>
</tr>
<tr>
<td>Sample</td>
<td>29</td>
</tr>
<tr>
<td>Researcher Analysis</td>
<td>29</td>
</tr>
<tr>
<td>Researchers as Instruments</td>
<td>41</td>
</tr>
<tr>
<td>Procedure</td>
<td>44</td>
</tr>
<tr>
<td>Data Analysis</td>
<td>48</td>
</tr>
<tr>
<td>Trustworthiness</td>
<td>51</td>
</tr>
<tr>
<td>Credibility</td>
<td>51</td>
</tr>
<tr>
<td>Transferability</td>
<td>55</td>
</tr>
<tr>
<td>Dependability</td>
<td>56</td>
</tr>
<tr>
<td>Confirmability</td>
<td>58</td>
</tr>
</tbody>
</table>
CHAPTER 4. RESULTS

Analysis

What's it like being in a group home?

Day to Day: Respondents in treatment
Day to Day: Respondents out less than a year
Day to Day: Respondents out over a year

Rules/Control: Respondents in treatment
Rules/Control: Respondents out less than a year
Rules/Control: Respondents out over a year

Family Relationships: Respondents in treatment
Family Relationships: Respondents out less than a year
Family Relationships: Respondents out over a year

Therapeutic: Respondents in treatment
Therapeutic: Respondents out less than a year
Therapeutic: Respondents out over a year

Labeling: Respondents in treatment
Labeling: Respondents out less than a year
Labeling: Respondents out over a year

School: Respondents in treatment
School: Respondents out less than a year
School: Respondents out over a year

Different than home: Respondents in treatment
Different than home: Respondents out less than a year 74
Different than home: Respondents out over a year 74
Learning the ropes: Respondents in treatment 75
Learning the ropes: Respondents out less than a year 75
Learning the ropes: Respondents out over a year 76
How to improve: Respondents in treatment 77
How to improve: Respondents out less than a year 78
How to improve: Respondents out over a year 79
Collaboration and Incorporation of Domains and Themes 80
Dislikes/Issues for Change: Respondents in placement 81
  Rules and control 81
  Change/Loss of freedom 84
  Authority travel guides 87
Dislikes/Issues for Change: Respondents out less than a year 87
  Dislikes 87
  Brain washed? 90
Dislikes/Issues for Change: Respondents out more than a year 92
  Dislikes 93
  Quiet rooms 95
  Change 95
Likes/Treatment Issues: Respondents in placement 96
  Likes 97
<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff/Therapies</td>
<td>97</td>
</tr>
<tr>
<td>Likes/Treatment Issues: Respondents out</td>
<td>98</td>
</tr>
<tr>
<td>less than a year</td>
<td></td>
</tr>
<tr>
<td>Learning experience</td>
<td>98</td>
</tr>
<tr>
<td>Likes/Treatment Issues: Respondents out</td>
<td>105</td>
</tr>
<tr>
<td>more than a year</td>
<td></td>
</tr>
<tr>
<td>Positives of treatment</td>
<td>106</td>
</tr>
<tr>
<td>Treatment Relationships and Interventions:</td>
<td>108</td>
</tr>
<tr>
<td>Respondents in placement</td>
<td></td>
</tr>
<tr>
<td>Inside rules</td>
<td>109</td>
</tr>
<tr>
<td>Staff interactions</td>
<td>111</td>
</tr>
<tr>
<td>Treatment Relationships and Interventions:</td>
<td>112</td>
</tr>
<tr>
<td>Respondents out less than a year</td>
<td></td>
</tr>
<tr>
<td>Peer relationships</td>
<td>113</td>
</tr>
<tr>
<td>Staff relationships</td>
<td>115</td>
</tr>
<tr>
<td>Treatment Relationships and Interventions:</td>
<td>116</td>
</tr>
<tr>
<td>More than a year</td>
<td></td>
</tr>
<tr>
<td>Peer relationships</td>
<td>116</td>
</tr>
<tr>
<td>Staff interactions</td>
<td>118</td>
</tr>
<tr>
<td>School: Respondents in placement</td>
<td>119</td>
</tr>
<tr>
<td>The transcripts</td>
<td>119</td>
</tr>
<tr>
<td>School: Out less than a year</td>
<td>121</td>
</tr>
<tr>
<td>The transcripts</td>
<td>121</td>
</tr>
<tr>
<td>School: More than a year</td>
<td>123</td>
</tr>
<tr>
<td>The transcripts</td>
<td>123</td>
</tr>
<tr>
<td>Labeling/Deterrence Theories: Respondents</td>
<td>125</td>
</tr>
<tr>
<td>in placement</td>
<td></td>
</tr>
<tr>
<td>Labeling/Deterrence Theories: Out less</td>
<td>130</td>
</tr>
<tr>
<td>than a year</td>
<td></td>
</tr>
<tr>
<td>Labeling/Deterrence Theories: More than a</td>
<td>136</td>
</tr>
<tr>
<td>year</td>
<td></td>
</tr>
<tr>
<td>Family Dynamics: Respondents in placement</td>
<td>139</td>
</tr>
<tr>
<td>Separation</td>
<td>140</td>
</tr>
</tbody>
</table>
Backgrounds 140

Family Dynamics: Out less than a year 142

Acceptance 142

Family Dynamics: More than a year 144

Chaotic lives 144

Future: Respondents in placement 146

Future: Out less than a year 148

Future: More than a year 150

CHAPTER 5. DISCUSSION 152

Solutions 160

Theories 163

Limitations 167

REFERENCES 171
ACKNOWLEDGMENTS

This dissertation is dedicated to the loving memory of my father, Vincent L. Heinrichs, the greatest professor in my life. This work would not have been possible without the loving support of my family, especially my mother, Denise, who has supported and encouraged me in every way. She has proven any obstacle can be overcome. To my wife, Melissa, for her love, support, and participation in this research, I cannot say enough. And finally, a special thank you to Dr. Harvey Joanning, Dr. Allen Demmitt, and all of the people in my educational, occupational, and personal life who have in some way had a hand in aiding me in this accomplishment. Thank you!
ABSTRACT

The following is a qualitative study that examined the perceptions of adolescents who have been placed in residential treatment. Analyzed were respondents who were in treatment at the time of the interview, respondents who had been out of treatment for less than one year, and respondents out of treatment more than one year.

The researcher was interested in whether adolescents' perceptions of placement changed following treatment, as well as over time. Further, respondents were asked whether the tenets of Labeling or Deterrence Theories applied to their experiences.

Respondents in treatment at the time of the interview initially responded with complaints or dislikes of the program. As the interview went on, responses eventually becoming more positive as respondents were able to vent negative feelings.

Respondents who had been out of treatment less than twelve months were more positive, sharing aspects of treatment they felt applied to their lives outside of treatment. Most respondents stated they learned new skills and discipline to cope, as well as increased feelings of self esteem.

Respondents who had been out of treatment for more than one year presented positive aspects of their programs, but became more negative. These respondents felt they had learned
skills in treatment, but the realities of life and short periods of after-care made it difficult for them to succeed.

The majority of respondents in all three groups reported they had received negative labels. While some saw those labels as negative, wanting to change those negative labels as in the tenets of Deterrence Theory, most seemed to assume identities based on negative labels such as "juvenile delinquent" and "criminal", as in Labeling Theory. Labels seemed to be more detrimental than challenging when used, regardless of the intention of the labeler.

Residential treatment was reported as lacking consistent family therapy, as well sustained follow-up. One solution included providing community social services to the resident and family during the program, as well as for extended periods following residential treatment. If done this way the first time, we may alleviate extended or multiple residential treatment placements.
CHAPTER 1

INTRODUCTION

The proposed study was designed to examine the experiences of adolescents who have been placed in residential treatment. There are several types of residential treatment facilities in operation in the United States. Wittenmyer Youth Center, Clarinda Academy, and other facilities in Iowa are private residential facilities that use a combination of behavior modification, family dynamics, and other treatment based models. Wittenmyer and other Iowa facilities are considered medium to long term treatment programs. Treatment often lasts anywhere from six months to two years. Residents are admitted to one of several programs, based on the type of service recommended by professionals or through the adjudication process of the court system (i.e., child in need of assistance; delinquent).

Adolescents, placed by families or the judicial system, enter residential treatment in such facilities to develop socialization skills to modify their behaviors, their social interactions, and their relationships with their families. Individual, group, and family therapies are provided for residents and their families throughout the course of treatment.

Often, adolescents view placement strictly as punishment, not recognizing the beneficial aspects. The goal of this study was to compare and describe adolescents' perceptions of
residential treatment at various time frames, including those in treatment at the time of the interview, those out of treatment for under one year, and those out of treatment over one year. Further, the tenets of Labeling and Deterrence Theories were outlined. Adolescents described whether they felt they had been labeled, and if so, what those labels have meant in their lives. This information was made available to the staff of such facilities for modification of the programs.

Purpose of the Study
The purpose of the study was to compare and describe the experiences of adolescents receiving, or who had received residential treatment from Wittenmyer Youth Center and other adolescent treatment centers in Iowa. This study was based on research conducted by the author in a similar program in New Providence, Iowa, at Quakerdale Youth Center (Heinrichs, 1993). That study qualitatively analyzed residents' perceptions while in placement. This study compared and contrasted perceptions of adolescents who were in placement with those who had recently completed the program (under one year), and those who had been out of placement over one year. Descriptions of how adolescents became involved in the system and how that involvement had effected their lives were elicited. Further, feelings of how home life differed from life in these facilities were examined. This information was
reported to the interdisciplinary teams of such facilities for the purpose of possible modification of the current treatment programs.

The information obtained has served another purpose. Adolescents in residential treatment often come from families whose structure is loose, having diffuse boundaries. Through the interview process, a description of client home life was documented. The results of the study was made available to aid family counselors and staff of such facilities in informing families how home life can improve (Heinrichs, 1993).

Labeling and Deterrence Theories differed in philosophies regarding diagnosis and labels for adolescents. Researchers have experienced empirical difficulty comparing these two theories in a quantitative fashion (Klein, 1986). This study allowed adolescents who have experienced diagnosis and labels to describe those experiences. The results were analyzed through qualitative analysis to get the fullest description of the information.

**Questions Posed in the Study**

Ethnographic interviews were conducted on the campuses of community based residential programs such as Wittenmyer Youth Center or community based social service agencies. Based on results of domain analysis from the author's thesis
(Heinrichs, 1993), answers to the following questions were explored:

1. What has it been like for you to be in residential placement?
2. What about the program do/did you like? Dislike?
3. What are/were relationships like within the cottages or program?
4. How is/was treatment life different from life at home?
5. Tell me, as if I were a new resident, what I need to know about the program in order to survive.
6. What effect, if any, has placement had on your performance or attitudes towards school?
7. What suggestions, if any, would you make to improve or allow the program to be more beneficial for you?
8. Describe to me what happened, or the order of events that occurred, for you to be placed in residential treatment.
9. Were you given a diagnosis or label? If so, what effect has that diagnosis or label had on your life?
CHAPTER 2

REVIEW OF RELATED LITERATURE

Traditionally, adolescence has been described as a time of intense physical, sexual, and emotional changes: "The teens are emotionally unstable and pathetic. It is a natural impulse to experience...psychic states and it is characterized by emotionalism. We see here the instability and fluctuation now so characteristic [of adolescence]" (Hall, 1904, pp. 74-75).

Stage theorists such as Erikson (1968) posited the existence of an "identity crisis" and specific tasks to be completed as part of normal adolescent development (Hutchinson, Tess, Gleckman, & Spence, 1992). Early learning theorists corroborated Erikson's and other prevailing views, suggesting that adolescence is a "period of increased aggressiveness and irritability (Dollard, Doob, Miller, Mowrer, & Sears, 1939, p. 7). Contemporary scholars also described adolescence as a "complex, intricate, and tortuous road" (Blotcky & Looney, 1980, p. 184).

Other empirical research seriously questioned the validity of such a broad and negative characterization of adolescence. Coleman (1977) asserted that this perspective was incompatible with the bulk of empirical literature which viewed adolescence as a "relatively peaceful and harmonious" period (p. 1). Manning (1983), in an article concerning myths about adolescence, indicated that empirical findings failed to
support the notion that adolescence is a time of "rebellious, antisocial, and unacceptable behavior" (p. 823).

Rubenstein (1991) described adolescence as a time of rapid change, physiologically, cognitively, psychologically, and socially. Yet he posited this stage is not a single period. Rather, adolescence consists of three developmental stages, each with its own characteristics: 1) early; 2) middle; and 3) late.

Early adolescence usually occurs between the ages of 10 and 14 years. During this period the young person begins to focus on independence and identity issues. Biological changes provoke concerns with body image, and the adolescent is increasingly concerned with peer group values and codes of behavior.

Middle adolescence usually occurs between 15 and 17 years of age. This is described as a time of conflicts around the issues of highlighted independence and identity seeking. Parental values are often rejected, limits are tested, and independent decisions are made regardless of poor choices.

Late adolescence usually occurs between the ages of 18 and 21, with independence and identity issues nearly being resolved. However, many youth at this stage are not yet independent of the family. This is a time when family advice is listened to and used more, reducing tensions and returning somewhat to family values (Rubenstein, 1991).
Although adolescence can be a time of emotional highs and lows, most teenagers go through this period relatively well, even with their predictable experimentation and risk taking behavior (Offer, Marcus, & Offer, 1970). However, several factors have made this experience much more difficult. These factors include: 1) the increased use of substances (smoking, drugs, and drinking); 2) injuries, which are the leading cause of death in the 15 to 24-year-old age group (Rubenstein, 1991); 3) violence; 4) sexuality, pregnancy, and childbearing; 5) sexually transmitted diseases; and 6) depression and suicide (Rubenstein, 1991).

Despite the emerging trend indicating a generally healthy adolescent population, for certain individuals and perhaps certain groups, adolescence can be a time of disruption, confusion, and disturbance. Delinquent behavior has been found to be related to adolescents' perceptions (Anolik, 1983) and feelings of belonging (Ekstrom, Goertz, Pollack, & Rock, 1986). Often adolescents who have committed delinquent acts lack sufficient parent-child communication, lowering perceptions of self and feelings of belonging to the family unit. McMillan and Hiltonsmith (1982) found a positive relationship between the amount of time spent in the home environment and adolescents' perceptions of a general sense of well-being.
History of Adolescence

The concept of childhood as a distinct life stage did not appear until the 17th century. This was due to an increase in educational ideas regarding an interest in the moral and intellectual development of children (Slaff, 1981). An account of adolescence having a more recent origin was shown by Keniston (1971) indicating the biological state of puberty and a specific psychological developmental stage only after the 19th century. In similar fashion, the development of adolescent psychiatry followed the emergence of child psychiatry (Zimmerman, 1990).

Hall (1904) was the first to define adolescence in psychological terms. He recognized that there are predetermined stages involved in maturity, and equated them to the process of human development and civilization. Hall described adolescence as being similar to the "tumultuous" time in human history that immediately preceded the beginnings of modern civilization (Zimmerman, 1990).

Freud recognized the phase of adolescence as being driven by sexual drives which were displaced on opposite-sex peers. Further, these drives were necessary to separate from the parents. Anna Freud (1958) modified her father's ideas to explain adolescence as a process of separation from the parents, and specifically on a variety of defenses in the process of ego development. Healthy adolescence was marked by a gradual separation process from the parents while disturbed
adolescence resulted from a rushed separation with restricted and fragile repertoires of defenses for coping (Zimmerman, 1990). As mentioned above, Offer (1969) challenged the theory that adolescence necessarily had to be a time of turmoil. However, limitations to Offer's studies included a non-representative sample (white, middle-class males); a majority of subjects who entered college after high school; and an extremely homogeneous sample (excluding extremely "troubled" and extremely "normal" youth).

Erikson (1968), in his stage theory, blended adolescent psychological development with sociocultural factors in the process of describing ego identity formation and "identity crisis". Piaget (1969) demonstrated that the capacity of abstract and formal thought is a necessary development during adolescence.

Mahler (1971, 1972, 1975) applied psychoanalytic techniques to various psychopathological conditions, especially the separation-individuation process involved with treating borderline and narcissistic disorders. Kohut (1977) suggested that the major task of adolescence was "reforming the self" which often lead to fear until the new self was formed.

Obviously this is not an all inclusive account on the origins of the concept of adolescence. Nor does it begin to explain the many other philosophies of what adolescence constitutes. However, this short review does indicate the
complexity involved in finding the "True" nature of 
adolescence if that is in fact possible. Further, this 
summary indicates just how recently the development of 
concepts for adolescence and adolescent treatment evolved.

Residential Treatment

History of Inpatient Psychiatric Services

Separate units for children in hospitals did not exist 
prior to the turn of the century. In the early 1920's several 
psychiatric units were established in hospitals to deal with 
the 1919 encephalitis epidemic (Hartmann, Glasser, Greenblatt, 
Soloman, and Levinson, 1968). However, admissions were for 
youth displaying behavior disorders, yet not those who were 
"mentally deficient, brain damaged, or psychotic at the time 
of admission" (Zimmerman, 1990, p. 13).

In 1937, the first medically supervised adolescent unit 
was established in the Bellevue Hospital in New York City 
(Curran, 1939). This unit admitted 40-50 male youth who were 
court ordered for delinquent behaviors such as stealing cars, 
setting fires, stealing, and murder (Zimmerman, 1990). 
Adolescents only stayed in the hospital for a 30 day 
evaluation, then either returned home or were admitted to 
correctional facilities, state hospitals, or institutions for 
"mental defectives".

A decade later, several hospitals in England began 
admitting adolescents for psychiatric disturbances. Among
them were St. James Hospital and St. Ebba's Hospital (Cameron, 1950). There was still a belief that it was better for a psychotic child to stay home with the family, yet the reality was that adolescents were being placed in many different settings due to families not being able to handle them.

At the same time, another form of treatment for adolescent psychosis and delinquent behavior was being explored. Both the United States and England were researching the effects of putting small numbers of adolescents in adult wards, integrating them in adult programs. Research by Perry and Levy (1950) concluded there were only 18% of the adolescents who had any positive adjustment at outcome compared to 65% percent of the adults having a positive outcome. However, studies by Greaves and Regan (1957) concluded that treatment with small numbers of adolescents on adult wards was effective and valuable with a ratio of 5 adults to every adolescent. Several other studies had similar conclusions.

In 1955 the first all-adolescent unit was established at the Hillside Hospital in New York (Stahl, 1960). This was a 20 bed female adolescent program in which attempts were made to isolate the youth in their own unit, yet found this to be too constraining to be therapeutic. The University of Michigan was the first unit to handle both male and female adolescents. Although success of the program was
questionable, a model was established for other units (Hendrickson & Holmes, 1959).

Between 1958 and 1961 several successful adolescent units were created. The Lafayette Clinic in Michigan and the UCLA Neuropsychiatric Institute both established reputable adolescent inpatient programs. Programs such as these became models. Since the 1960s, "specialized adolescent treatment programs and all-adolescent wards have proliferated" (Zimmerman, 1990, p.17).

**History of Residential Treatment Facilities**

As mentioned above, Hall (1904) described the history of residential treatment as following the progression of civilization and modernization. As humans moved beyond continually having to strive to survive and were allowed to begin accumulating frivolous possessions, "disturbed" youth became a burden on adult society. Institutions were created to isolate youth from adults. These institutions were based on punishment and correction. This was especially the case as urban centers grew and industrialization advanced (Zimmerman, 1990).

Industrialization also established the problem of homeless and abandoned youth. This lead to the creation of "orphanages, poor houses, group homes, and work farms" (Zimmerman, 1990, p. 18) that were often lead by the church and charitable organizations. With this came the philosophy
of care and nurturance for youth as opposed to punishment and correction.

Along with the creation of adolescent inpatient psychiatric units mentioned above came various other "types" of adolescent treatment centers around the late 1950s. Examples of these institutions include the Hartford Institute for the Deaf in Boston, the Society for the Prevention on Pauperism which dealt with delinquent youth, the Perkins School for the Blind (also in Boston), and the Abendberg Asylum for Cretins in Switzerland (Zimmerman, 1990).

With the idea of nurturance as opposed to punishment came the application of caretakers modeling as parent surrogates. This was short-lived, however, due to the development in psychiatry of psychotropic medications. Outpatient and day-care programs were created and psychiatrists were able to treat adolescents while allowing them to remain home. Inpatient and residential facilities also incorporated the "clinical model" philosophy, in which the clinical staff were expert and above the actual hands-on, child care staff.

With psychoanalytic concepts came the therapeutic milieu setting which re-established the importance of the child care staff (Redl, 1959a). Emphasis was placed on day to day activity and care of the youth, yet still emphasized the importance of "therapy" by the "experts". The creation of a more collaborative and cooperative approach emerged.
Within the therapeutic milieu philosophy emerged several different types of treatment for adolescent residential facilities. The most traditional approaches include the psychodynamic tradition, the behavioral approach, the positive peer culture approach, the psychoeducational approach, and the family systems approach.

The psychodynamic tradition originated with Bettelheim and Redl. Bettelheim focused exclusively upon youth with severe emotional disturbances while Redl worked largely with aggressive and delinquent youth (Zimmerman, 1990). Bettelheim believed individual attention to youth in the milieu setting helped resolve conflicts from the past. Redl, in working with delinquents, emphasized group dynamics and how to deal with unresolved issues from the past and present as a group.

The behavioral approach, or the use of behavior modification techniques in the milieu setting basically transferred operant conditioning techniques of behavior therapy to the residential setting. From this philosophy it was important to recognize the behavioral sequences of the individual. A program was then implemented to reward desired behaviors and ignore or punish undesirable behavior. Also needed was a system to measure behavioral change and progress.

The positive peer culture approach operated under the philosophy that change occurred due to peer influences. Positive group dynamics were implemented to constructively change the behavior of individual group members. "In this
type of interaction, the peer group itself functions as the agent of positive reinforcement for constructive values, while also providing punishment for the violation of positive group norms" (Zimmerman, 1990).

The psychoeducational approach to residential treatment was created to enable the "student to develop more effective ways of learning and understanding himself in his world" (Hobbs, 1966). The emphasis was to combine special education resources to the residential setting, utilizing teachers and counselors as primary staff. Reeducation was the main focus, eliminating the need for labels and diagnosis.

The family systems approach, while still separating the adolescent from the family, focused more on family therapy and extensive contact with the family. The philosophy maintained that the whole system needed to be changed as opposed to just the adolescent.

Given the many different philosophies and types of residential treatment, it is difficult to make the statement that "residential treatment for adolescence is effective". However, most studies conducted have found improvement during or immediately after an adolescent's stay in a residential treatment facility. Curry (1986) reported that 60% to 80% of the adolescence researched in several studies improved or were "functioning adequately at follow-up as compared to status at admission" (Zimmerman, 1990, p. 25).
Statistics

Juveniles account for 39% of all arrests for the index of offenses of homicide, rape, robbery, aggravated assault, burglary, larceny, motor vehicle theft, and arson (Feindler & Ecton, 1986). The numbers of criminal assaults on teachers exceeded the increase in student population, growing from 15,000 reported cases in 1950 to 110,000 in 1979 (Harootunian, 1986). Although the majority of all violent crimes has increased by 85% since 1960, the juvenile rate has increased by 233% (Feindler & Ecton, 1986). In 1985, a total of 1,762,539 persons under the age of 18 were arrested; 585,745 were under the age of 15 (Uniform Crime Reports for the United States, 1985). [This paragraph reproduced from Larson, 1990, p. 47-48.]

In a survey reported by the National Institute of Mental Health there were over 81,000 youth under the age of 18 admitted to inpatient psychiatric services in 1980 alone. Of the adolescents from that figure, 55,000 of them were between the ages of 15 and 17 (Milazzo-Sayre, Benson, Rosenstein, & Manderscheid, 1986). In addition, thousands more reside in various other types of residential care, ranging from small group homes to institutional programs for hundreds of youth (Zimmerman, 1990).

In 1983, according to the end-of-year census of the National Institute of Mental Health, there were 19,215 children in residential treatment centers. By 1986 the number
was 25,334, an increase of 32% (Select Committee on Children, Youth, and Families, 1990). These data do not include children in for-profit residential treatment centers, they do not allow distinctions to be drawn between private and public facilities, and they are incomplete and difficult to interpret because different criteria have been used over time in classifying facilities as residential treatment centers (Wells, 1991).

Institutionalized adolescents are commonly regarded as maladjusted and represent an array of emotional and psychological problems (Gispert, Wheeler, Marsh, & Davis, 1985). Physical separation is one aspect of maladjustment and pain. Cognitively, the act of placement (voluntarily or involuntarily) presents adolescents with two conflicting beliefs: 1) loving parents care for their child; and 2) I am in placement and am not being cared for by my parents (Levine, 1988).

This pain of feeling unloved by the very people who gave you life is exacerbated by our society's belief in the primacy of parental love as an ensurer of mental health and happiness (Kagan, 1978). Further, as stated by Durrant (1993) "when a young person, for whatever reason, requires a period of out-of-home care or treatment, my experience is that the families feel defeated and demoralized, and the children or adolescents feel overwhelmed and as if their lives are slipping further and further away from their own control" (p.7). Yet he
further stated that "the residential situation is one that can provide some space, and some input, to allow families to begin the process of taking some control over their lives" (p.5).

When an adolescent requires residential treatment the process of transition will be a process the whole family will be undergoing, not just the child (Durant, 1993). Heinrichs (1993) described several reports adolescents had indicating an effect on the whole family. Residents tended to see "dysfunction" residing in the whole family as opposed to just the youth. Others realized that not only did they get along better with members of their family, but that everyone in the family seemed to get along better. Still others described the process of family therapy as one to "stir the pot" and get everyone involved riled up. Physical location of the facility also seemed to affect the entire family. Often, adolescents are placed in facilities substantially distant from their homes, making it difficult for family visits and family interaction or therapy.

Initially, adolescents in placement often experience treatment shock (Levine, 1988). Treatment shock refers to the shock of the therapeutic and nurturing environment on deprived adolescents. This shock is characterized by venting of hostility, fear of closeness or love, and unrealistic longings for more than can be.

Besides offering direct ventilation of anger, acting out replaces painful emotions with less painful ones (Izard &
Schwartz, 1986). The excitement involved in this acting out can mask anger and hurt; for others, angry acting out can cover hurt; for still others, self-destructive acting out can cover anger or serve one's need for punishment. Whichever emotion is being used to mask a less tolerable emotion, aspects such as behavior, beliefs, and feelings all play a part in the acting out (Levine, 1988).

No research has been conducted regarding adolescents' separation from home for residential treatment. Studies however, have addressed experiences of adolescents separated from their families for other reasons. In studies of foster home care, Downes (1982) described four types of adolescents and their reactions to placement.

The first group are passive and detached, and have often been institutionalized. They appear not to think or plan ahead, and leave most of the worrying and planning to others. The second group are able to attach themselves to their foster family and to anticipate the end of placement by some degree of forethought and planning. The third group is presented as considerably more independent and self-reliant than the first two groups, and they are less overtly hostile and more depressed, being impatient for the placement to end. The fourth group anticipate and prepare for rejection, sometimes from near the beginning of the placement, and behave in ways which appear to be inviting it (Downes, 1982).
Due to the vast number and types of residential treatment programs, it is difficult to draw generalizations between how adolescents perceive such facilities and adolescents' perceptions of foster care or psychiatric hospital placement. As stated by Durrant (1993), "what we need to consider is the overall context. How do we make sense of the phenomena of residential placement? How do our clients make sense of it?" (p. 9). Very little research has been done regarding adolescents' views of placement in residential treatment facilities. This study was designed to give adolescents in such facilities that opportunity.

Qualitative Research

For the last decade it has been recognized that there is a need for a research methodology that is consistent with systems theory (Atkinson, Heath, & Chenail, 1991; Durkin, 1987; Keeney & Morris, 1985; Newfield, Kuehl, Joanning & Quinn, 1990) and also meets the needs of the researcher who is involved in process research (Greenberg & Pinsof, 1986). Although the traditional practice of using quantitative methodology has been helpful in testing hypotheses, it has not been as useful when the researcher is intent upon recording and learning a person's experience (Lincoln & Guba, 1985).

In the context of family therapy, Moon, Dillon, and Sprenkle (1990) wrote:
Research is especially "messy" in a field like family therapy, which is concerned with complex, systemic change in human beings. Qualitative research designs may provide a systematic scientific way of looking at therapy holistically, with all of its "messiness" intact. (p. 364)

Qualitative research allows the researcher the freedom to immerse themselves in unique experiences of both researcher and subject (Atkinson, Heath and Chenail, 1991). The use of an emergent design allowed the researchers to use information gathered in preceding steps influence the following steps of the project.

Joanning and Keoughan (1998) outline three key component phases to qualitative research: assessment, intervention, and evaluation/follow-up. The assessment phase helps the researcher understand the research question or questions, or the population being explored. Once understanding begins to emerge, intervention procedures can be designed to influence the system to attempt change. Observing reactions allow the researcher to direct further interaction and evaluate the effect of the intervention. Finally, follow-up consists of completing the project and making recommendations or executing additional intervention procedures. While research such as in this study does not expect or required direct intervention, the process of allowing respondents to share or "relive"
experiences of such an influential portion of their lives as residential treatment can be a type of intervention.

A focus group can be defined as a carefully planned discussion designed to obtain perceptions of a defined area of interest in a permissive, non-threatening environment. (Krueger, 1988 p. 18). Qualitative methodology has been helpful because it allows for the existence of multiple realities in a single subject (Lincoln & Guba, 1985). Focus groups used as a method within qualitative research studies allows the researcher to elicit multiple perspectives (Brotherson & Goldstein, 1992).

Using the focus group format in the process of an emergent design allows the researchers to ask a specifically designed set of research questions, while allowing the flow of the conversation to lead the direction of the respondents information. When information is exhausted, the researcher can move to the next pre-designed research question or move in a new direction, led by the interests and responses of the subjects.

**Theory**

This study examined the tenets of two competing theories: Labeling Theory and Deterrence Theory. Both theories examine the processes involved in defining the behavior of individuals with names or labels. Often, the process of becoming involved with the judicial system or the psychiatric setting result in
the "patient" or juvenile (juvenile will be used in this context, however, labels are applied to children and adults as well), being given a title to define the particular condition or offense decided upon by society. While both theoretical stances recognize labels are applied to individuals and groups, each sees the functionality of the label in a different way.

The basic premise of Labeling Theory states that "people are what they have become largely by virtue of others having defined them in some favorable or unfavorable fashion" (Thomas & Bishop, 1984, p. 1227). As indicated by Scheff (1966) in discussing mental patients: "Once labeled, an individual is subjected to uniform responses from others. Behavior crystallizes in conformity to these expectations and is stabilized by a system of rewards and punishments that constrain the labeled individual to the role of a "mentally ill person." When the individual internalizes this role, incorporating it as a central identity, the process is complete and chronic mental illness is the consequence" (p. 82).

In the course of being socialized, individuals develop negative conceptions of what it means to be a mental patient and thus form beliefs about how others will view and then treat someone in that status. Typically, this array of beliefs is fully in place before an individual enters
Similar ideas about society and labeling are applied to delinquent behavior. Thomas and Bishop (1984) state that the "rule breaker is sensitive to cues provided by these others [members of society] and begins to think of himself in terms of the stereotyped role" (p. 1226). Reduced to their fundamentals, labeling theorists view sanctions as one of the most significant mechanisms by means of which actors are pushed from exploratory or "primary" deviance to systematic or "secondary" deviance (Thomas & Bishop, 1984).

The emphasis of labeling theory is not on the act (delinquent or bizarre), but the societal reaction to that act. Klein (1986) stated "it is seldom that one deviant act will provoke a sufficiently strong societal reaction to bring about secondary deviation" (p. 56). The idea follows that in the absence of reactions it is questionable whether a transition to secondary deviation would take place. Lemert (1971) supported the emphasis on societal reaction, indicating that most youths commit acts definable under federal, state, and local statutes as delinquent or criminal. The majority of these acts go undetected officially, or are "normalized," that is, treated as if they require no social sanctions. Thus, delinquent careers are the exception rather than the rule. Career development is presumably a process requiring a series of societal reactions and their aftermaths.
Societal reaction and induction into the system sets off a chain of events which furthers interactions that reinforce the label. In essence, a self-fulfilling prophecy occurs, where-in the label "delinquent" has a self-perpetuating character leading directly to reinforcement of itself. Thus, a delinquent career develops (Klein, 1986). Formal agents of control initiate a social process that result in altered self-conceptions, a reduction in the availability of conventional opportunities, and a restructuring of interpersonal relationships (Thomas & Bishop, 1984).

Klein (1986) conducted a study which examined various alternatives to legal processing. Compared were: further insertion into the justice system; referral to purchased social service agencies; and outright release with little or no social sanctions. The findings were supported by a similar study conducted by Lincoln, Teilmann, Klein, and Labin (1977). Referral to purchased community agencies lead to more rearrests than outright release. Yet, agency referrals lead to lower recidivism than petitioning toward juvenile court.

Deterrence theorists contend that labeling individuals has the opposite effect. The tenets of deterrence theory maintain that the most significant consequences of sanctions include an elevation of actors' perceptions of the risks associated with non-normative behavior and therefore, reduce levels of involvement in such behavior (Thomas & Bishop, 1984). The threat or actual imposition of sanctions so
elevates actors' perceptions of the risk of non-normative behavior that they will choose to avoid, or at a minimum to reduce the frequency of their participation in such conduct.

Rather than viewing actions as controlled by society, the central theses of deterrence theory recognizes an individual's "free will" with three basic assumptions: 1) actors are neither inherently moral nor immoral, for they are motivated primarily by their perceptions of what will enhance their self-interests; 2) actors are free to choose between available alternative courses of action; and 3) actors will avoid non-normative alternatives to the extent that their perceptions of some combination of swift, certain, and harsh sanctions persuade them that such alternatives will serve their self-interests less well than conventional alternatives (Thomas & Bishop, 1984).

Deterrence theorists predict that those who perceive a high likelihood of punishment will be less likely to engage in prescribed conduct than those who perceive lower levels of risk (Thomas & Bishop, 1984). Adolescents who engage in delinquent or non-normative behavior and who do not get caught, recognized, or punished are more likely to continue such behavior. Once caught, threat of incarceration or negative sanctions deter the adolescent from engaging in the same or similar activities. However, if the punishment is not deemed costly or the risk is perceived as minimal, then the activity may be repeated. Those who continue on a delinquent
career do not see the risks or consequences as strong enough to avoid the behavior. Thus, harsher sanctions or labels would be prescribed by deterrence theorists.

In the context of residential treatment, little is known about the effects of labels on the perceptions of adolescents in treatment. Many officials, especially those who espouse various forms of diversion programs for offenders, are impressed with the tenets of a labeling approach, at least in its broadest outlines. Many others, however, view the application of a label via arrest, petition filing, detention, or court appearance as a clear deterrent to subsequent offenses by the subject (specific deterrence) and his or her peers (general deterrence). There are data supporting both perspectives (Tittle, 1975).

However, given the opportunity, adolescents in placement, or who have been through adolescent residential programs have shed many different perspectives regarding these theories. Wittenmyer Youth Center and other facilities provide an array of programs that deal with psychiatric conditions and delinquent behaviors. There are both voluntary and involuntary residents in a variety of programs who have been labeled and who have experienced various levels of the judicial and social service systems. Another component of this study was designed to provide the opportunity for adolescents who have experienced labels to tell their story of
the processes involved and the effect, if any, such conditions have had on their lives.
CHAPTER 3

METHOD

Sample

Ethnographic interviews with residents from various programs enabled the final ethnography produced by this study to be grounded in the phenomenological experiences of the subjects (Glaser & Strauss, 1967).

The present study developed an initial ethnographic account of the respondent's perspectives of residential treatment from three different samples: those who were currently in treatment, those who had been out of treatment less than twelve months and those who had been out of treatment more than twelve months.

Interviews were conducted in both focus group format and individual respondent interviews to gather as much information as respondents felt relevant based on the questions posed. The collaborative analysis and interpretations of three researchers was then taken back to a sub-sample of the initial respondents to check for accuracy.

Analysis was applied to the data in an effort to most accurately interpret and present the true feelings of the respondents about their experiences in residential treatment.

Researcher Analysis

One doctoral student in Marriage and Family Therapy from Iowa State University conducted ethnographic interviews in
either a focus group format, or individual interviews with the subjects. A secondary researcher, a language specialist, attended the majority of the interviews and focus groups, taking notes to collaborate in the analysis process.

Initially, the primary researcher and a secondary researcher (the language specialist), debriefed each other before and after each interview. For interviews that the language specialist could not attend, she would listen to the audiotapes after the interview, and take case notes. The primary researcher would do his own notes, and then compare the responses between the two researchers. The notes and analysis between the first two researchers was very similar.

This similarity could be attributed to many factors. First, both researchers were at the same sites while gathering information. Second, the researchers have worked closely together throughout the study, both professional and personally (they were engaged at the time the study began, and married throughout the rest of the research). Third, continual debriefing and collaboration occurred between these two researchers.

Transcripts were sent to another secondary researcher. This researcher, being a Marriage and Family Therapy Ph.D. from Iowa State University, was familiar with qualitative analysis. He analyzed the transcripts by extracting the essence of the data.
The adjunct secondary researcher analyzed the data using an analysis method based on Spradley (1979). The process of analysis conducted by this researcher was to read through the entire series of transcripts. Being familiar with qualitative analysis, this researcher selected over-arching criteria or domains to present his interpretation of the views of the respondents.

The researcher interviewed five subjects from the various populations who were in the Wittenmyer program at the time of that interview. Due to confidentiality and security, the program requested that the interviews be conducted in a secured area of one of the cottages. The secondary researcher was able to attend and take notes. The interview was also audio taped.

Respondents for this interview consisted of five adolescents from Wittenmyer Youth Center in Davenport, Iowa. Each respondent was from a different cottage or program on the Wittenmyer Campus, all having a different lengths of stay as well as differing treatment modalities. Respondents ranged in ages from 14 to 18, all having been in treatment for at least six months. One respondent had been at Wittenmyer for more than one year. Two respondents were female while three respondents were male. This interview consisted of the five respondents, the primary interviewer, and a secondary researcher.
A second interview, or member check interview was attempted with the five residents in residential treatment, but the interview was not able to occur, as the campus had a crises with residents at the scheduled time for the interview. By the time a follow up interview was available through the campus, three of the respondents had been released from the program. Therefore, a follow up member check was unable to be conducted with this group. However, through continual circular questioning and verifying the respondents' answers throughout the interview, a full description of the responses was obtained.

The researcher then interviewed a similar sample of respondents who had been out of various residential treatment facilities for less than one year. One focus group interview was conducted with three respondents, two males, both out approximately three months and one female out approximately one month. The secondary researcher was unable to attend the interview with the this sample of respondents, but did take case notes from review of the audio taped session.

One other respondent was interviewed individually. This respondent had been out of treatment approximately eight months. The primary and secondary researcher conducted this interview in the respondent's home, as this was the most convenient and practical for the respondent.

A follow up interview was conducted approximately three weeks following the first interview. The group of three
respondents was again interviewed by the primary researcher, and included the language specialist. The primary researcher interviewed the respondents while the language specialist took notes. First, the primary interviewer restated the questions posed in the original interview. He then presented his understanding of the respondents' responses, asking whether they felt the researchers accurately interpreted their views. Very little new information was presented, as the respondents stated that the researchers had a good understanding of their perceptions.

Finally, the researcher did the same process with former residents who had been out of residential treatment for more than one year. This sample consisted of five respondents. Two respondents, one having been out one year and the other one-and-one half years, one being male and the other female, participated in a focus group. A second focus group was conducted with a male and female who had both been out of treatment for over one-and-one half years.

The fifth respondent for the sample of respondents who had been out of treatment over one year was interviewed individually. This respondent was unable to work out his schedule to participate in a focus group with the other four respondents. This was common for most respondents, with the exception of the five respondents in treatment who were a "captive audience".
For the group who had been out over one year, one follow up interview was conducted with one of the focus groups consisting of one male and one female. This interview was conducted one month after the initial interview. The secondary researcher was only able to attend the follow up interview. The interview was audio taped and the language specialist reviewed the tape and took case note. The respondents for this group also felt the researchers had a good understanding of their perceptions of placement.

With the exception of the interview on the residential campus and the interview conducted in a respondent's home, the other focus groups and interviews were conducted in one or the other of two community based social work treatment programs through two different social service agencies.

The interview with current residents at the time of the interview was conducted on the Wittenmyer campus for security reasons. The interviews with respondents who had been out under twelve months and those who had been out over one year were conducted at settings away from any residential campus. This allowed the respondents to feel the researchers were not part of the residential program.

The language specialist joined each interview to take case notes of the interactions. This researcher did not participate in the interview process. She made case notes during the interviews or while listening to audiotapes.
The residents were selected using purposive sampling. Random sampling was inappropriate because a representative sample was not sought, but rather the perceptions of the most verbal or the most available adolescents from the residential programs. According to Lincoln and Guba (1985), purposive convenience sampling is sampling through the use of a sub-sample of the population being studied to save time and effort, while fully saturating the data. Purposive sampling enabled the ethnographers to select available clients thought to have rich information pertaining to the topic of inquiry (Lincoln & Guba, 1985). Respondents for all three interview groups were purposively selected with the aide of the treatment staff of the residential program, or social workers from private agencies, still involved in the life of the adolescent. The staff and social workers had the most contact with the adolescent populations, thus making them the experts on who of the adolescents they were dealing with would be interested, would be verbal, and had been in treatment long enough to have a decent understanding of the facility and program.

The sample for this study consisted of multiple types of adolescents. Three of the cottages on the Wittenmyer campus contained youth similar to those of the pilot study at Quakerdale. These adolescents were described as youth with varying problems, yet were judged to need less structure than two other cottages in this study. These are adolescents who
had become involved with the court system or human services systems for minor to moderate delinquent acts, possible danger in living in the home, or difficulty with the school system. These adolescents were often labeled delinquent or CINA (child in need of assistance).

One population in another type of cottage consisted of adolescents felt to need even less structure. While still living in a residential setting, these are youth who live in community based houses with less control and more possibility to interact with the surrounding community. These programs focused more on community living skills and socialization skills. Perceptions of these adolescents were sought in order to compare and contrast how youth from a less structured environment viewed placement.

Interviews were conducted with residents from two other cottages which were much more structured. Both cottages were locked, having similar characteristics to a correctional facility. Although these cottages were similar in appearance to the other cottages, all doors, including the bedrooms had the potential to be "locked down" in the event of a crisis. Further, both cottages contained fenced in recreational facilities immediately behind each cottage, secured on all sides and over the top.

Adolescents in one of these cottages had been adjudicated delinquent for more severe crimes. These are youth who were considered more "hard core" and in need of intense structure
for both their benefit and the benefit of the community. Many of these adolescents were active members of street gangs.

Adolescents in the second locked cottage consisted of youth with severe psychological disturbances. These were adolescents who often require psychotropic medications and intense structure to carry out daily functions. These youth often had a dual-diagnosis due to drug and alcohol use. These adolescents were detained for their own safety and because living at home had become extremely difficult for the child and the family. Such behaviors often led to delinquent behavior and adjudications.

All cottages on the Wittenmyer campus (minus Bridge House which was not on the campus) contained two containment rooms called "quiet rooms" utilized in the event of an adolescent or adolescents in crisis. Such rooms were used to protect the adolescents if a resident were out of control. This was one major difference from the Quakerdale facility used in the pilot study.

The interviews conducted with those former residents who had been out of placement less than twelve months, and those former residents who had been out for over a year were selected based on availability. Of the respondents selected for the later two groups, several had been in different treatment facilities throughout Iowa. In this way, samples were attempted to be matched based on the adolescents'
perceptions about residential treatment in general, as well as the programs, titles, or labels they may have experienced.

Interviews were conducted to the point of saturation of information. The saturation point occurred when the interviewers determined no new information was being provided from each of the respondents in each interview group. This was accomplished through questioning in a circular fashion. Each respondent was asked to comment on the topic of interest. Checks by the researchers were then made with each subject to assure an accurate description of the topic had been made to the satisfaction of each respondent. Several subsets of the adolescents participated in a second interview to assure the researchers fully understood the information provided.

Member checks consisted of devising questions from the initial interview to be taken "back to the site and subjected to the scrutiny of the persons who provided the information" (Lincoln & Guba, 1985, p.236) at a later time. A follow-up interview was conducted by the primary researcher approximately two weeks after the initial interviews. Questions were asked based on the analysis from the initial interviews to check whether the researcher had an understanding of the respondents' perceptions.

Another type of member check was conducted by continually asking questions based on the information given by the respondents at the time of the interviews. Further, questions were gleaned from the information obtained in the pilot study
with Quakerdale as well as continual information provided from each interview. As interviews continued, new questions were often gleaned from information provided in an earlier interview.

One to one-and-one half hour interviews were conducted with residents from each of the five cottages and Bridge House for the Wittenmyer campus. Due to the number of residents in each cottage, one interviewer conduct the interviews while the other took case notes. Subjects were selected purposively with the aid of the interdisciplinary teams of the programs and social workers working with the adolescents following release from placement. The interviewer provided the following statement:

"In order to improve the program at Wittenmyer, I am here to attempt to understand what it is like for you to live in residential placement. Please tell me in the same way you would tell a friend, a family member, or your social worker. This interview should last approximately one to one-and-one half hours. Any information you give me will be combined with the information from teens in the other cottages in a form that cannot be traced back to you. Wittenmyer will not have access to your personal information."

Information obtained from the initial statement stimulated further probe questions throughout the course of the interviews.
The subjects were informed of any potential risks or benefits from this study. Any questions regarding participation were answered. Release of information forms were handled by the Wittenmyer facility staff or the primary social worker for the social service agency of which the adolescent was involved. The staff also completed release forms developed by the investigator and approved by the Human Subjects Committee of Iowa State University.

The interviews were purposively general in an effort not to guide the direction of the adolescents' statements. In this manner the focus of the interview addressed what was meaningful to the subjects. Open-ended or moderately structured questions were used in the interviewing process to elicit as much relevant information as possible from the clients. Three types of questions were implemented: descriptive, structural, and contrast (Spradley, 1979).

A tour of the adolescents' interests were elicited through the use of a descriptive or grand tour question (Spradley, 1979). The question was: "What has it been like to live in residential treatment?" Responses to this question varied greatly among subjects. Mini-tour questions followed based on what the adolescents offered.

Structural questions were used to gather specific information from the subjects. Such questions used concurrently with descriptive questioning exposed the details
of the topic being discussed (Spradley, 1979). An example of a structural question was:

"You mentioned that Wittenmyer could enable you to go home more often. Could you explain to me what you mean by that statement?"

The third type of question was the contrast question. Used concurrently with descriptive and structural questions, contrast questions provided differences in symbolic meanings the adolescents perceived. An example of a contrast question was: "How is 'doing time' here different from 'doing time' in juvenile detention?" Data was obtained to the point of saturation; that is, until no new information was received.

Researchers as Instruments

Qualitative research, by design, is subjective in nature. It is impossible to separate the researcher from the research to present a totally objective study. Rather, the researcher is the main instrument in a qualitative study, deciding what research needs to be conducted and what questions need to be asked. Because the researcher is so important to qualitative analysis, it is important to define who the researcher or researchers are and what biases they have which are incorporated in the research. Therefore, the following is a brief description of each researcher, as a research instrument.
The primary researcher has a background in psychology and sociology, earning a double B.A. major from a small, Midwestern university. While earning his bachelor's degree, the primary researcher was employed for approximately two-and-one-half years by Wittenmyer Youth Center. It was at that time that the primary researcher sought out the theoretical concepts of Family Systems Theory. This was based in large part on the belief that the residents of the program were not "broken", but rather, seemed to be "products of their environments". This became more evident to the primary researcher when families came to the facility for visits or to take their adolescents home for visits.

Following employment with Wittenmyer Youth Center, the primary researcher continued in a variety of "human subjects" types of employment and education, including long-term, inpatient psychiatric residential treatment, graduate school in Human Development and Family Studies, employment as a therapist for a Young Parents Program, therapist and eventually therapy supervisor for an In-Home/Foster Care Program, and finally, a United States Probation Officer.

All of the above experiences involve human interaction. Throughout all of the above experiences, the primary researcher has maintained a systemic epistemology. For all but the last experience, the primary researcher was acting as student or therapist. The primary researcher was hired for employment with the United States Probation Office because of
his background in counseling and systems theory. However, acting as a "probation officer" is different than acting as a "therapist". Therefore, the primary researcher may now have a different perspective about the perceptions adolescents involved with residential treatment facilities than he had in the pilot study, when he was involved primarily as a student and a therapist/researcher.

One secondary researcher, who acted as an adjunct researcher, reading the transcripts and providing feedback, had a similar background to the primary researcher. This researcher had a counseling background, earning a Master Degree from Louisiana State University in Marriage and Family Therapy, prior to entering the doctoral program at Iowa State University.

While completing his doctorate at Iowa State University, this secondary researcher was also employed in adolescent treatment in a mid-western, Iowa facility. This secondary researcher also conducted a qualitative study for his dissertation, exploring the family's involvement in residential treatment at the treatment facility for which he had been employed. Therefore, this researcher is considered knowledgeable on the subject of adolescent treatment facilities, having been employed by one for approximately two years.

The other secondary researcher, the language specialist, came from a different perspective. She did not have a
background in psychology, systems theory, or any type of counseling. She obtained a B.S. and Masters Degree in Speech and Language Pathology from an Illinois state university. This researcher came from the perspective of a language specialist, lacking a therapy or residential treatment background.

However, as mentioned above, this researcher had been introduced to systems theory, having been in a relationship with the primary researcher prior to the beginning of the study. She had not been introduced to labeling or deterrence theories. She felt she analyzed the data from a language specialist perspective, feeling she did not have a theoretical grasp on the research as the other two researchers.

**Procedure**

The purpose of this study was to compare perceptions of how adolescents viewed placement at three different points in their lives: while in placement; with in twelve months of the end of placement; and after one year of being out of placement. Through ethnographic interviews in which participants were allowed to openly express their experiences, honest explanations of perceptions of placement emerged.

From the experience of having worked in a residential treatment facility for several years, the primary investigator became interested in how adolescents in such settings viewed
treatment. Due to the nature of such programs, it was thought to be highly unlikely for adolescents to confide in staff their true feelings about placement for fear of repercussions or consequences.

In disclosing their perceptions, adolescents who were in the program at the time of the interview, and who had been in the program under one year and over one year, provided the opportunity to describe whether they felt a process of identity change had occurred through labels from the juvenile court system and the medical profession.

The primary investigator had chosen a facility where interviews were allowed to be conducted by researchers who were not a part of their program. Further, interviews with adolescents who have left the treatment facility were conducted in settings off the residential campus. This was thought to provide an atmosphere in which the former residents felt more comfortable because the research being conducted was separate from the facility. After obtaining written consent forms from all participants and their legal guardians, dates were set to interview adolescents who had experienced treatment from various treatment centers.

Upon arrival at the first interview, the interviewers were given a brief tour of the residential campus while being informed of the fundamental premises of treatment. The first interviews were conducted on the Wittenmyer campus, with residents currently in treatment. It was mandatory to conduct
these interviews on the campus due to the need for certain residents to remain in the locked facility. A Wittenmyer staff person was located in an adjoining room for security purposes. This staff member was not able to hear the interviews.

The researcher began with an explanation of the research. The respondents were given an opportunity to not participate in the interview, but all agreed to stay. The respondents were told that they could leave the interview at any time, especially if they felt uncomfortable. The interview then began with the grand tour question and proceeded through the structured questions, with many avenues being explained, as the respondents led the discussion in various directions. Through the process of emergent design, some new research questions were developed from this first interview.

Interviews conducted with respondents who had been out of the residential program for under twelve months and over one year were conducted in similar fashion at day-treatment programs not directly affiliated with the residential program or at other neutral settings. Often, residents who had been discharged from the program continued interacting with community-based programs. However, respondents from these latter two groups were not necessarily from these programs. Facilities not directly on residential campuses were viewed as a more neutral settings for interviews than the residential campus.
The interviewers proceeded to meet these respondents, explain the nature of the research and allow for any respondents to choose not to participate. All selected participants agreed to be interviewed.

The primary investigator conducted the interviews. Interviews were audio taped so the researcher could go back through the interviews to take case notes on the responses. A secondary researcher was present to observe and take case notes as the interviews were being conducted. This allowed a different perspective and a check on credibility of the primary investigator.

The interviews were opened with a grand tour question: "Tell me as you would a friend, a family member, or your lawyer, what it has been like for you to be in residential treatment?" The respondents were again assured everything they describe was kept strictly confidential.

Throughout the interview process, the interviewers asked the other research questions previously mentioned and probed in the direction the respondents chose to describe. At the end of the interview the primary interviewer recounted the perceptions of what had been heard to check with the respondents whether this was an accurate description of their perceptions. The interviewers then asked the respondents if there is anything else they would like to add. Throughout the interview process of both the pilot study and this study, there was a natural free flow of conversation with respondents.
often jumping in and saying "Oh yea, there's something I forgot!" The respondents from all interview groups indicated the interviewers had a good sense of their perceptions. This study seemed to provide a similar atmosphere as the pilot study.

Ideally, focus groups of five individuals from each subset population (out of treatment under a year/out of treatment over a year) would have been ideal. However, continual attempts by the primary researcher and the social workers attempting to provide the respondents, proved that adolescence is a time of much activity. Namely, adolescents were working, going to school, unable to be found for long periods of time, and even raising families of their own. Therefore, some focus groups consisted of two respondents, and several individual interviews were conducted.

Data Analysis

The data were analyzed according to the Developmental Research Sequence (DSR) as described by Spradley (1979). Sessions were audio taped, and a secondary researcher was present to take field notes during the interviews. Case notes were taken by the primary investigator from the audiotapes to identify key words and phrases.

Due to having transcribed the content of the interviews from the pilot study, the primary investigator intended to select relevant information from the audiotapes without
transcribing the entire content of the interviews. Such ideas were based on discussions with other qualitative researchers. Having three researchers (see below) take notes on the same audiotapes allowed a wider perspective to capture semantic meanings. Further, practice in transcript analysis from the primary researcher's thesis, better enabled the researcher to discover words and phrases relevant to the study topic (Joanning & Brotherson, personal communication, 1993, 1994).

However, the contents of several of the interviews were transcribed, as the primary researcher wanted to assure accurate understanding of the respondent's responses. Some of the later interviews with individual respondents were analyzed by notes taken by the interviewers based on the audiotapes.

Another check for dependability consisted of a secondary researcher, a speech and language pathologist, taking case notes from the audiotapes or interviews. This language specialist listened to the audiotapes or participated in the interviews, and took case notes based on general meanings. She then searched the notes and organized them based on similar meanings. This allowed for a more accurate "search for possible cover terms and included terms that appropriately fit the semantic relationship(s)," (Spradley, 1979, p. 114).

Transcripts for the interviews were analyzed by a third researcher. A co-researcher who was a Ph.D. in Marriage and Family Therapy and a researcher for a university in Ohio was sent a copy of the transcripts via mail. The primary
researcher then called the second co-researcher, requesting he analyze the data according to the Developmental Research Sequence (DSR) developed by Spradley. This researcher did a similar study for his dissertation.

Comparative analysis of key words and phrases were studied in an effort to discover emergent themes among statements. Results from each interview were compared and contrasted. Each researcher conducted his/her own analysis and the results were then discussed and collaborated upon by all three researchers.

Continual componential analysis of the transcripts by the investigators assisted in the development of emergent themes. Componential analysis involved a systematic search "for the attributes that signal differences among symbols in a domain (Spradley, 1979, p. 94). Theme analysis involved a search for "the relationships among domains and how they are linked to the culture as a whole" (Spradley, 1979, p. 94). Emergent themes and patterns revealed domains of meaning experienced by the adolescents.

Domains of meaning are the first and most important unit of ethnographic analysis (Spradley, 1979). Sturtevant (1972) stated that the goal of domain analysis is to aide in the understanding of how individuals classify their experiences through the terminology they use to talk about it.
Trustworthiness

In establishing truth value, the naturalistic paradigm is most concerned with testing the credibility of findings and interpretations with the various sources (audiences or groups) from which the data were drawn (Guba, 1981). Credibility involves how accurate the investigators were in understanding the perceptions volunteered by the respondents taken in the context in which the information was given.

Credibility

The testing of credibility is often referred to as conducting "member checks," that is, testing the data with members of the relevant human data source groups (Guba, 1981). One task of conducting a member check was accomplished by continually paraphrasing information given by the respondents during the interviews to assure the researchers understood the meanings of the respondents' statements. If a lack of understanding was indicated by the respondents, the investigators further probed the topic to assure more accurate understanding.

A second interview was conducted when needed, approximately two weeks after the initial interview following completion of case notes gleaned from the audiotapes. As indicated, a compilation of case notes from the primary and secondary researchers were presented to the respondents at the follow-up interview to check for accuracy.
A second test of credibility requires a somewhat prolonged engagement at the site, yet an avoidance of over involvement with the subjects (Guba, 1981). The nature of the study only allowed the interviews with the respondents in treatment to be conducted on a particular day due to the involved nature of the treatment program. However, the researchers were allowed to spend a few hours on campus to become acquainted with the respondents.

Interviews with the respondents who had been out of treatment, both under and over a year, were possible with the help of the social workers. The primary social worker following the adolescent after placement, had a better relationship with the respondent, constituting prolonged engagement at the sight. The social worker explained to the respondents the reason for the study, and were available to answer respondent's questions, questions of the respondent's families, and act as liaisons to allow the respondent and respondent families to question the primary researcher, if needed. None of the respondents or respondent's families produced any concerns.

Further, the primary researcher and a secondary researcher both had extensive experience working in similar adolescent residential treatment facilities. This persistent observation and interaction in similar facilities, along with information received about the program from the administration of the facilities, the social workers and the respondents,
allowed the researchers to have a better understanding of the process of treatment.

The primary researcher met with the treatment team from the facility on numerous occasions to select respondents for the study. The secondary researcher accompanied the primary researcher in establishing the interview protocol with the treatment team prior to the actual interview date. Such contacts strengthened the credibility of the researchers in better understanding of the program and the adolescents' experiences.

Prolonged interviews enabled the researchers to get a better understanding of the respondents' views. In the pilot study it was felt the progression of information from initially negative to more positive perceptions would not have been accomplished through more objective methods, such as questionnaires or surveys. Once the respondents expressed initial negative emotions and felt they had been heard, they became more introspective. The respondents then moved to more thoughtful, positive experiences. Surveys would not enable respondents to feel they have been heard, or allow them to express and divulge their frustrations. Ethnographic interviews provided the opportunity for respondents to explore an array of emotions in a focused format.

A third aspect of credibility involved peer debriefing (Guba, 1981). Prior to the interviews the researchers discussed what methods should be used in the interview
process. In between the first and second sets of interviews, the researchers compared notes and discussed the interactions observed in the interviews. The secondary researcher, who was only present to take case notes of the interactions, participated in these discussions. After each set of interviews were completed, the researchers compared notes and listened to portions of the audio taped sessions. In this way, a collaborative understanding of the respondents' perceptions emerged.

A fourth check on credibility involved triangulation (Guba, 1981). This method was conducted by receiving a set of case notes and continual feedback and comparison between the researchers, including the speech and language pathologist, the primary researcher and another secondary researcher, or auditor. In this way, the researchers' perceptions were checked and commented on by peers. Further, one of the researchers, the language specialist, was highly trained in language structure and semantics.

Finally, triangulation was utilized through continual feedback from the committee chair of the primary investigator. In this way, different perspectives were received in how to arrange, organize, and interpret the data in a more "objective" manner.
Transferability

Purposive sampling was used to obtain information from more vocal adolescents who were in or who had been in the program for an extended period of time. All of the respondents were associated with a residential program for at least four months. An attempt was made to develop a thick description (Geertz, 1973) of the program from residents who had been in residential treatment long enough to have overcome what Levine (1988) described as treatment shock.

A thick description of the data was generated to permit comparisons of the information taken in the context of residential treatment with respondents at various stages of involvement with the legal and medical communities. This did not mean that the data obtained from this study was directly generalizable to all other adolescents who are in or have been in residential treatment. Rather, this study attempted to maximize the range of information uncovered from the respondents in order to describe possible parallels in perceptions of adolescents in similar contexts.

Following the collection of thick descriptive data through the initial interview and follow-up interview, a thick description of the content was developed for inclusion in the write-up of the data results. This process included feedback from the secondary researcher (the speech pathologist) who observed the interviews. Stepwise replication (see below) of the data was followed by each researcher in developing
descriptions from the audiotapes based on the domains and supporting themes that emerged. The content of these write-ups was included in the documentation of these results (see below).

**Dependability**

Stepwise replication was implemented in the process of data analysis (Guba, 1981). As mentioned above, the primary researcher analyzed the transcripts or took case notes by listening to the audiotapes and included relevant information. Those transcripts and case notes were exchanged with the secondary researchers who read the notes and made comments relevant to his/her experience. In like fashion, the primary researcher took the case notes compiled by the secondary researchers during the interview, and made relevant comments based on his/her experiences. The researchers read the ensuing documentation, and highlighted key words and phrases based on semantic meaning. The highlighted key words and phrases were discussed among the researchers to establish semantic relationships.

The next step consisted of organizing the key words and phrases from each researcher in similar groupings. The primary researcher and language specialist grouped the words and phrases by semantic meaning in a collaborative fashion. Copies of the collaborated notes were made for each researcher. Each researcher then made piles from a composite
of all of the data, sorting data according to meanings interpreted by the researchers.

The primary researcher and the secondary researchers then compared piles and discussed the reasoning behind each method of grouping. In this way, a consensual agreement was made based on the researchers' experiences and the semantic relationships to form the emergent themes and domains. Theme and domain construction was accomplished by developing a domain analysis worksheet.

A further check on dependability included an audit trail (Guba, 1981). The audit trail consisted of a documented running account of the procedures mentioned above. The primary investigator kept a daily journal of his thoughts, feelings, events, and changes that occurred during the course of developing and conducting the study. Examples of entries in the journal include: how the primary researcher selected supporting researchers; how he made contact with the facility and past residents; the reasoning behind the research questions; personal reactions throughout the interview processes and analysis; and modifications to the study that may occur throughout the course of the research.

As mentioned above, the committee chairman was continually involved in the formulation and implementation of the research design. The chairman also acted as a dependability auditor, reviewing the primary researcher's
audit trail to aid in guiding the researcher through potential design flaws.

**Confirmability**

In establishing confirmability, a process of triangulation was conducted. As mentioned previously, the processes of constructing case notes, highlighting key words and phrases, sorting piles, and the construction of the domain analysis work sheet was done both separately by the researchers and language specialist, and then compiled in a consensual manner. These methods of triangulation were also supported by eliciting a confirmability audit from the committee chair. The confirmability audit acted to certify that the data existed "in support of every interpretation and that the interpretations have been made in ways consistent with the available data" (Guba, 1981, p. 88).

Another confirmability procedure consisted of the three researchers continually discussing how each of the decisions were made. This was described by Guba (1981) as practicing reflexivity. Practicing reflexivity consisted of the process of revealing the underlying epistemological assumptions which caused the researcher to formulate a set of questions in a particular way (Guba, 1981).

The primary researcher explained his epistemological assumptions and thoughts on labeling and residential treatment and how those thoughts and feelings effected subsequent
perceptions about the respondents responses. Such feelings and biases were recorded in a journal included with the audit trail to reflect introspections throughout the research. Reflections from the journal were included in the peer debriefing process during and following the completion of theme and domain construction. Such reflections were also included in the thick description of content of the Results and Discussions sections.
CHAPTER FOUR
RESULTS

This chapter will present the results of the study in the following fashion: 1) the selection and analysis of relevant information by the researchers; 2) analysis of the results from each subset of respondents (those in treatment at the time of the interview, those out under a year, and those over a year; 3) a compilation of domain and theme analysis presenting an over all impression of residential treatment by the respondents, as well as views of the two theories (Labeling Theory and Deterrence Theory).

Analysis

The domains selected by the secondary researcher were first presented to help describe the analysis process. The secondary researcher selected the following domains: 1) What's it like being in a group home. 2) Labeling; 3) School; 4) Different than home; 5) Learning the ropes; and 6) How to improve.

What's it like being in a group home?

This first preliminary domain established by the secondary researcher applied to all subsets of respondents. This domain was further broken down into four different themes. These themes included: day-to-day living; rules/control; family relationships; and therapeutic.
Day-to Day: Respondents in treatment. Respondents currently in treatment at the time of the interview initially presented a somewhat negative view of the day to day life in residential placement. Primarily, they felt they had no control of their lives, especially in not being at their own homes. These respondents felt they lost some of their identities, as they had to relinquish simple commodities, such as deodorant, as well as clothing restrictions due to the implication of gang involvement.

Some respondents commented on the program continuously bringing up past behaviors, while some pointed out the simple fact that some of them were actually locked up, or the capability of locking them up was readily available.

Respondents also pointed out benefits to the day to day life in placement. Some felt the structure that was lacking in their lives was provided by the day to day consistency. Another respondent shared that the group and individual counseling helped him talk and finally get some feelings out. This progression of "day to day" life, from initially negative to more positive, was similar to the findings in the primary researcher's pilot study on this subject with a similar population in residential treatment.

Day to Day: Respondents out less than a year. Respondents who had been out of residential treatment less than one year at the time of the interview were much more positive. While
they agreed that the initial day to day life was difficult and left a feeling of loss of control, even the most negative respondent from this group felt there were beneficial aspect to the day to day living and structure that he would not have realized while he was in treatment.

**Day to Day: Respondents out over a year.** Respondents from this group were similar to the above group who had been out of treatment less than one year. They stated that the day to day activities were still remembered as cumbersome, yet the structure and discipline had the most lasting effects on their lives. There was a trend in these last two groups of respondents for the girls to be more positive of the day to day experience than the boys.

**Rules/Control: Respondents in treatment.** This group of respondents responded the most strongly regarding the rules of the program, as well as the control over them by staff, presenting their feeling of lack of control. The most common complaint identified was the adolescents' perceptions that the rules of the program were constantly in flux or changing.

Control of the residents by the staff was also a strong perception. As several respondents in this group stated, "staff is always right!" Some residents felt it was a control issue that staff needed to work through in their personal lives. Along with control by staff, residents pointed out a
loss of control. Mentioned under this theme were things like having to ask to go to the restrooms, use of the shower, and the loss of personal possessions, such as radios with power cords.

One positive aspect of the rules was being able to do what you wanted in the cottage as long as the rules were obeyed. Being able to listen to their own music (again, as long as it was appropriate) was very important to the respondents who were in treatment at the time of the interview.

**Rules/Control: Respondents out less than a year.** The secondary researcher's view of this group of respondents indicated there was a more positivistic view of the rules in treatment. Some of the same complaints about losses of simple freedoms, such as wearing certain cloths or certain colors, continued to be a complaint. However, all of the respondents in this group presented beneficial aspects to their lives, based on the rules and control of residential treatment. Several respondents stated that even the petty rules and control continued in their lives when out of treatment. Therefore, they not only saw these rules as beneficial, but a necessary part of their treatment process.
Rules/Control: Respondents out over a year. The secondary researcher reported that little emphasis or opinion came out of this group regarding rules or control. Even what appeared to be the most negative respondent did not respond strongly about the rules of the program. His interpretation was that they had been removed from residential treatment for such a period that the day-to-day rules and feelings had dissipated.

Family Relationships: Respondents in treatment. Respondents indicated the strongest issue on this topic was the sense of loss and isolation from their families. The aspect of loneliness surfaced with several of the respondents. No matter how chaotic and unsettled they described their lives in their families, there was a sense of loss of their families. Others complained that their families lived so far away from the treatment facilities that they did not have much interaction with them.

Family Relationships: Respondents out less than a year. A couple of respondents from this group had similar responses to the group who were in treatment at the time of the interview. Unfortunately, these respondents were literally in placement on the other side of the state from the treatment facility. They stated that they felt isolated from their families, missed them, and did not have enough time to have
home visits, or received shortened home visits due to the amount of travel time home or their family's lack of transportation to visit them regularly.

One respondent who was in placement in the same city as his home described the residential treatment/family experience much more positively. He felt he had many family sessions and visits that provided him with the tools to mend rifts in his family and gave him the ability to communicate with them in a more functional manner.

**Family Relationships: Respondents out over a year.** Respondents in this group had similar views as the group out of treatment under one year and those in treatment at the time of the interview. Those that lived a long distance from the treatment program felt there was not enough interaction with their families or the ability to have the appropriate visitation time with them. Punctuated by this group (and reinforced by the other two groups) was the perception that "there was miscommunication between my family and staff". The perception was that they were receiving incongruent messages about what the staff of the facility would tell them, and what the staff would portray to the family. This seemed to anger the respondent and provoke distrust of the treatment staff.
**Therapeutic: Respondents in treatment.** In response to the issue of treatment, this group focused on their dislikes of the rules and treatment buzzwords, such as "thinking errors" and "levels and phases". They viewed therapy as a way for the staff to continuously remind them about their past mistakes, while their peers looked for any opportunity to point out faults and get back at each other. An occasional respondent would point out that the system was set up to learn and help each other, but the general reaction in this group was negative as to whether there was any therapeutic value to placement.

**Therapeutic: Respondents out less than a year.** This group seemed to experience great therapeutic results from treatment. All respondents from this group stated that early in treatment there is a tendency to fight the rules and loss of control they experienced. However, all respondents in this group talked about receiving many therapeutic benefits from their interactions with both staff and peers. The common therapeutic value presented from this subgroup, was the ability to take the experiences from treatment and apply them to their lives on the street and back home. All respondents mention the re-emergence of old thought patterns, tendencies to old behaviors, and most prominently, contact with former peers who were part of their lives when they were getting in trouble. However, respondents from this
group all stated that residential treatment gave them the skills and helped alter their mind sets to not go back to the lifestyle which help get them in placement.

Specifics of therapeutic experiences included vocational training, group and individual therapies, some family therapy, care and serious support from both staff and peers, and skill building to not engage in former thoughts and behaviors, but apply new strategies that were worked on every day in residential treatment.

**Therapeutic: Respondents out over a year.** Several respondents in this group seemed to revert to comments similar to those who were interviewed while they were in treatment. They seemed to regress and talked about the more strict, what they saw as punitive, aspects of the program.

However, the more negative responses about the therapeutic value of residential treatment came from the males who were interviewed. The females had more positive responses and reported receiving skills that were very beneficial in their lives and which followed them well beyond a year post residential treatment. In contrast, the group who had been out less than a year was much more positive about the therapeutic benefits they received. Further, this group was relatively equally comprised of males and females.
Labeling: Respondents in treatment

The group of respondents in treatment at the time of the interview had a very strong response about being labeled. Four of the five respondents seemed to openly accept labels such as juvenile delinquent, criminal, bad kid and others. Even the one respondent who stated the labels given to him were inaccurate to his personality, responded with statements that portrayed his former actions. He felt the labels were the perception or the "problem" of the labeler, and did not pertain to him. Yet, he seemed to respond in his statements as though he were "just another criminal in placement".

Another aspect brought forth by this group was the process of how treatment program personnel labeled them based on the treatment model and their actions while in placement. Residents who acted out were put on "discipline level" status. They were often referred to by both peers and treatment personnel as "D.L." or Discipline Level. That is who they became while they engaged in inappropriate behaviors while in treatment.

Others commented that some staff (usually ones the residents felt were on "power trips" and inappropriate), would remind them in negative ways that they were delinquents and would say they would not amount to anything following placement. Such staff seemed to be the exception and not the
rule, yet were reported to have made an impact on the identities of the youth.

Labeling: Respondents out less than a year

Respondents from this group also stated that they had been labeled. However, respondents from this group seemed not to buy into labels in the same way as the respondents who were in treatment at the time of the interview. Rather, they seemed to see society as having placed labels on them, but recognized the treatment process as a way to change their behaviors and ways of thinking to "erase" those labels.

These respondents felt law enforcement in their local communities, schools they had attended prior to placement, and the communities they were from, in general, saw them as "bad" or "delinquent". However, this group felt residential treatment worked with them to better themselves and rise above such labels.

Even respondents in this group who felt they still carried some type of label reported ways in which they felt the labels did not apply to them. The secondary researcher reporting this data, attributed the concepts of Deterrence Theory to this phenomena. These respondents, through their own will and behavior, as well as their experience in residential treatment, adopted a mind set that they were no longer who they had been when sent to residential treatment. They changed their lives to leave such labels behind.
Labeling: Respondents out over a year

The respondents who had been out of residential treatment for over a year addressed the idea of labeling as if it were a past experience and memory. All respondents felt they had been labeled, both prior to, and while in residential treatment. A couple of respondents went on to point out how those labels followed them for some time, following their release from residential treatment. However, none of the respondents seemed to feel labels given to them prior, during, and after residential treatment, were still being applied to their identities, nor were they part of who they were at that point in their lives.

One respondent volunteered that the police in his town still watched and followed him. However, through his behaviors in the one-and-one half years following placement, he felt he was proving himself in their eyes to be a changed person.

Two of the respondents also reported that labels were not always negative. Being the "bad kid" or "delinquent" help one respondent avoid conflict and fights at school, as some peers feared her as the "treatment kid".

School: Respondents in treatment

Respondents in this group unanimously agreed that their course work and grades improved while in residential treatment. All had reported stories of failing classes, not
getting credits, and skipping school prior to placement. While in placement, all respondents agreed their grades improved remarkably, they were receiving credits, and they were attending classes (school attendance and homework completion were required aspects of the program).

However, the majority of the respondents from this group complained that school was too easy. Some felt that any homework assignment they turned in would result in a high mark. While their grade point averages and credits were increasing, several felt this type of treatment would hinder them when they left treatment and returned to "regular school". Most of the respondents reported that they intended to continue in school after placement, avoiding behaviors such as skipping school and not turning in homework.

School: Respondents out less than a year

Respondents from this group reported totally positive experiences regarding school while in residential treatment. Uniformly, all respondents of this group told similar stories of how they had quit going to school, were down on credits, and followed the crowd who were engaged in similar behaviors.

Respondents from this group went on to tell how the positive experience of school in residential treatment helped improve their confidence that they could be good students. Every one of them reported that influence and change in attitude and behavior had continued post placement. All were
regularly attending school and doing well. One respondent graduated high school while in placement and was enrolled and successfully attending college.

**School: Respondents out over a year**

Respondents in this group mirrored the first two groups in their initial responses. They all reported school was almost non-existent prior to placement and all had done well while in placement. All of the respondents had also reported continuing in school for varying periods of time following placement. However, at the time of the interview and at the follow up interviews, this group of respondents' participation in school varied greatly.

Two of the respondents had reported that they dropped out of high school. Both reported that their self discipline had dropped off as well as returning to "hanging out" with peers who also dropped out of school. One other respondent stated she was taking "a break" but had every intention of going back to school or earning her General Equivalency Degree (GED), and then going on to college. A fourth respondent stated he had dropped out, earned his GED, and then went on to college. He, too, was "taking a break" from school both at the time of the interview and at the follow up interview. The fifth respondent had continued in school, graduating with second honors, and was enrolled and attending college courses, while working a part-time job.
One difference noted by the secondary researcher for this group of respondents was that all of the respondents seemed to have a different attitude toward school. There seemed to be a confidence presented by these respondents that they knew they could succeed in school. There was a feeling that if any one of the respondents who had not followed through and completed high school decided to continue, they had the confidence that they could complete high school and go on to earn a degree.

**Different than home: Respondents in treatment**

The primary response to how life in treatment was different than life at home in the group who was in treatment at the time of the interview was the difference between almost total freedom (prior to placement) to what felt like total control by others once in treatment. Described were a litany of rules, physical features of the facility such as "quiet rooms", and human interactions where the respondents felt they had no control. As stated by one resident, "you can work with your parents", which was immediately responded to by another residents, saying "you mean you can manipulate them".

Responses varied from unhappiness with the majority of the basic rules, such as going to the bathroom, but went much deeper, pointing out that the respondents felt very isolated, and as one stated, "we lost our parents".
Different than home: Respondents out less than a year

Respondents from this group had similar initial responses about the lack of structure and rules in their lives, to total structure over their lives once in placement. However, this group reported that this difference was a positive influence in their lives. They stated that this structure was therapeutic in helping them change both how they interacted personally and with their families. Although their lives often still lacked structure after placement, they incorporated that structure in areas of their lives such as attending school, and learning discipline in not responding to situations in the same way they had prior to placement.

Different than home: Respondents out over a year

Two predominant themes were reported by this group of respondents. First, similar to the above two groups, this group of respondents reported little structure in their home lives. Also included was the sense of loss from being away from their families. Although there was little structure at home, this group reported a great sense of separation from their families, while most still felt the structure of treatment was greatly needed in their lives.

The second theme indicated by the respondents was that while they missed their families, they were relieved by the structure and rules imposed in their lives by the treatment program. Several discussed the fact that home life was so
chaotic, they knew the structure of treatment was beneficial to them. Along with the feeling that treatment life was different than anything they had experienced, treatment helped them to relate better with their families in later interactions, or upon return home. Further, some respondents reported a sense of maturity acquired through treatment that they may not have acquired without the aid of treatment.

Learning the ropes: Respondents in treatment

Responses from the adolescents in treatment were unanimous. "Keep your mouth shut." "Know who to trust." "Watch out for yourself." "Mind your own business." "Watch your own ass, especially in group." "Believe in yourself and ignore negative people."

Then more promising ideas emerged for new residents such as "try to find people who are like you." "You have to let shit go and make friends with the right people." "Don't bring everybody down with you." "We got a big cover up going right now!" The secondary researcher, was impressed by strong statements made by youth who were in programs they described as predominantly a "positive peer culture".

Learning the ropes: Respondents out less than a year

Responses from this group seemed to be more individualistic. The primary response was that you had to either have a decent attitude or change a negative attitude in
order to survive. Some of the responses started out individualistic with the idea that you had to change your attitude by avoiding negative peers and working your own program. Some respondents reported that you really could not trust anyone. You could make friends, but not entirely trust any other person.

Two of the respondents in this group considered themselves best friends on the "outside", but while in treatment only relied on each other peripherally. They both agreed they had to look out for themselves, and work their own program. In working the program, all of the respondents from this group agreed that conformity was imperative. Most, if not all peers came in to treatment with negative attitudes and had great difficulty in changing their attitudes and behaviors to work the program. Eventually the majority of the residents did change. Those that continued to be resistive and took a long time to conform, usually ended up in the program longer, and some ended back in treatment in a relatively short period of time.

Learning the ropes: Respondents out over a year

Respondents in this group had similar responses about not becoming too trusting of others. One respondent even included staff, saying certain staff could be trusted, while other staff would watch you and try to set you up.
However, several respondents talked about a kind of code, where peers stuck together. It was a part of many programs to confront peers, yet some respondents said there were certain rules as to how to confront your peers, and a way to do it safely, while preserving unwritten rules among residents. All of the respondents stated there were certain residents who were disliked by all, as they would not follow unwritten rules and would "nark" on any behavior.

All of the respondents in this group agreed that you had to do what the treatment program wanted you to do. One respondent described these behaviors as "playing the game" and went on to say none of that experience applied to his life at home. Several other respondents reported that they eventually saw many benefits in what they were learning and doing in treatment which had become incorporated into their lives at home.

**How to improve: Respondents in treatment**

The secondary researcher did not select any of the criteria set forth by this group of respondents on how to improve the program. He did highlight several of their responses and later said it was an oversight to not include this sample under this domain. In discussions later, all three researchers set forth criteria for this group that will be described in great detail later.
Primarily, the flavor of the residents responses from this group focused on changes of the rules that they disliked. This was typical in the pilot study, as the respondents used the question about how they would change the program to vent dislikes and often, verbally dismantle the program.

A strong point also presented by this group of respondents was to have people with like life situations be in charge of the therapy process. One respondent felt other alcoholics should run the Alcoholics Anonymous meetings, while another resident responded that former residents should be the staff for the program. Another went on to say she had been inspired to be a therapist based on her experience in residential treatment. Finally, all of the respondents in this group felt there should be more interactions with their families.

How to improve: Respondents out less than a year

Respondents in this category, with the exception of one respondent, felt the programs they had been through were just fine. When told how residents in treatment talked about changing all of the rules or bringing in former residents to run the program, this group felt these ideas were null and void. They felt the programs were well run and beneficial. These respondents stated that the respondents who were in residential at the time of the interview were too close to everything. They were living it, and could not look past that
fact. These respondents felt those in treatment, once given the opportunity to look back on the program they had been in, would agree not to change too many things.

One respondent had a much different idea. He felt the program was beneficial, but felt there was too much going on behind the scenes for the staff to keep track of and control. This respondent felt the campus he was on should have been encompassed with fencing and razor wire, with guard towers on each corner of the campus. The secondary researcher pointed out that this individual already seemed to assume the label or identity of a prisoner.

How to Improve: Respondents out over a year

Respondents from this group all felt there was too much change as they went through the program. Staff turn-over was reported as high, and with that turn over, respondents felt the rules and program seemed too fluid. One respondent stated that change can be a good thing, but in dealing with adolescents whose lives had been constant change and turmoil, change ended up being a bad thing in her program.

Another couple of respondents felt the program they had come from should have been an unlocked program. These respondents views were that some youth, who engaged in violent, victimizing crimes should be locked up, but the majority of youth in placement did not require the intensity and structure of being locked up.
Collaboration and Incorporation of Domains and Themes

The primary researcher and language specialist continuously corroborated on the transcripts, selecting domains and themes. The secondary researcher was sent raw transcripts and also selected domains and themes from the data. The domains and themes of the secondary researcher were presented above. After the initial analysis from the secondary researcher, the team of researchers (the primary researcher, the language specialist and the secondary researcher) collaborated on the results based on each researchers analysis. The following domains of meaning were determined with their corresponding themes to each domain. The domains were as follows: Dislikes/Issues for Change; Likes/Treatment Issues; Treatment Relationships and Interactions; School; Labeling; Family Dynamics; Life Stories; Future.

While the three treatment groups initially vacillated between dislikes and issues for change, and likes and treatment issues, consistent with the primary researcher's pilot study, dislikes and issues for change dominated the majority of first impressions of residential treatment. Therefore, this domain was selected as the first in the presentation process.
Dislikes/Issues for Change: Respondents in placement

Similar to the primary researcher's pilot study, the respondents who were in treatment at the time of the interview immediately began with aspects of the program they disliked or had issues with. They saw the interview process as a way to vent and as one respondent stated, "tell someone on the outside what it's been like to be in here."

Rules and control. The primary complaint presented by this group of respondents focused on rules of the program. The following statements represent the description of the respondents' complaints. "I don't like having to ask to go to the bathroom. At home I can take a shower for as long as I want." "In here it's stupid. You have to have aspirin time which means you have to wait two hours after getting a headache before they'll give it to you. That's just ignorant!" "They told me I had to get my head shaved because they said I could hide contraband in it. They also keep calling me Super Fly." "You can't have deodorant in a spray and stuff like that because you could spray it in staff's eyes." Most of the respondents went on to say they understood why such rules were in place, especially with so many people living in one area. They also discussed the safety issue for both themselves and the staff, pointing out incidents where staff had been attacked or peers had been hurt in escape
attempts or fights. However, the respondents still expressed their discontent with such rules.

Another set of rules that had much discussion were the dress code rules. The youth felt too much control was exerted over what they could and could not wear. As stated by one respondent, "they take away stuff like clothes that are black and blue or red and black. They took away most my clothes and put them in the closet." This theme came up often throughout the course of the interview, with respondents feeling this was a way of taking away their identities.

When asked why such rules were in place regarding how they dressed, the respondents uniformly stated this was due to gang affiliation. Respondents reported the majority of adolescents in any of the treatment facilities throughout the state were in some way familiar with, affiliated to, or a member of some gang. As one respondent stated, "kids in these types of places have mostly been around the wrong side of the block. Most everybody has some kind of gang affiliation."

The respondents again understood the rationale behind a clothing restriction, but did not agree. They felt that everyone knew who was in what gang, or affiliated with what gang, so a clothing restriction did not mean anything. However, one respondent pointed out that he felt that like everything else in treatment, they made such rules in an effort to change the residents' normal behaviors that lead to them being placed in treatment.
As a note, all of the respondents in this study, from all three groups, reported issues of gang affiliation and gang activity. This phenomena is unique because there were absolutely no statements about gang issues during the pilot study in 1992. When this statement was made to the respondents of the current study, all respondents mentioned gangs was a major part of their lives, no matter where they lived or what program they were involved with.

Program and treatment issues were also a major dislike. The majority of the respondents discussed distaste in a part of the program called Discipline Level (DL). Discipline Level (DL) was a phase the respondents were put on for inappropriate behaviors. This program was based on a type of Positive Peer Culture, where the youth held each other accountable and the staff acted to oversee and guide the treatment process. The respondents reported that there was a definite process involved in how consequences were "doled out" by peers, and much more staff control was needed in this process.

Along with disfavor about DL was a general complaint about change. One respondent stated, "They keep changing the rules. Now you can spend 14 days on DL where it used to be only 7 days. If you're on DL, you can't check someone because you can't hold them accountable for something you're not doing." Another respondent stated "half a month on DL is just asking you to go crazy. You're in seclusion all but one hour in the cottage."
Other areas of dislike revolved around control, or the feeling of lack of control by the residents. Several respondents stated that they did not like other people having so much control over their lives. Part of the program included what the respondents called "thinking errors". They felt the thinking errors were a way for the staff to exert control over them. They also felt thinking errors were just leverage tools they all used to keep each other in line. It was an unwritten rule that if a peer was truly upset with you, someone would attack you with a thinking error and give you your payback. As stated by two respondents, "if someone is mad at you, they will come up and check you." "They give you checks for Power Thrusts, another thinking error, and you can't argue it in any way."

Change/Loss of freedom. As mentioned in the previous theme, rules and control, change in how the programs were run was a major dislike and area for improvement according to the respondents. Respondents felt the rules of the programs changed many times in the time they were in placement. As stated by one respondent, "it gets confusing. Most of us come from a background where there was no stability, and treatment provides some stability, but it could do more."

The sheer fact of being placed in residential treatment was a major change. As described by one respondent, "it was a drastic change, like I was in shock or something." This
coincides with Levine's (1988) criteria for "treatment shock". There was a total loss of freedom and a period of adjustment that some of the respondents in this group appeared to be still adjusting to at the time of the interview. The following statements describe such feelings: "I don't like being locked up, not having freedom." "We need a little more freedom, trust, and respect." "At home I could walk out the door whenever I wanted." "I do what I want at home." "We have no privacy. I can't sleep in my boxers on top of the covers. People check on you and flash lights in your room all night long." Finally, as one respondent so aptly put it, "I went from the street to structure, and what a ride it has been!"

Further, part of the loss of freedom expressed by this group, those who were living the treatment experience at the time of the interview, was the length of time some of them had spent in residential treatment. One respondent stated, "I have been here for 3 years now. I started out at Bridgehouse, was moved to Saunders, and now I am in RAPP. (Bridgehouse was a community based residential house, Saunders was a more secured facility on a residential campus, while RAPP was an adolescent unit for teen age pregnancy and young, unwed mothers.) Another respondent had been in the current facility for approximately 14 months and had spent 5 months in another residential placement setting prior to this placement. Respondents commented that with the exception of the state
reform school (Eldora), which was not described by the residents as a treatment program, but rather a mini-prison, the minimum stay in residential treatment was six months, and for most, greater than a year.

Having to submit to authority was a dislike expressed by the respondents that could fall under this theme and the previous theme of rules and control. Respondents stated "they can't tell me what to do. It's a control thing." "Some staff think they're superior to us and treat us that way." "Staff is always right, but I gotta be right." Finally, one respondent stated "I told my worker she had put me in a prison or a mental institute.

Another complaint or suggestion for change had to do with applicability. Respondents in this group felt the things they learned in residential and the way they learned them were not applicable to the "real world". Again, this is consistent with the information obtained in the pilot study. Comments by respondents explain their discontent. "I can't hold somebody else accountable at home. You don't have to check somebody walking down the street. It's stupid." "My grandma tried to give me a check, but I told her she couldn't." Respondents in this group did not make any kind of connection between the treatment process or format, and their lives outside of residential treatment. The respondents in the next group did see that connection (see below).
Authority travel guides. Some what anecdotally, a major dislike by the respondents was they way their probation officers and social workers discussed with them their options after committing offences or needing to be placed in treatment. As one respondent stated, "I hated the way my social worker showed me this stuff. She acted like she was selling me a house, like she was some authority travel guide or something." Several other respondents came in with similar responses. "My probation officer gave me brochures on Clarinda Academy." "When they give you stuff, they make it look all fancy and then when you get there, it's all raggedy." And finally, one satisfied customer who said, "I was glad to come to Wittenmyer because I was supposed to go to Clarinda.

Dislikes/Issues for Change: Respondents out less than a year

Under the same domain, the respondents who were out of treatment less than one year had a somewhat different set of responses regarding dislikes of the programs and issues for change in the programs. Several respondent had some of the same gripes about the program as the first group, but then went beyond that discontent.

Dislikes. One respondent began with many of the initial reactions as the respondents in treatment. He was discontented with the food, he said it was hard to learn not to cuss, he was bored. Although later in the interview this
respondent had great things to say about the groups they attended, initially he state that there were a lot of groups and they were "an everyday thing, but sometimes it was pretty boring."

This respondent also talked about dislikes of some of the treatment issues, such as staff and peers being able to check a resident, and the status he had while on DL. As he stated, "some days were just horrible". He also felt that some staff had attitudes or as he said, thought they were "the king of the world." But despite the rules or the staff, he then went on to say these were all things that had been in his control. It was all part of the program that ended up helping him.

One interesting response by this former resident was that when placed in treatment, he really missed engaging in criminal activity. He also really missed using drugs. He stated that he had gone through some heavy withdrawal symptoms and felt the treatment program did little to help him with his withdrawal. However, he felt that since he left the program, he had no desire to engage in criminal activity or use drugs. Rather, he felt that whatever they did to him in treatment worked, because he found himself just naturally avoiding situations where drugs or criminal activity were happening.

Other respondents from this group mirrored responses about rules of the program and items they could not have. "They will check your stuff and tell you what you can and can't have. You can have radios, but no cords so you don't
strangle yourself. No sharp objects. And you had to cover your tatoos with band aides, especially if they were gang related."

Another dislike revolved around the treatment process and group process. One respondent summed up the frustration that often accompanied group interaction:

(S) We had this girl, and I liked her, but she was kind of slow and everything. She used to, like, cut herself and stuff, and she would hold up the group for group activities and stuff because the consequences. We only had two staff working and we would have to have two staff to go out in the community, and she was on two-staff report. So she got no privileges so she could not go out in the community which held us all back and I just got impatient with her. I couldn't handle what she was doing because we used to work on her ever day in behavior group about her problems and she would still do it.

Although this was a strong dislike of this respondent, she later went on to talk about this same peer and how she felt for her. She stated that the girl had no family to go to and had been severely physically and sexually abused as a child. She then stated that treatment, and peers like her were the only thing that could "bring a girl like that through life."

Several other respondents disliked that they were so far away from their families. Many did not know the "true" reason
they were put in placement in towns that were far away from their homes, but many speculated this was done to make running away much more difficult. One respondent said it took her five and one-half hours to get home by bus, and it was difficult for her family to visit because they did not have a car. She stated she had been home only four times in six months, but went on to say that it was her fault that she did not get home as often as she could have. If her behavior had been better, "going home wouldn't have been a problem".

**Brain washed?** This group of respondents went beyond the respondents in the first group, stating that most of the things they disliked, were things they could have changed based on their behavior. When this was pointed out to them at the follow up interview, a respondent simply stated, "they can't see that now. They're living it. Some of the older residents who have been there for a while are starting to see it, but you almost have to be gone for it to make sense.

They further described a process where, for the first few months, residents felt like they were being "brain washed". The following is an excerpt of that conversation:

(M) You were sitting there thinking, you know, man, these people don't know what they are talking about. They don't know where I'm coming from. That's why they always want you to sit down, talk one-on-one to the other peers, and say "OK, where are you coming from? What kind of life style did you
have? Why are you here? What kind of wrong decisions did you make to get you here so I can look at mine? And now what situations can you use to remind people to avoid those situations in the future." The main part of it, though, you think this is one mental game. I thought it was one big mental game.

(Tim) So, the whole time you were there you did feel like they were playing a mental game with you?

(M) Not the whole time. Like the first four months. You were just thinking, they're just trying to mess with my head. This stuff ain't right. This stuff is not for me.

(Tim) Do you agree? (to another respondent).

(J) I thought that people could just fuck with you and just get away with it too, sometimes. Because we had a status and stuff like that, and you know the people down there. You know them, and they claim they do the right thing all of the time, 24 -7 (meaning 24 hours a day, 7 days a week). But then after that you overhear, them lying on you, getting you in trouble, setting you up on things, just doing things that mess with your mind, and that's one thing I hated, too.

This example portrayed the initial feelings of many adolescents placed in residential treatment. All of the respondents for this group felt they had similar experiences and feelings. All of the respondents went on to a say they were able to go beyond that feeling of paranoia and incorporate many of the treatment aspects into their lives.
As stated by one respondent, "What it took, was it finally brought up my self esteem. I felt I could do this, and be someone good. I didn't need to always intimidate people."

Dislikes/Issues for Change: Respondents out more than a year

Responses from this group were much broader than the other two groups. The respondents who were in treatment at the time of the interview were more negative, pointing out many dislikes of the programs and problems with authority and control. The group who had been out under a year reported this was to be expected. The adolescents in treatment were living the experience, and therefore could not have the same appreciation. The under a year crowd had some dislikes, but in an overall sense, seemed to have more of an appreciation, not finding as many problems with the programs. For the dislikes they voiced, they often followed up with how they did have some control over the circumstances and situations for which they were unhappy.

The group who had been out for more than a year had a mixture of dislikes and problems with the programs they were in, and had some ideas as to how those problems continued. This group seemed, metaphorically speaking, more middle of the road, while the other two groups seemed to portray the extremes.
Dislikes. Of the respondents in this group, most had a variety of positive and negative things to say about residential treatment. However, one respondent presented the whole experience as negative. For that reason, his responses will be presented first, followed by the responses of the rest of the group.

The first respondent's views were very similar to, and probably more negative than the first group who were in treatment. He began the interview with the following statements. "It sucked! Everyday was the same. I didn't really like nothing. You wake up at 6:00 a.m. everyday to this musty smell. There wasn't one good thing about it. You have no privacy, it's so strict and they take advantage of their control."

When asked to be more specific, this respondent stated he did not like the way the program was run. He responded "the program's supposed to be less than 8 months, but they mess around too much. When I first got there, they were testing me out. They got me in trouble. Staff thinks everything they do helps you, but it doesn't." "They would ask you questions and you wrote two pages about it. How you got roped in, why, who you hung with. And we had to write treatment plans each month."

Finally, this respondent stated the hardest part of residential treatment was being away from his family. His mother and two brothers lived approximately 45 minutes away,
and he felt he needed to be there to care for and protect them. He stated that he had not been the best of role models, but felt he needed to be home for his little brothers.

Other respondents in this group were not as extreme. Some of the responses of this group were similar when dealing with the rules and treatment program. One respondent stated, "the consequences were stupid. Sitting on the couch when you were sweaty meant you couldn't sit on it the whole next day. You had to sit on a hard chair and there were no cards. Or you would have to play the Un-Game(described as a game that made you talk about your feelings and experiences). Further, several chimed in that not everything staff said and did was helpful, contrary to what the staff thought.

This group also felt they should have had more contact with their families. Most of the programs stated they would have some sort of family therapy component, but often, as pointed out by the respondents, this was almost non-existent. Further, as reported by one respondent:

(A) I disliked the miscommunication between my family and staff. There were differences between what they would say and what my mom would say. Like a girl had an infection and they told me not to tell my mom, but I felt I should tell her. They would tell my social worker one thing I was doing, and my mom another thing. I sometimes got caught in the middle and would like to explain myself to the judge.
Quiet rooms. A somewhat unique dislike from this group had to do with the "quiet rooms". Quiet rooms were the locked, contained rooms often used to limit the behavior of out of control residents. The quiet room had not been a major issue to the other two groups, as several programs had changed their criteria for utilization of the quiet rooms. Quiet rooms seemed to be used in extreme cases of acting out, or violent behavior. Previously, the quiet rooms had been used as part of the treatment process, where adolescents were given a series of steps to follow. If steps were not followed and the situation escalated, these youth were rapidly locked up as part of the program. The respondents who had been out for more than a year had experienced the end of the conversion process, where adolescents were no longer locked up as a component of the program. Hence, some the respondents in this group had been restrained and locked up as part of their treatment. One respondent remembered "I was locked in the quiet room for a long time, and nobody checked on me. Eventually, the quiet room can drive you crazy.

Change. Finally, the most prominent dislike from several of the respondents was the constant change that seemed to be occurring in these programs. Not only was there a turn over of residents as some graduated, and others came in, but there was constant change inherent in that turnover. There was a constant state of flux as new residents were continuously
"getting used to the program". As pointed out by one respondent, "there was always somebody acting out or some crisis going on."

Other respondents then added that the resident turnover was expected, but the staff turnover was even harder. Some staff had been in the programs for years, but more often, new staff always seemed to be in training. "Some staff treat it like an eight to five job, while the older ones seem to be there for the kids." Two of the respondents remembered and had experience the "old days" of forced quiet rooms, so felt some change had been good. "Change can be good, but too much change is bad. Remember, these are kids who have had nothing but change and instability all of their lives." What insight, coming from a street kid, a gang-banger in residential treatment.

**Likes/Treatment Issues: Respondents in placement**

As mentioned above, the majority of the respondents, especially those in treatment at the time of the interview, started out with all of the complaints and negatives they could get out, feeling they had someone who was tell them "let me have it!" Eventually, respondents in all three groups really got into reflecting and introspecting about their lives and times in residential treatment. With this thought process came many "likes" or positive aspects of the treatment program.
Many of those likes revolved around the treatment they received, thus the domain, likes/treatment issues.

**Likes.** Respondents in this group were again similar to the pilot study. Not many likes, or positives came out of the free flow of conversation for the first forty-five minutes. However, benefits of the program began to emerge. One respondent stated that he felt his cottage had more freedom and trust than other cottages. They were allowed to listen to their own music (if appropriate) and do their own things, as long as they followed the rules and attended treatment and school.

One respondent stated that he felt the staff was caring, "for the most part". He felt placement taught him to think of rules and be responsible. "It gave me a kick in the ass to get myself straightened out." Others stated that placement introduced them to new, productive activities they had never done, nor felt they would have been introduced to back home. Such activities included therapy group interactions, community activities such as bowling and skating, and for some, just a chance to get outside of the city limits and visit or live in the country for a while.

**Staff/Therapies.** Several respondents pointed out specific staff members, or some staff members in general who they felt were positive influences in their lives. One
respondent mentioned feeling guilty about some of the cover-ups going on in the cottage, because she felt it would hurt her counselor if she knew the resident helped in the cover-ups. Other statements included: "I think they (staff) are trying to make you look at what you are doing." "If a peer is screwing up, you can check them, and staff helps you see what you're doing wrong." "They trust you to fulfill your obligations, but if you do stuff that is wrong, they hawk you."

While most of the respondents complained about group therapies and constant group interaction, some of the respondents acknowledged that they felt groups were necessary. One respondent stated, "I like groups to get my feelings out." Several others pointed out that they did like the family sessions when their counselor would meet with them before and after a home visit.

**Likes/Treatment Issues: Respondents out less than a year**

Respondents from this group had such rich, thick descriptions of treatment likes and benefits that many of the respondents' direct statements will guide this domain.

Learning experience. The following are excerpts from interviews with several respondents who had been out of treatment from two to six months. These respondents had so much to tell about their experiences in treatment that a very
thick description was will be presented here. Some of the quotes are paraphrased to glean the most important part of the message as seen by the researchers:

(M) For me, it was a learning experience because...it was totally different than, you know, what you see in the streets...If we do something wrong, somebody is always there to point it out to you. Somebody is always there to help you out. They'll sit down and talk to you about personal problems, family problems, anything that you need help on, they would try their best to help you out.

(M) We also had Group Interaction where everybody in the whole group sits down and they talk about problems that they've been having, problems that is making them that way, old things they used to do and how to get help on those things. So then we all sit down and give them feedback, positive feedback, telling them, you could do this better, you could do this to change that... I went in there doing the right things, and I was thinking to myself that I am going to change, that I am going to be the person that I really want to be.

(M) There were some real benefits from it (treatment). I mean it changed how I spoke, the way I work, even the way I wore my clothes. I still have the sense to tuck in my shirt. I mean, these things just stuck with me, but the things they teach you there is something every teenager should go through because it's a positive environment. It's a very structured
environment and I say if you want it to help you, it will help you, but if you just want to throw everything away and think that you life is bullshit or whatever, then you're not gonna learn nothing from it.

These respondents went on to talk about how the benefit they felt they received from residential treatment followed them into their lives after placement. One respondent looked at his program as a school with in a school. "A school to help you learn the correct way to live and make choices in your life, then a regular plain school where you learn math, your science, and stuff like that... It's the ultimate mental challenge." He went on to make the following statements about post placement:

(M) It's not rules. It's norms. You go thinking that sagging my pants, that's normal for me, but not here, that's negative. Slouching in your chair and saying "naw and yea", and stuff like that, and saying "man" and "dude", and just using slang, that's negative. Things you wouldn't think were negative were negative there... I didn't realize it for the first four months, or really realize it until after the program, that what they try to do, they make you do things that you don't normally do, when, like on the streets. Or when you're back home, or what ever. They make you think about all situations, no matter how big or small, they make you think about them all. They make you talk about things that are bothering you, so you just don't hold them inside and
say, 'aw man, I could care less, I got this wrong, I got this wrong for me, so I can go out and steal a car or bike because nobody cares.'

(J) Man, these guys are playing with intervention all day. They're constantly telling you what you are doing wrong. It's supposed to help. That's what you call it. You're helping somebody out. It's like with a job, compare it to a job. Say like I was back and did something wrong, like at Hy Vee or something, and some guy comes up and says 'you're not supposed to put that in there with those,' it's like the same thing. You're not supposed to slouch because it's negative. It's not the right thing to do. It's not the norm in that situation so you don't do it. So, you are thinking, man this is baloney. I can't slouch and you're telling me I can't wear my cloths this way. I can't grow my hair out, I can't do this! You're thinking, 'man, please. This is silly. This stuff is not going to work for me!' And over a period of time you start to realize what they are trying to do. They are trying to make you think. Trying to make you make use of your resources that were there, but that you didn't know were there. And to use other people, not in a manipulative way, but be around different personalities, different backgrounds where people come from, where they live and see how they interact in different situations. You use their problems and choices to get off that problem... and use it as a positive way to get off that problem.
Everything they taught you had something to do with back home. It was totally relevant to your life...When I first got home, I got a job at Hy-Vee, and everything they taught me, as an employee, you gotta use that stuff. I mean, if I never would have been in Clarinda, I would have been like 'why do I gotta do that. That's silly.' And they had the three I's. Intensity, Integrity, and Intimacy...Like with a job, you gotta have integrity enough to take it upon yourself, the intensity to ask the shift manager 'is there something I could do right now, and then you have to have the intimacy to care about yourself and care about other people. If I go do this, then that means somebody won't have to do it later. That is one less job you might have to do so we can get out of here a little bit earlier, having intensity, you know. I'm going to do it now, no matter how tired I am. I'm going to go ahead and do it to the best of my ability, and have the integrity to do it right. It all falls into play. The three I's may not follow the same order they did at Clarinda, but they all fall into play no matter what the situation.

I realize even more why they do things... It plays perfect into my life. If I were to do the stuff I did then, man, I wouldn't be going to college and I wouldn't have a job where I got four raises in four months.

The primary researcher later asked the respondents whether they ever felt treatment fell short. This was based on statements from respondents in the previous study and the
group of respondents who were in treatment at the time of the interview. As stated by this researcher:

(Tim) Because of some of the other people I have interviewed from different placements, one of the ideas was that treatment was stupid because residents said they were not going to act this way when they got home. They weren't going to raise their hands and say please and thank you.

This was immediately responded to by another respondent: But actually you will. If somebody tells you your shoe is untied, and if your shoe is untied, you know, you say thank you. Hey, he's helping you out so you don't trip and fall. Or like one-on-ones. You're helping someone out. If your friend is going to school, having bad grades constantly, he don't know his work and stuff, you're going to be that friend. You're going to sit down and help him out, help him out with his school work. You will tell him the right steps. So, it really does apply.

At first impression, responses like the above responses do not seem extremely spectacular. Most of society might have said the same thing. The researchers discussed such answers, but kept coming back to the energetic responses of this subgroup. What stands out as unique, is the respondents from this group were all hard-core "gang-bangers" prior to placement. One respondent said he had been kicked out of one other facility after only two months. Another came from a family where all of his brothers and uncles, as well as some
aunts had been or were currently incarcerated. He was known by his last name and was expected to fail (to be discussed later in the Labeling/Deterrence Theory domain). In short, these were hard core, inner city street kids, who impressed the interviewers to the point of feeling the above statements were significant enough to reproduce.

A respondent with a similar background to the above respondents talked about all of the positive aspects of treatment between he and his father. He said he was afraid his father was dying and felt he could talk to both staff and peers in placement. He stated, "in family sessions, I was able to be open with him. I was able to tell him what was on my mind, and now I don't stay in arguments with him." He went on to say that he felt family sessions were the most beneficial aspect of treatment. He was proud to tell the interviewers that after he got out of placement, he had a somewhat shaky job offer out of state. His parents were able to talk to him and tell him they did not want him to take the job because there were too many unknowns. As he stated, "I never discussed things with my parents before placement." He did not take the job.

Another respondent felt the staff in her program were caring and made a difference in her life. School was a good experience, especially regarding grades and earned credits (to be discussed further in the School domain). As discussed in the previous respondent group, respondents from this group
liked having their horizons expanded. Some of them had never experienced some of the outings, sports, or other organized activities they were introduced to in treatment.

Other likes included the friends that the respondents made in treatment. As one respondent reported, she had been writing back to friends she left in treatment, especially since she knew how it hurt to write to a former resident who left, and not receive a response.

Finally, another like of most programs was the ability to move to higher levels or phases and earn more responsibilities as they progressed in treatment. This was said to be a big factor in building self-esteem and giving residents the ability to sometimes work back out into the community and prove they could be positive to society.

Likes/Treatment Issues: Respondents out more than a year

An interesting phenomena emerged when analyzing this group and looking back at the last group. The last group of interviewees was comprised of three female respondents and one male respondent. The middle group, those out less than a year, was comprised of three males and two females. Interestingly, the previous group was dominated by male responses, and had a stronger intonation of the mechanics of the programs. There was more emphasis on what was learned and experienced, and how those experiences applied to everyday life outside of treatment.
This last group of respondents, comprised predominantly of females, put more emphasis on relational aspects of the program. While analyzing the data, the researchers noted that while there is a separate domain for relationships, when selecting feedback for the domain of likes/treatment issues, the majority of the positives discussed about treatment revolved around relationship issues.

**Positives of treatment.** Three of the respondents for this group had been in and out of treatment facilities much of their teen age years. Two of those respondents were also enrolled in a teen parenting program, as they were raising children. The primary theme that emerged from several of the respondents in that group revolved around relationships with peers, with staff from the programs, and with their families.

As stated by one of the young mothers, "Bridgehouse was great! I wish I could have stayed. I liked the program. We trained each other and made sure everything was going OK."

This respondent went on to talk about the relationships and how she felt there were good relationships between the peers in her program. She did state that with 12 girls in a program, there was some competition and fighting, but for the most part, residents seemed to be there for each other. She went on to say "I had lots of friends, there. We helped each other out. Bridgehouse girls were popular. They liked us and
treated us with respect. I loved living with other girls and the staff were great. They were like my friends."

Treatment was described as a way to receive more structure and positive attention. As stated by one respondent "In treatment, I could actually be good and get attention. At home I had to act out and be taken away to get any attention." Other responses saw treatment as a way to meet positive peers and role models. The fact that the program was a peer-trained group made it appealing. One respondent liked the groups, saying they could talk about what to do in certain situations in a more positive way than they had in the past.

Another positive reported was that treatment was organized, and residents knew what to expect. One respondent stated "if you didn't do what you were supposed to, you knew what was going to happen." This idea was inconsistent to what some of the respondents of the other groups had said about their programs. When this was pointed out to this group of respondents, they stated that many of the programs they had been through were different. One respondent went on to say that one of the programs she had been in was wonderful. Residents were successfully completing the program and coming back to tell the staff how well they were doing. She then stated that some program changes had been made at the same time as a large turnover in staff, and when she left the program, she felt it had fallen apart.
Respondents reported that placement helped them to handle disappointments and hurt better. One respondent stated that she had become more assertive and sure of herself. She said this was greatly lacking in her life, especially having been the victim of rape on three different occasions. She also felt the skills she acquired through treatment helped her to be a good mother to her child.

Finally, respondents listed direct aspects of the treatment program as positives. One-on-one time with the counselors or advocates was important. Groups were described as helpful, along with "action steps, life books, exercises, and peer help." One respondent stated "if you screwed up, you had to do some chair time which was like being grounded to a chair for hours. And you had to play that touchy-feely Un Game, which sucked, but was probably pretty good for us."

Treatment Relationships and Interventions: Respondents in placement

In the previous two domains, "dislikes and likes" there was much data presented regarding relationships. Some respondents reported how they liked and felt they got a lot out of their relationships with staff and peers, while others felt there were some poor relationships, at times, which were seen as detrimental.
**Inside rules.** When analyzing the data presented by the respondents in treatment at the time of the interview, there seemed to be camaraderie between them. As stated by one respondent when we met, "this is like a reunion. We were all interviewed by someone else for something else a while back." They respondents in the interview group all seemed to get along well, as noted by both the primary researcher and language specialist.

Respondents pointed out that a major part of the program for them included covering for each other. However, along with such statements, there seemed to more of a mutual respect to cover for each other out of fear of retribution. They seemed to cover for each other with the idea that if a peer broke some unwritten rule, they would pay the price. The following statements are an attempt to present this idea. "We cover up for each other. We have a major cover up going on right now." "Know who to trust and keep your mouth shut." "Know who you can talk to. Don't trust unlocked people or those who are about to be unlocked. They have to feed the staff information." "Know what the limits are." "Everybody used to know what everybody was doing, but now, no one works together." "Don't bring everyone down with you."

There was a sense of cohesiveness, bordering on mutiny among peers. They went on with the following statements. "Don't trust anyone. Don't tell all of your business or it will come back on you." "Watch out for yourself." "Know who
will nark you off." "I don't trust nobody up here." "Watch your own ass, it's nobody's responsibility but yours." These statements were made in the presence of the entire group and none of the respondents seemed unsettled by this. They all agreed.

When the researcher expressed confusion, the respondents went on with the following statements. "You have to watch your own ass. In group, you gotta know what to say. I mean, you lay into people. There's gotta be real trust if you're gonna confront somebody. There's kind of safe things you can confront people on and other things you just don't." "The unlocked people, or those ready to be, shouldn't be trusted. They don't want to do anything that might keep them from getting unlocked. They'll brown nose and snitch. They don't care about nobody but themselves." And another respondent followed that statement with, "If they kiss butt too long, you set them up. Once they're on DL, you check them for anything. But you gotta make friends with the right people. People who are like you."

Interestingly, respondents acknowledged that many of them were from different gangs, and some of those barriers remained, but a new type of structure was allowed to be in place while in treatment. New alliances formed as a way to get through the treatment process.

Respondents went on to talk about their relationships at school. Some respondents were in locked cottages with the
school in the basement. For those respondents, it seemed the same rules expressed above still applied. However, respondents from unlocked cottages who attended the local community schools stated that you again had to know who to hang around with and trust while at school. There was an unwritten rule that while at school, "we let all of the shit slide, like smoking at school. But if you get caught, then it's your own ass that's on the line."

Finally, it seemed that there was always the element of risk, with rules no longer applying when something really went wrong. As stated by one respondent, "there's always the chance, with anyone, that if somebody is doing something wrong and gets confronted, they may get pissed off and screw everybody."

**Staff interactions.** Responses by the youth about their interactions with the staff was predominantly negative. "Staff thinks their superior." "If you do wrong, staff will hawk you or ridicule you and bring up past stuff. One little slip up and they bring up all of the times you messed up." Other statements included, "sometimes I think staff does things to pester you. I think they do it to aggravate you and see if you're going to do something. If you do something negative, no matter how well you been doing, they think you changed." "They call me names like "Super Fly, Snoop Doggy Dog, and stuff like that because of my hair. They say I have
to get my hair shaved because I could hid contraband in it. They just don't like it."

Other respondents complained that the staff seemed to follow only the negative actions of the residents. Statements included, "one little slip up and they bring up all of the times you messed up." "You're about to get unlocked and they bring up 10 months ago when you ripped up your screen."

When asked if there were any positive attributes or relationships with the staff, respondents said there were a few good things. One respondent felt staff "trusts you and gives you freedom to do anything but leave." Another stated "they trust you to fulfill your obligations, but if you do stuff that is wrong, they haw you." Other respondents felt there were certain staff members who were "cool", but felt there was a lot of negativity among the staff. One respondent stated, "I don't think this is treatment. They might as well call it jail."

**Treatment Relationships and Interventions: Respondents out less than a year**

As mentioned in earlier domains and themes, this group of respondents seemed to be presenting the most positive sides of many aspects of residential treatment. However, when discussing relationships, these youth would often give reports similar to the first group. There were positive experiences with both peers and staff, and there were negative experiences
with both peers and staff. One difference was the outcome presented by this group. They still saw treatment, no matter what the relationships, as a positive experience.

**Peer relationships.** Respondents in this group had some of the same guarded answers and paranoias about trust of other peers and watching out for self. All of the respondents in this group had a peer accountability component to their programs, where peers were to help each other and hold each other accountable. These respondents came from three different treatment programs from different cities across the state.

Two of the respondents, who were good friends at the time of the interview, and had been friends prior to placement, reported the same information. "Don't get comfortable with somebody and think he's your buddy. You should never get completely comfortable with somebody. You could get comfortable enough to make the wrong decision because you put so much trust in that person." "We were friends, but as friends we knew we could trust each other, somewhat, but really avoided situations where we had to rely on each other."

These respondents went on to say their program had a component built in to minimize contact between peers who knew each other. There was a concept called "comfortability" where the treatment staff "wouldn't really let you talk to people that you know from the same city, or that you actually know."
The respondents reported several reasons for this concept. First, the staff wanted to minimize the negativity of a couple of friends who previously engaged in criminal or gang activities together. Second, the staff attempted to minimize the possibility of friends from the same town conspiring to escape and flee home together. Third, the respondents felt it was a way to keep everyone in the peer culture on even ground for dealing with each other's behaviors and avoid "ganging up" on people.

Another respondent reiterated the notion that you had to put minimal trust in other peers. He said that while most people got along, even though they may have been from opposing gangs, there were still some allegiance to your "homeys from the street." He went on to say that at night, when there was just cleaning staff on duty, residents would sometimes get talking about former criminal activity. On some occasions, this led to outbursts in the facility, with severe consequences the next day.

Another respondent reported that a difficult relationship issue which arose centered around her being the only black girl in the program that was set in a small rural Iowa town. With the exception of one other girl who left shortly after she arrived, she was the only black girl in the program and at the local high school. She felt more than anything, that she was a constant novelty to everyone, which took some getting used to.
Staff relationships. Similar dialogues took place for this group as with the first group. Some staff seemed to be on power trips. As reported by one respondent, "this one staff, I think she had a lot of problems at home, and she would come into work and yell at us all the time. We wouldn't even be doing anything. She would get us in trouble for no reason." Staff turn over was also said to be high, which made making relationships with the staff difficult. Residents always felt things were changing because of lack of staff consistency.

All of the respondents talked about staff members they felt closer to, or liked better. One respondent felt the younger staff understood the residents better, due to being close to their age. Another felt the younger staff members seemed to be on a power trip. Several respondents felt there were staff that were working residential treatment because they cared for youth. These respondents felt they had received decent treatment and advise from the majority of the staff.

Respondents reported that there were incidents during which they were not sure if the staff were being therapeutic or inappropriate. Two of the respondents stated that their attitudes slid approximately two weeks before completion of the program. As they stated, they were getting out. They could have a little attitude. Both said the staff became
extremely negative with them, telling them they were just proving they were "street punks" who were not going to amount to anything. They were both told that they would be going to prison with in the next year. Regardless of the intent, these statements obviously made an impact on these respondents. From the Deterrence Theory perspective (discussed later) these respondents were angered, but determined to prove that they had learned positive things and would not be in prison, ever.

**Treatment Relationships and Interventions: More than a year**

The group who had been out of treatment for over a year still remembered many things about their relationships with the staff. Although there were some reports about peer relationships, this group seemed to have a lighter flavor to their responses. There was not the constant theme of watching out for yourself and dealing with retaliatory peers. More emphasis was on memories of the treatment staff.

**Peer relationships.** One respondent presented a unique situation similar to a respondent in the last group. This respondent reported that he was the only Hispanic at the time in the program, and with the exception of one white resident, all of the other residents were black. He made an interesting comment. "Most of the times you see a crowd of white guys and the black guy and the Mexican have to fit in. In this situation, me and the white guy had to fit it. It wasn't no
problem, though. We both had 'homeys' in there. But the blacks definitely thought they were the leaders." Another respondent pointed out that peers were still differentiated by gangs "like on the streets. There was a lot of gang stuff."

Respondents in this group also talked about competition. Everything was a competition. As stated by one respondent, "It's a goal when you get into school to see who can get the best grade." A female respondent stated "there was competition and jealousy, but also good relationships. My best friend was from there. There were good leaders and bad leaders. Some would gang up on you when you were doing good, out of jealousy. I almost got pushed down the stairs."

Another female respondent had a much more positive report on relationships. "It was lots of friends. Like being in a sorority. We kept each other in line. We helped each other out and would give alternatives to what someone could have done differently." She described her program as a mentoring program or "kind of buddy system. They show you your room when you first get there and explain the rules to you."

Competition between cottages and programs was also reported. One respondent felt she was a leader and a natural athlete, which threatened the "leaders" of the other cottages. There was a sense of territoriality. On occasion, more "unruly" residents entered the program. A respondent report "there are two different types of girls, the more physical, acting out type, and the type that would either accept
treatment or run. These types of girls need to be separated. Somebody is gonna get hurt."

There were also reports that cliques existed. This was said to be natural and the ones who really paid were the residents who stuck to themselves and did not get into any crowd. One respondent agreed and said, "That's the same way with the gangs. All a gang is, is a big clique."

Another peer pointed out that it was your peers that were to hold you accountable. "Being friends made it difficult to check others or put them on DL." This group of respondents did not perseverate on all of the negativity and paranoia that the first two groups engaged in.

**Staff interactions.** There was a general consensus that staff had the job of overseers. Most programs were predominantly run by the youth. Staff had the ultimate authority, but did not seem to interfere often. However, most of the respondents reported that certain staff on certain occasions took advantage of their control. There was agreement that staff often tested the residents to see if they could handle conflict and control their anger.

A more prominent point reported was that staff often made negative comments to the residents. "Certain staff always called us criminals. It made us mad. We wrote a lot of grievances, but they were thrown away. So we quit writing
them." "When I got out, I was on the wrestling team and staff said I was never going to make it. I did get kicked off the team for a pee test for drinking. He was setting me up for failure but I was used to it because staff had done it for three years." "Some staff were really cool, but others treated it like an eight hour job and they were hard to get close to. Turn over was high."

School: Respondents in Placement

As mentioned earlier in the study, in the initial analysis by the secondary researcher, all of the respondents in this study reported that their grades improved and they were able to earn credits. Only in this first group, residents who were in placement at the time of the interview, was there any discontent with the schools. The following will be a re-creation of that portion of the interview, to give the most precise representation of the respondents' perceptions.

The transcripts. Tim: What effect, if any, has Wittenmyer had on your attitude about school?

(C) I'm passing all of my classes. Up to 8th grade I did fine. My freshman year I got one credit. Sophomore year I didn't get shit. I came here and went to summer school and got two credits. My grade point is now 3. something. I got sick of doing bad. I got locked up in detention and thought, 'I don't want a life like that.'
(M) The school is easy. I don't like doing homework everyday and you have to here. But you can scribble and get an A here.

(Tim) Is that good or bad?

(M) That's bad, man. It don't need to be that easy. When I get out I'll get C's and D's.

(Tim) So you want to be a little more challenged.

(M) Yeah.

(A) I want to graduate from there.

(R) I learned to do kindergarten all over again. This school is stupid. I'm learning stuff I learned in grade school. I'm not learning nothing. I'm supposed to be in the 10th grade and I'm not learning nothing.

(Tim) So when you go back to regular school, will your attitude be different?

(R) Oh yeah. I might be learning something there.

(A) I couldn't go to Central or West. I go to Eastern Avenue School. Anybody that isn't wanted in any other school goes there and they're mostly dicks. I get tired of people trying to push me around. Half of the people at that school have been here and they're too bossy.

(M) They keep teaching the same stuff over.

(Tim) What were your grades like before here?

(R) D's and F's. Up to 4th grade B's and C's. Flunked 7th grade. Didn't pass 8th grade.

(T) I've always done bad. C's, D's and F's.
(Tim) What happens when you go to Central?

(R) Work. Quit hanging around in alleys. I'll go to school now.

(M) I was always out of school. Kicked out. I'll work harder when I get out.

As presented by the respondents, there were varying messages about the education they received while in residential treatment. They all admitted, they earned credits and raised their grade point averages. The next two groups will give at least some insight as to what effect residential treatment education, if any, had on respondents who have been out of treatment.

School: Out less than one year

The respondents in this group were so verbal and explicit that it would do an injustice to try to paraphrase their responses to what effect treatment had on their schooling.

The transcripts. Tim: What effect, if any, did treatment have on your school?

(F) Whole lot better grades. D's and mostly F's to A's and B's. Right now I'm trying to hold them. The A's and B's. I'm second honors right now, with perfect attendance. I was at Eastern Avenue School, but now I'm at 2001. I have 6 classes. I need about five more credits to graduate.
(S) I got to go to public school. Depends on what grade your in. It's fun going to public school because you feel like you're free. They just drop you off at school, and they come pick you up.

(Tim) So how come you did well at school there, then?

(S) Because I didn't have much negative influence. I know a lot of people at Central. It will be like when I was going to J.B. Young. I knew a lot of people there, too. So I got in a lot of trouble. But in Newton, I didn't get to. I didn't know nobody. And there really wasn't a wrong crowd there because everybody there was, well, I'm not saying they were perfect. But they did drugs and stuff, too. But they weren't so like, into it. There it was only one drug they did. Crank.

(Tim) So, it wasn't like going to J.B. or Central?

(S) No. I was like, the only black person there besides me and this person named -------. This one girl was white and black.

(Tim) J and M, what effect does this have on your school performance, your attitude toward school?

(J) It raised my potential, really. Before I got locked up, I never used to go to school. When I went to school, I got D's and F's. School wasn't my subject. But then I went to Clarinda, or Quakerdale. That's when I really wanted to do my school work. Then I got used to doing my school work. So I was like, "how come I couldn't do it at home." Now I have
a 3.5, so it does help you on your schooling. Because you really do your work. You make time to do your work. But at home you have time to do your work, but you just do other things.

(Tim) How about you, M?

(M) It's basically the same thing. At Clarinda, you still had the choice not to do your work. My mother always said I could be an A student because I was always helping my sister before I was even in school. I'm like, man, I ain't going to do this stuff. I already know it. So you go to Clarinda. You gotta get these credits to get out of highschool to graduate. So you're thinking, if I don't do this work, I'm not gonna get out of highschool. So you start doing your work. I could have had the grades before I was there. From a 1.4 to a 3.5 to a 4.0. Having those grades that I always thought I could have had, with no problem.

(Tim) And did you graduate when you were in placement?

(M) Yes.

(Tim) And now you're headed to college. OK, great!

School: More than a year

The transcripts. Tim: L., you told me that school went better because they made you go. You were able to get credits. How was the school?
(L) School was just alright. The teachers are nice, most of them. They were regular teachers. They were caged in classrooms. They didn't lock the doors, though. A brick wall and a cage. It wasn't really that hard.

(T) But it gave you the opportunity to get some stuff done?

(L) Yeah. You didn't have that much to do, so you could get it done. It's a goal when you get into school, to see who can get the best grade.

(M) Bridgehouse girls were popular. They treated us with respect. They liked us. It helped me meet people. I got good grades. I had straight A's before. We had a full schedule, though. I also felt overwhelmed with all that we had to do.

(B) I did great at Wittenmyer. 3.8. Almost all A's and B's. Before, I didn't go to school. Now, I haven't been to school since February. I'm just taking a break. I got enough to graduate while in placement. All I have to do it take two electives.

(S) There was safety in residential school. I could go to school and probably never get shot. I was failing everything in junior high and would never go. Placement got my grades up. I went and got my GED and I'm going to college. When I was getting straight A's, I knew I could handle it.

Although a direct parallel cannot be drawn between the second two sets of respondents and those of the youth in
placement at the time of the interview, these responses strengthen the notion that those residents can succeed. No matter what the residents' views of the school, many were able to raise their grade point averages and earn highschool credits. Respondents who were post placement felt they had accomplished something while in treatment. They indicated that success in school while in treatment raised their self-esteem, showed them they could attend school and earn decent grades, and as one respondent pointed out, showed them they could feel safe at school and apply themselves.

Labeling/Deterrence Theories: Respondents in placement

Under this domain, the question was posed to the respondents whether they felt through the whole process of being placed in residential treatment, they had been given a label or diagnosis of any kind. The respondents in this group immediately began providing feedback. The following are the responses presented by the respondents.

(Tim) Were any of you given a diagnosis or label?

(T) Delinquent.

(R) Delinquent.

(C) 8105B1, my juvenile delinquent number.

(M) I'm what ever they call me. When they call me DL, that's disrespect. I want them to call me my name. R. I
was out 12 days and then got caught. When I was out, people said, "Oh, you're that kid that's locked up."

(Tim) So the way people looked at you was different?

(R) Everyone was like, "how was it being locked up?" "I heard you got sent up." I was like, "shut up, I'm tired of hearing it. I'm not there anymore."

(Tim) So that's who you are - the kid that's locked up?

(R) No, I'm R.!

(C) It's like you're a novelty or something.

(R) The people I decided to hang out with, they just didn't bother me about it. They asked me that one time and didn't keep it up.

(Tim) So, if you're considered a delinquent by other people, is that positive? Negative? How does it effect your life?

(R) For some people, it's fine. They're delinquents, too.

(Tim) So, you belong to them?

(R) I don't belong to them. I belong to myself. But I relate to them.

(Tim) Because they're delinquent?

(R) Well, yeah. But I can relate to other people who aren't delinquents.

(C) Yeah, but if you're delinquent, you get the label.

(R) I'm D-1, they're D-3. D-1 is locked up, D-2 is detention, and D-3 is short lock up.
(A) I'm from a small town, and when I first got out of placement, I was out for 4 months. And the people in town treated me like some kind of alien out there. They wouldn't let their kids come over to my house cause their mom's said that I would get them in trouble and they'd have to go to placement. When they found out I was pregnant, things got even worse. "She's pregnant. She's in placement. This girl's not what we want around."

(C) That happened to me, too. I mean, just stuff like that gets on my nerves. I was a "Wittenmyer kid" over at Central. I considered myself making an effort to make a change.

(Tim) But the label drags you down because you're a Wittenmyer kid?

(C) Yeah. My reputation and stuff, and when I got a girlfriend at Central, who's a cheerleader, and her parents won't let her see me because I got locked up.

(M) They say I'm a criminal. I say I ain't no criminal. I just did some bad stuff. I'm a criminal, so I'm a criminal for life.

(T) "If you don't change your ways and attitude here, you're gonna end up in jail." How they gonna know I'm gonna end up in jail?

(Tim) So, people may say you can't change. You're just gonna be a criminal?
(A) (Gets frustrated at the label talk and gives up). Sometimes I feel their wasting their money. I'm gonna learn what I want to. Go ahead and pay them. I ain't gonna learn shit. I ain't gonna learn nothing I don't want to. And that's what gets me pissed off about forcing us here. They tell you your gonna change. No one can force you to change unless you're willing. They say you're never gonna get out unless they say.

The researcher then went on to explain to the respondents the premises of Labeling and Deterrence Theory to illicit their feed back.

(C) I'm an alcoholic. I accept that label. But the Wittenmyer label, I think I'm gonna work through it. I hate that label. You can prove them right or prove them wrong. I'm working to get out of it.

(R) I don't care about their labels. I'm on DL and it doesn't bother me. It bothers me that they call me DL, but other than that, it doesn't bother me. I can sit a year. If thy keep using that name... I mean, they know my name is R.

(M) Sometimes I think they do that to pester you. I think they do it to aggravate you and see if you're going to do something. If you do something, they think you change.

(T) If I'm a juvenile delinquent, I'm gonna do something to piss them off.

(A) I consider myself an adult. Labels piss me off. I don't mind "boys and girls". I've been called "irresponsible
and negative", but it doesn't mean I'm a bad person. I make mistakes and will continue to make mistakes in life, and they make me mad. And it follows you home. I like being CINA (Child in Need of Assistance) instead of delinquent because you lose it when you turn 18. Unless you do something else.

In comparing and contrasting Labeling Theory and Deterrence Theory, the reader could come to many different conclusions. It seemed at least one respondent was so dissatisfied with his label delinquent, that he said he was working to change that label, or get out from under that label. Earlier in his statement he stated he accepted the label of alcoholic. That is who he felt he was, and something he should not change. This respondent's statements could be attributed to both Deterrence and Labeling Theory.

However, the researchers in this study interpreted the respondents' statements as adopting the concepts of Labeling Theory. The process of being labeled delinquent, or CINA, the process of being placed in residential treatment, the reaction of friends and society in general, made these adolescents feel they were at least viewed as delinquents or criminals. Even some of the language used in the treatment process (i.e. DL) reinforced the notion that adolescents who engage in certain behaviors are of a certain type. The respondents seemed to have taken a somewhat defeatist attitude and accepted those labels, no matter how angry it made them feel.
Labeling/Deterrence Theories: Out less than a year

The following are excerpts from respondents who had been out of residential treatment for less than one year. The responses from this group of respondents varied, so the researchers tried to separate the responses according to whether not the respondents felt they had been labeled, and what impact, if any, labels had on their lives.

One respondent reported that she had been in and out of trouble with the law on several occasions. She reported that on her first offense, she had been placed in juvenile detention for seven days. Upon release she was enrolled in a day program from 9:00 a.m. to 9:00 p.m. She decided she did not want to attend that program and dropped out. She was then placed back in detention for 9 days, and was released on house arrest and was able to leave home only to attend school. The respondent quit going to school and did not fulfill her house arrest.

A warrant was then issued for her arrest. She was in a fight with some other girls and the police intervened. Her warrant was discovered and she was placed back in detention or 20 days, followed by admission to a residential treatment program.

The researchers felt this history to be significant under this domain, as it presents the process by which this respondent was placed in residential treatment. However, although she had been to juvenile detention on three occasions
prior to residential treatment, this respondent felt she had not been labeled. When asked directly whether she had been labeled, she stated that people had said she was acting bad, but she was never given a label. She did not know if she had been labeled in her file, or on police records, so she felt a label had no impact on her. She stated that she learned many things in treatment and as of the dates of her interviews, had no other problems with the law.

Another respondent stated that he had been labeled at a very early age. He was involved in gang activity and knew his name was on the local Gang Task Force list. He had been arrested several times for numerous offenses.

This respondent stated that he had gotten used to the label "juvenile delinquent". He felt he had assumed that title and that was the way he would be known. The respondent stated that now that he was out of placement and doing well, it was almost a joke for him. "I kind of make fun of it now because people at work say I talk about all sorts of stuff. And they're like, 'you're just a criminal' and I say 'I'm a juvenile delinquent'. I make fun of it. I say what ever. They all look at me funny."

The researcher then asked if the respondent felt that label or identity he had assumed had any bearing on whether he would get in to trouble in the future. The following was his response:
(F) It's all up to me. It was my choice what I did and it's my choice what I want to take and leave out. I don't be listening to nobody. To tell you the truth, nobody at all. I don't even have to listen to my parents. I don't have to listen to the court. Nobody. I can listen to them, maybe learn something from them. But it doesn't have to effect me. It's something I have to do on my own. Just like treatment. They try to get you started and the rest you have to do yourself. Giving you a clue, you know. Then you take it from there. Then you're successful.

(Tim) So you're doing it on your own. Is that what you are saying? Are you trying to get rid of being a juvenile delinquent, or does that bother you at all?

(F) No. That don't bother me at all. It don't bother me one bit. It's just that I think it's time for me to go on with my life, what I really want to do, the dreams I have, and accomplishing goals.

For the next respondents, the issue of labeling was brought up by them. The researcher followed their lead and asked them about labeling, describing the two theories.

The respondents were describing how the things they learned from treatment applied to their everyday lives.

(Tim) So, now you didn't come back and the first thing you do is sag your pants and bank your hat, because you know that ain't going to get you anywhere. People are going to look at you and say you're a hoodlum, gang banging thug. I
don't want you around. And that's not who you are anymore. That's not what you want to be.

(J) Right.

(M) It's like the same thing. People look at you that way and they say that about you. Since they are saying that about me, I might as well be that. If I look like I'm going to be a banger, am I doing the things as gang member or somebody selling drugs. Yet I wear my hat and pants like they do. And you're pissed if they think this about me anyway, so I might as well do it, you know. So you don't put yourself in that predicament where you don't wear your hat that way or pants that way. And people look at you, "OK, he's just a regular person". You're going to be a regular person doing what you got to do. Going to school, going to work if you're old enough to work, listen to your parents if you still live with your parents, and having just a regular life.

The researcher then proceeded to explain Labeling and Deterrence Theories to the respondents. Their responses were as follows.

(J) That's like I'm never going to make it. Like when the cops got me this last time. "You're a C. Just another C. (using his last name) Giving my last name like that. That's all we do, sell drugs, gang bang thug, steal cars, stuff like that. But I was just thinking. They really don't know me. All they know is the crime's that I've done, and the way I
act. But yet, when I'm doing that stuff, I mean, I'm giving it right to them. That's the label and stuff.

(Tim) So, did you get a label when you got into the system? What was your label?

(M) At first, Clarinda tried not to use labels, but if that's what they had to use, words like that to make us realize what we did. Some of the stuff that some people did there, adults would go to prison for like, 25 years to life. Where most of the crimes were simple, stealing bikes. Basically, that was it. When you get there you know juvenile delinquent. You know, you're a delinquents, you're criminals. Like at Clarinda, most people, they say we were like murderers, rapists, and stuff. And that's not what we were. But you had people taking candy from a store, to breaking into malls, to robbing people, jacking cars at gun point, and stuff. Or if somebody almost attempted murder, we had people in ranges like that. There was nobody who actually murdered or killed somebody, that they admitted to.

(T) But the town thought that anybody who came to Clarinda was a hard core thief.

(M) Because right across the street there was a maximum security prison, right across the street from Clarinda. So everybody's thinking, when these kids get done, they are going right across the street. And people thought if somebody ran away from there, "oh my god, we've got a mass killer lose in our community so we gotta go to all means to stop this person
from killing again, taking our cars, or raping our daughters". And that's what they thought once you got sent there. At Clarinda we had points to prove our selves... You had a chance to go out in the community to help with the community. Like with the Eagles. They went out to rake people's leaves and stuff in their yards. Eagles were the highest status of peers.

(Tim) So being an Eagle was a good label in treatment?

(M) Yeah, and you get to prove yourself.

(Tim) What about you, J. You said the police looked at you because you were a C. That you would never amount to anything.

(J) I'm told that all of the time. Skip all that when they say that. I'm going to rise up against that. They all think I'm going to do this stuff. I'm going to prove them wrong.

(M) But in the last weeks, your attitude slips, and they see that. Then they start getting negative with you, saying things like, "see, you haven't changed. You're going to be just a punk, criminal again. You won't make it out there". They're probably trying to challenge us and give us treatment, but they still shouldn't do that. That's that negative label stuff again.

Most of the respondents in this group felt they had been labeled. They also felt those labels have had a negative impact on their lives. Several had been in trouble with the
police and in the legal system on several occasions, and felt they were marked by that system. They went on to point out that both the communities they came from and the communities the went to when placed in residential treatment, had marked them as threats, or criminals.

However, while this group of respondents seemed to accept those labels, saying "we are criminal, we are juvenile delinquents", they treated those labels as closed chapters in their lives. They had once been juvenile delinquents, but had done their time and learned their lessons. They were involved back in their communities in a positive way. While some people may have still seen them as threats, or criminals, these respondents felt they were behaving in ways that would erase those labels and allow them to be seen as regular members or society, not as juvenile delinquents.

Labeling/Deterrence Theories: More than a year

The respondents who had been out of treatment for more that a year also felt they had been labeled. One respondent reported he had been through juvenile detention six times and had been sent to the state training school in Eldora, Iowa on two occasions prior to his placement at Wittenmyer Youth Center. He stated he had been a resident in at least 10 or 11 placements. Respondents said staff at the facilities often met the residents upon admission, showed them around the campus and their cottage, and then diagnosed them. This
diagnosis was then placed in their files. As one respondent stated, "we were all called delinquents even though I was a CINA petition case. They said we had to have a delinquency to be in there. Certain staff always called us criminals." One respondent who was in a locked cottage said he had a definite stigma. "I got out some, but it was in shackles. I wore shackles to the dentist, and they didn't unshackle me there."

Another respondent reported that she was on a list in her program that was for "delinquents and criminals according to my behaviors." She further stated that she was considered an outcast in her family, but went on to say it did not matter, because it was "just a step-family". A second respondent added the following statement: "I had a psychiatrist tell me I was 'split personality' which made me mad because I wasn't. My mom fell for it. He had done it to a lot of people. My mother's doctor put me on Prozac, and I felt I just needed to talk."

One respondent pointed out that she felt there were some benefits to being labeled. She felt her past preceded her, which meant peers would not "mess" with her. She stated that at the time of the interviews, she still had a reputation which helped her avoid conflict with peers. She was seen as someone people did not want to "mess with". She also stated that while in treatment, her program was respected by other peers. "Bridgehouse girl was a positive label."
A respondent who had been in a locked facility felt that just being in a locked facility reinforced a negative label. Further, the fact that he had to attend his school classes in a "caged in classroom" added to that stigma. As he stated, "the whole campus knew which kids went to school in the cage".

The respondents then went on to explain how they felt their labels followed them. "I haven't been able to get a job because of criminal checks. I don't know if I will be able to get in the service." "I wanted to go to the Davenport highschool, but couldn't because of gang affiliation. I won't get into Eastern Avenue School or 2001 (two alternative schools), so I'll probably just get my GED."

Other respondents have expressed concern about how they are treated and threatened by their past and their labels. "I was in a lot of fights when I got out because of who I was." "I still have people who flip me off or call me bitch at my job in the mall." And finally, from one respondent who was raising her child, "I think it's dangerous. I wouldn't risk my child's life. Now my past follows me. A lot of people know me. I really want to move. It hurts me. Most people remember the negative things."

Somewhat different than the last group's responses, this group of respondents seemed to feel they had been labeled, and they just could not escape those labels. The group who were out for under a year expressed that they were going to erase those negative labels with positive behaviors. This would be
consistent with Deterrence Theory. However, unfortunately for the respondents, as reported but this last group who have been out of placement for an extended period of time, it seemed to not be easy to just erase labels. As the previous group had stated, when talking about staff saying negative things to them prior to release from the facility to "challenge them", sometimes giving someone a label is too permanent. It hurt the youth that were leaving to hear negative statements about them, no matter what the motivation. Consistent with Labeling Theory, it seems respondents who had been out of placement for more than a year would agree that labels can have strong, negative implications.

Family Dynamics: Respondents in placement

One of the imposed questions to the respondents was "how was life in placement different than home." This question was posed to explore if placement life was different from the respondents' home lives, and if so, how that life was different. However, through this question and other questions, the respondents volunteered a wealth of information about who they were and told stories about the families they came from. The respondents provided information as to their backgrounds and family situations that the researchers felt were relevant to their residential treatment experience.
Separation. As mentioned in previous domains, such as dislikes of treatment, the issue of being separated from their families was a strong issue. All of the respondents in this group had a comment about missing their families, or feeling they could not see them often enough while in treatment. As stated by one respondent, "I do not like not being at home. This ain't my home. If I'm down, there's no one to talk to. At home I could talk to my parents and not be lonely."

Other respondents talked about the treatment process and how treatment interacted with their lives with their families. "At home you don't have a first shift mom, a first shift dad, a second shift mom and dad, and a third shift mom and dad." Another stated "Home visits are only one night. That's really hard when you're supposed to be having family reunification." Other respondents followed with similar comments. "We should have more interactions with our families." "I had family sessions and they were great." Respondents recommended their families be a much larger part of their treatment process.

Backgrounds. One interesting point that had arisen as respondents told their stories, was that most of these respondents volunteered that at least one, or several members of their families were in jail, incarcerated, or had been through residential treatment. Their comments were as follows: "I had a bunch of cousins who were here, but it
wasn't locked then." "I had a brother who was in jail." "I have a brother who is in a half-way house." "So's my brother." "My uncle is in prison. He is 29, now." Every respondent had came from a background where at least one family member had been in placement or prison.

Finally, while the entire group did not share their home situations, a couple of the respondents volunteered the following statements. "My dad was an alcoholic. I took after my dad. He abused my mom and my sister, beat the shit out of them. I couldn't handle it. I ran away. Then I got pregnant."

"I started out when I was ten. My parents were always focusing on my brothers for getting in trouble. They thought I was a goodie-two-shoes. They always let me do what I wanted. I didn't have to come home till 3:00 a.m. Then I committed five charges in one day. Then I just kept going. I got an Assault charge, and figured if I'm gonna get an Assault charge, I might as well really do something to the person. Now my parents are paying attention to me." The researchers agreed that family backgrounds and experiences played a role in their placement in residential treatment. As the respondents pointed out, the treatment process could have included more interactions with their families.
Family Dynamics: Out less than one year

Several of the respondents in this group indicated there were problems at home that added to their difficulties. In all but one respondent, the adolescents were primarily raised by their mothers. The factor that stood out to the researchers was that these respondents had an absentee father. While the relationships with the mothers seemed decent, these respondents felt that not having their fathers involved in their lives made a difference.

Acceptance. In two of the respondents, a major theme that arose focused on a home life where their mothers were often absent for one reason or another. One respondent reported that his mother had many relationships with men. He was often able to stay over night with various friends or relatives, and was not expected to be home. When he was home, arguments often ensued with his mother about the lack of help he provided around the house. He stated, "one day I came home and could not get in the house. My mom has asthma and had been in the hospital for taking too many pills. They thought it was a suicide attempt. Even though she knew where I was at, neither she or my sister tried to let me know what was going on. I was locked out of my house, so I took off."

This respondent went on to tell that when his mother was released from the hospital, she immediately became upset with
him for not being at home and doing chores. He again left the house.

Another respondent went on to tell how his entire family had a reputation with the local authorities. As he stated, the majority of his family was arrested at some point in their lives. His father was in prison. Several brothers, half-brothers, uncles and aunts were incarcerated or on probation or parole. He stated that his whole being revolved around conflict with the police.

A third respondent stated that his father was in the home, but his parents were always in fights. He stated that he and his father were always drunk and continuously fought. As with the previous two respondents, he turned to outside influences. The previous two respondents had statements similar to the one presented here. "I started meeting people from gangs and hanging out. I took my first hit of marijuana with them... I started meeting some of their friends. Some of their friends came from Chicago. They started having parties and I started going to them. Cops started coming. I got used to it. My mom said we had to move because there was too much shit going on around here... One day I was high and wanted in (to the gang). I went to a meeting and they said, "this guy wants in. He wants to be Peoples and all that. And they said I had to stand up for myself and them. And they came down on me." This respondent went on to describe how he was "beaten" in to the gang. He said they all took turns punching him and
beating on him. The primary researcher asked why he would undergo such a punishment, and the respondent stated, "to get in. They wanted me and I wanted to be with them." This respondent went on to tell stories of parties, drug use, carrying guns and feeling like he was very important. He went on to say his parents did not know he was involved.

The previous two respondents shared similar stories. The theme presented was that there was something missing in their lives, in their families, and joining a gang seemed to fill that void. All three of the respondents stated that after treatment, they wanted nothing to do with gang life, and felt they had much better relationships with their families. As one respondent stated, "I did learn. Especially when my parents came and we talked about stuff going on the outside. What the family was doing, the problems they had, the problems I've had."

Family Dynamics: More than a year

Respondents from this group had similar family stories to the last group. There seemed to be a pattern of lack of structure in the home life, history of alcoholism and the longing to belong.

Chaotic lives. One respondent volunteered her story as to why she had spent most of her adolescent life in residential placement. "My mom was an alcoholic and dad has
been gone, always. I called social services to get out of my house. I was in and out of shelters and then committed delinquent acts. Mom was always drunk and she was dying, treatment was organized." As stated in notes by the language specialist, this respondent reported that her mother was a gambler and an alcoholic. Her father, although absent, was upper-middle class.

Another respondent in this group also had an absentee father and an alcoholic mother. The family had numerous in-home counselors, but the mother kept being sent back to prison. He stated that the town he came from left few options. After many stories, he pointed out that he was a high ranking official of the Latin Kings street gang. He felt the gang was his family, although he also had his family of his mother and brothers.

Another respondent stated that he came from an abusive home life. He watched the murder of his cousin at school, which was gang related, and he said that further entrenched him in the gang. They would take care of him. As he stated, "I was a gangster and started hanging out with friends and mugging people. I stole from my grandpa's shop and stole cars. I ended up in treatment and got in a big fight. I put a guy in a coma. I didn't care about anybody. I loved my family, but hated them. The gang was what I needed at the time."
Finally, another respondent stated she had been looking for love and acceptance because her father left the family. She stated, "I was running a lot. I had plenty of placements, stole some cars, did some breaking and enterings. I got beat up and raped after my parents divorce. One time dad had a gun and said he would kill us. We had to take care of our parents because they had a lot of emotional problems. I got raped two more times and had been hospitalized."

The respondents in this group all felt that quality family intervention could have happened in their lives several years before.

**Future: Respondents in placement**

The final domain was based on a question that emerged through the course of the respondents sharing their experiences and telling their stories. While many of the respondents had "rough" lives and experienced many adverse situations, as well as breaking many laws, most of the respondents felt they would be able to straighten out their lives and not get re-involved in the legal system. Further, respondents were asked if the residential treatment experience and their life experiences would have any effect on how they would raise their own children. The results are recorded below.

(A) When I come out, I ain't coming back.
(T) I won't come back to residential. I won't go to jail. I'll do piddly things like not going to school.

(M) I'll probably get out and get kicked out of school a couple of times. I ain't gonna lie. I won't be back breaking into houses and stealing guns, and all the other stuff I was doing.

(R) I'll probably end up in jail. I'm gonna get in trouble. Not like big trouble or nothing. But I can picture myself getting in trouble again. I think I'll get in trouble at least one or two more times before I straighten out.

(C) I'd say right now, I don't want to. I don't want to come back. I could see in the future there is always the possibility. I don't want to set myself up for failure.

Three of the five respondents in placement at the time of the interviews responded that they felt they would not go back into treatment or get into more serious trouble with the law. Two of the respondents felt there was a possibility they could end up back in some type of treatment setting, saying they were only being honest with themselves. As discussed by the researchers, none of the respondents sounded like they had strong convictions that they would not be back in trouble. This could be attributed to the fact that they were all still living the residential treatment experience and could not be sure they could succeed.
Future: Out less than a year

Respondents from this group unanimously stated they did not feel they would go back into residential treatment or prison. They were all optimistic that they had changed the way they had lived their lives prior to residential treatment and had the skills to avoid situations that would cause them to have legal troubles. The respondents from this group were all optimistic, telling how they saw themselves either enrolled in, or already having accomplished college and working respectable jobs.

(J) I see myself as doing the things a mature, young, responsible male is supposed to do. Go to school, do positive things, but yet, I'm not always going to be positive. I'm always going to have my faults and my errors, but learn from my thoughts and errors, make sure I don't make them over and over again. I see myself playing basketball in highschool. That's where I lose my stress, where I get my high, instead of smoking weed, or getting drunk. I get my extra boost from playing basketball. That's really what I want to do. Where I see myself at.

(M) I see myself in two years finishing Scott, then going to Iowa. I was told it takes 12 years to complete and be a psychiatrist. I see all those old guys who got all the money, nice cars, how ever long it takes in school. I can last to get the highest degree I possibly can so I can make
the most money. I just see myself with a nice little house, nice area, living nice.

Another respondent saw herself in college. She was still in highschool but felt residential treatment helped her get on the right track to finish out highschool and go on to cosmetology school.

Finally, another respondent provided the following statements about his future plans, especially in regards to having his own family. "I have plans, you know. Having some kids sometime soon in the future. I'm hooking up with this one girl, and I've been with her for about nine months, already. I haven't cheated on her. We're probably getting married and having kids."

Due to the respondent's positive attitude and future plans, the primary researcher questioned whether the respondent felt he would ever want his own child to be in gang or have the problems he had. "No! I will keep them far away from the people I hang out with, the friends I was hanging with. I won't drink in front of him. I smoke, and I won't smoke in front of him or her. I will probably spoil, spoil, spoil them. Tim: So you don't want gangs for your kids?

(F) No! Hell, no! I've had too much of that in my life already. I don't want their little gang members coming into my house and shooting me or something.

These respondents, although they had only been out of residential treatment less than one year, all seemed
optimistic. They seemed to continue to work towards staying on the right track.

**Future: More than a year**

Respondents for this group all reported that they were doing fine. The last group had such enthusiasm and conviction that they were going to do well, get college degrees, and not return to residential treatment or go to prison. This group did not seem to have that enthusiasm. The researchers felt the stress of everyday life seemed to have been more prevalent with this group. As stated by one respondent, "I used to hang out with rebels, immatures. Now I need mature friends. I'm in a different environment, now. I have one friend who is going down again. He is getting in trouble again and not holding a job. He will be in trouble with the law. So, I guess I still deal with some negative influences, which can be hard.

Another respondent reported that she had been doing well for a while, after release from treatment. She then went on to say she had a baby, which changed everything. "Before, I used my free time for school work. After the baby, it was more difficult. There was not enough time for everything. I dropped out of school."

Two of the respondents reported that they relied on community based programs to help them avoid trouble. One was able to go back to the residential program for approximately
eight months, to complete an aftercare program. The other stated he completed aftercare, as well as relied on Alcoholics Anonymous (AA) meetings for support. However, as stated by one respondent, "even with the structure, I got in trouble right away after I got out because I wasn't used to all of the freedom."

While this group seemed to have continued with many skills to help them to not re-offend, this group still seemed less enthusiastic and self-assured that they would not again end up having trouble with the law to the point of returning to residential treatment or prison. Two respondents reported not finishing school and stated they really felt isolated. They reported little support from their families, a feeling of isolation at living alone, and a general sense of pressure from the day to day activity of life.
CHAPTER 5
DISCUSSION

The present study analyzed the perceptions of adolescents who experienced residential treatment, interviewing respondents who were in treatment at the time of the interview, out of treatment less than one year, and out of treatment over one year. A pilot project had been conducted prior to the present study which analyzed adolescents' perceptions of residential treatment while experiencing the treatment process. The current study analyzed respondents who were enrolled in treatment. Also interviewed were respondents who had been out of treatment less than one year, and out of treatment over one year. This was to analyze whether adolescents' perceptions of treatment changed over time.

Theories on adolescence describe the process of going through adolescence in various ways. Blotcky and Looney (1980) described adolescence as a "complex, intricate and torturous road (p. 184)." Coleman (1977) described adolescence as a "relatively peaceful and harmonious" period (p. 1). While studies have supported both theories, often adolescents in residential treatment have had difficulty in adjusting to adolescence. In this study, respondents told their life stories, indicating that they had a difficult adjustment to adolescence. Extremely chaotic family and home lives exacerbated the respondents' life situations and adjustment to adolescence.
The majority of the respondents in the current study fell in Rubenstein's (1991) early and middle adolescent periods. In early adolescence, the young person begins to focus on independence and identity issues. Respondents in this study often reported they came from families where their parents were dealing with their own issues. Thus, these adolescents entered a time when concerns such as body image and forming an identity were influenced by a lack of guidance from their families.

Often, this lack of guidance seemed to provoke the adolescents to create their own identities, through interactions with a peer group who would accept them. This acceptance often came from negative peer influences such as street gangs. Further, lack of consistent reaction or positive attention from the family fostered the notion that these adolescents could only turn to their peer group for guidance.

Several respondents fell in Rubenstein's middle adolescent group. This is a time when limits are tested, independent choices are made, and parental values are rejected. Respondents from the current study not only tested limits, but often identified with peer groups who came from similar chaotic family backgrounds. Many engaged in activities that fell outside the acceptable "norms" of society, resulting in placement in adolescent residential treatment facilities. Often, due to their families' own needs
and problems, the families were not able to guide the respondents in directions that were acceptable to society. Often, residential treatment was introduced to help adolescents advance to Rubenstein's phase of late adolescence. The respondents' families were not wholly involved in the treatment process, or were unable to be involved in the process of aiding residents to begin resolving independence and identity issues that were acceptable to society. Yet, several respondents from the later two groups, those who had been out of treatment less than one year, and those who had been out of treatment more than one year, began developing identities that incorporated acceptable independence that would not involve adverse activity, and that were accepted by society. In short, they were learning to become young, law-abiding adults.

Studies by Anolik (1983) and McMillan and Hiltonsmith (1982) found that delinquent behavior has been found to be related to adolescents' perceptions of feelings of belonging. Often adolescents who engage in delinquent activity lack sufficient parent-child communication. They have lower perceptions of self and feel less a part of the family unit. Respondents in the present study support these ideas. The majority of the respondents reported chaotic home lives with little direction. Several respondents had at least one family member who had been involved in the legal system. Several
respondents reported many family members who had been incarcerated.

Both the primary researcher and the secondary researcher who had been employed in residential treatment settings found this to be the rule, not the exception. The majority of residents who both researchers had experienced in their combined five years of working in residential treatment, came from such families. Adolescents from families where divorce had taken place were prevalent. Many of the residents had been either physically or sexually abused. Often, this was a pattern from previous generations.

Residents not only told their stories of abuse, but reported stories of their mothers who had been sexually abused as children, or raped as adults. Unfortunately, this also often resulted in stories from the adolescents about how they and been raped and abused. The majority of adolescents in residential treatment do not feel safe. They do not find safety in their families, and often become involved in peer groups who have had similar backgrounds. Several female residents and a few male residents told the researchers how they had been raped and beaten in their own homes, or by peers. Being "beaten into a gang" was a common experience several respondents shared.

Most studies conducted have found improvement in the lives of adolescents who have been through residential treatment, during or immediately after treatment (Curry,
1986). The current study supports these data. All of the respondents reported that residential treatment improved their educations. All of the respondents stated they had learned new skills and discipline that had been lacking in their lives. Several respondents from all three groups reported some kind of improvement with their families.

Durrant (1993) reported that having a child in residential treatment often leaves that family and child feeling defeated and demoralized. However, the residential situation is "one that can provide some space, and some input, to allow families to begin the process of taking some control over their lives" (p. 5).

In the primary researcher's pilot study, he found that residents tended to see dysfunction as residing in the whole family, as opposed to just the resident (Heinrichs, 1993). However, in that study, and the current study, many respondents felt the most lacking part of their treatment was a family therapy component. Residents were taught discipline, new skills, and new ways to think about situations, yet very little interaction was done with their families.

Respondents in treatment at the time of the interview felt they should have more contact with their families. They did not necessarily feel that contact needed to be therapy. Respondents who had been out of treatment for less than one year, felt more interaction with their families and family therapy were very important, yet were minimal aspects of the
programs. However, these respondents were very positive, stating that they still felt progress was up to them, and they had been taught the skills needed to succeed.

Respondents from the last group who had been out of treatment more than one year, also agreed they did not have enough family interaction or therapy. In contrast to the middle group, this group reported a less sure outlook on life. They had returned to their homes, used the skills they learned in treatment, but tended to report still feeling things "back home" had not changed. Some peer groups were negative, and often, because these youth often came from families with multiple issues, little support was available after placement. They came out of treatment excited to go on with positive lives, but the majority had to do this on their own. They did not have the traditional, two parent homes to go to, but often had to support themselves, getting apartments on their own and relying on peer groups for support.

As reported by one respondent, it was hard for her to stay positive when she only had her friends, and they were still getting in trouble. She stated that her mother was still an alcoholic, and while they did not live together, and therefore did not fight, she did not feel she had a close relationship with her mother, nor any support from her.

The majority of residential treatment facilities run programs that last at least six to eight months. While they seem to provide discipline, treatment, life skills, and a
variety of other positive reinforcers in the residents' lives, much more could be done in the area of family therapy. These adolescents often have to go back into the home lives and neighborhoods where they first began having trouble. If nothing about the family or environment changed, adolescents seemed to often have difficulty, and some times re-offended, putting them back in treatment, or in worse situations.

Early in the residential treatment process, residents go through a period of "treatment shock" (Levine, 1988). Many of the respondents who were in treatment at the time of the interviews seemed to still be in shock. This was characterized by anger and the general dissatisfaction with rules of the program and the authority of the staff. Some of the older respondents who had been in treatment for a while seemed to be able to move beyond that negativity and tell whether they felt there were any benefits to treatment.

Respondents in the second group who had recently come out of treatment had moved beyond treatment shock, and shared many benefits they felt they received from treatment. They reported the realization that they could receive help several months into the treatment process. Once they were beyond the shock and anger of placement, most of these respondents felt they could then work on issues. This seemed to be where the majority of progress happened. They were able to explain how they utilized the treatment process in real life experiences after treatment.
However, some respondents who had been out over one year seemed to lapse into a type of reality shock. This could be described as realizing that although they had the skills and had learned new ways of interacting, the system they returned to often posed the same difficulties they experienced prior to treatment. They learned ways to interact differently, but stated treatment seemed to fall short in involving their families and the systems they came from.

Some of the contrast in the latter two groups may be attributed to the aftercare component of the system. The majority of the respondents who had been out of treatment less than one year were involved in some type of aftercare program. They were involved in day programs and were assigned social workers who would work with them in dealing with their families, schools, employment, and the legal system.

The respondents who had been out of treatment for more than one year no longer attended day treatment. Few had regular contact with social workers. In essence, they were again on their own, making decisions as young adults, often isolated and having to financially support themselves with minimum wage employment. Two respondents from this group had children of their own, adding to the burdens of day to day life.
Solutions

One solution posed by the researchers was to incorporate more family therapy in the treatment process. Isolating the individual in treatment allowed the programs to focus on the residents, teach discipline, and provide structure while offering therapy. However, a systems perspective had not been applied. Only one respondent stated that his program worked closely with him while incorporating his family in that process. A more systemic perspective could involve families in the therapy process on a regular basis. Follow up programs with social workers were reported as successful by the respondents. This involvement would be more effective if applied while the residents were still in treatment.

Several of the programs seemed to involve the residents with social services agencies after placement. However, social workers who aided the primary researcher in identifying adolescents for the study reported that funding was lacking. They were funded to work with these youth for relatively short periods of time after placement, often lasting only a few months. As reported by respondents who had been out of treatment for more than one year, longer periods of follow up services were needed.

Many aspects of the treatment programs were reported to have positive influences in the lives of the respondents. The researchers discussed the following areas for improvement based on a comparison of the three treatment groups responses.
The first addition to the treatment program would be to add or strengthen the family therapy component. Home visits were important, but often lacked aid in the transition back home, even for brief periods, such as weekend home visits. A common barrier to this process had been the distance between the treatment program and the adolescents' homes. Intensive family therapy was logistically too difficult. As stated by the two groups who had been out of treatment at the interview times, the follow up component with social services agencies was beneficial. This allowed the respondents the ability to receive support in dealing with their home lives and life back in the community.

All of the elements seemed to be there. Some family therapy was utilized, especially with residents who were placed in facilities in their own communities. Follow up therapy was provided, although often separate from the program from which they resident resided. It seemed to the researchers that a more collaborative system would incorporate the components of successful treatment into a more inclusive treatment package.

Programs could utilize social service agencies in conjunction with the residential treatment process. If a resident were placed in a program half way across the state from their homes, the residential program could include the community social service agency from the resident's home town as part of the residential treatment program. In this way, a
more holistic approach would be applied to therapy of the program in conjunction with family therapy back in the home and community of the resident. This would strengthen the transition process from residential treatment back into the community.

Since a relationship had been established between the resident, the family, and the social service agency, both the resident and family would be assured continual support following residential treatment. Further, the community based work with the social service agency should be expanded. As stated by the respondents who had been out of treatment for more than one year, follow up service were effective, but did not last long enough to really help them stay on their feet.

An argument against the proposed program could be cost. Placing adolescents in need of residential treatment in such a program is expensive. Costs would increase by contracting with separate social service agencies in the community from which the resident came from. As stated by the social workers, funding is limited. They would much rather have more allowable hours to work with the adolescent and their families once the adolescent was back in the community.

Viewing treatment from such a cost perspective is short sighted. Treatment from this perspective would cost more than the present systems. However, as stated by the majority of the respondents, they had not only been in the program mentioned at the time of the interviews, but most had been
through several other similar residential treatment programs. In essence, society was trying "more of the same". Recycling adolescents through multiple residential programs, or keeping them in the same program for several years is extremely expensive. By applying a more holistic, collaborative type of treatment, residential treatment should be shorter in duration and only needed on one occasion, rather than multiple placements. The respondents reported what they needed. The current trend in adolescent treatment has remained too short sighted to follow the suggestions of the ultimate authority, the consumers.

Theories

The present study analyzed two competing theories regarding the application of labels to adolescents, Labeling and Deterrence Theories. Labeling Theory denounces the process of giving individuals negative labels. As stated by Thomas and Bishop (1984) "people are what they have become largely by virtue of others having defined them in some favorable or unfavorable fashion" (p. 1227). In applying labels to patients in mental health facilities, Link et. al. stated that in the course of being socialized, individuals develop negative conceptions of what it means to be a mental patient and thus form beliefs about how others will view and treat someone of that status (Link, Cullen, Struening, Shrout,
& Dohrenwend, 1989). Often, such negative labels are already in place before an individual enters treatment.

Acting out adolescents become sensitive to cues provided by others (families, legal system, society). They then begin to think of themselves in terms of stereotyped roles. Labeling theorists view sanctions as one of the most significant mechanisms by which actors are pushed from exploratory or "primary" deviance to systematic or "secondary" deviance (Thomas & Bishop, 1984). As society becomes frustrated with "secondary" deviance, often the end result is placing the adolescent in residential treatment.

Deterrence theorists contend the opposite effect. The view is that the most significant consequences of sanctions include elevation of the actors' perceptions of the risks associated with non-normative behaviors. Such associated risks are believed to reduce levels of involvement in such behaviors (Thomas & Bishop, 1984). The threat of sanctions or actual sanctions act as deterrents to non-normative behavior. At a minimum, such conduct would be minimized.

Respondents in the current study were very open about discussing whether or not they felt they were labeled and what those labels meant to them. Respondents who were in treatment at the time of the interviews felt they had been labeled, both prior to, and during the treatment process. Most of the respondents stated they were juvenile delinquents.
Many of the respondents said they were not just called juvenile delinquents by the court system and society, but that is who they were. Only one respondent outwardly stated he was engaging in positive behavior in an effort to undo or erase the negative label. However, this respondent also spoke as if he would always be remembered as a juvenile delinquent, or the "kid that had been locked up".

Both of the groups who had been out of placement at the time of the interviews believed they had been labeled. Only one respondent who had been out less than a year felt she had not been labeled. However, in reference to her life story, she presented her identity as a person who had been in detention on three occasions prior to residential treatment.

Respondents from the second group, those out less than one year, identified that they could never erase the past. They would always have the stigma, when talking about their pasts, as juvenile delinquents and gang members. However, these individuals were more positive, stating their current behaviors were the only way they could mend their reputations from past negative behaviors.

These respondents went on to describe some positive labels they earned in the treatment process. Earning the status of "Eagle" in their program was something most residents strove for. Further, a responsibility of the "Eagles" was to go back into the community and engage in positive interactions to show change had occurred in the
treatment process. However, these same respondents felt they still received negative labels from both treatment staff and the community. Their response was that no matter how hard they tried or improved, negative comments and labels had a powerful effect on the residents. Simple negative statements were seen as more detrimental than all of the positive feedback they received.

While some respondents reported that negative labels bothered and hurt them to the point of wanting to erase those labels, all of the respondents seemed to feel labels were detrimental. Adolescents in early, middle and late adolescence are forming their identities. They are impressionable and create their identities based on feedback around them. Most respondents did not receive the positive feedback from their homes. This lead to migrating to peers similar to themselves, who also lacked positive reinforcement in their identity production. Due to negative behaviors, these adolescents entered a legal system that uses labels to identify behaviors. As mentioned by one respondent who went into placement based on a Child in Need of Assistance petition (CINA), "we were all believed to have done something bad to be here. We all had to be delinquents."

While the researchers understand the tenets of Deterrence Theory, according to the respondents in this study, they did not apply. Respondents identified negatively with the labels they received. Their families, the legal system, and often
treatment personnel reinforced negative labels, continuing the detrimental effects.

Limitations

One limitation of the analysis was that this research was based on adolescents who come from backgrounds were predominantly negative labels are used. A study of adolescents who had one interaction with the police, and who were released and never introduced to the legal system again, may provided a different answer. Just the threat of becoming involved in the legal system and labeled a juvenile delinquent may have been a deterrent to further illegal activity. In such situations, Deterrence Theory would apply.

A second limitation of the current study had to do with the sample. The residents who were in residential treatment at the time of the interview, were selected by the staff of those programs. These individuals were selected based on the amount of time they had been in treatment, as well as the belief by staff that they would be verbal and have much information. This was more apparent when the respondents commented that the same five adolescents were selected for another research project.

Therefore, the sample selected for this study was not random, even within the bounds of one residential treatment facility. Selecting five youth at random from any of the programs may have produced very different results. However,
based on the pilot study and the researchers experiences of residential treatment, it is believed that this study has a good understanding of typical respondent in residential treatment.

The respondents who had been out of treatment both under one year and over one year were referred to the primary researcher through social service agency social workers. This process was used for several reasons. First, tracking former residents from residential treatment facilities was much easier with the aid of social workers.

Second, a representation was sought from respondents who had been out of a program, but also utilized some type of follow up. It is the hope of this research to enhance programs already in existence and to build on the strengths they may have.

Finally, the primary researcher had numerous problems tracking down and finally getting interviews with all of the respondents in the later two groups. Several interviews and focus groups were attempted with numerous other respondents, but many respondents did not attend the sessions. The primary researcher really experienced some of the chaos of adolescents from this population, especially in regards to scheduling and follow through.

A third limitation to the study is that the study was conducted in Iowa, with a sample of rural and urban adolescents. The larger cities in Iowa range from 150,000 to
400,000 people. There are no major metropolitan cities in Iowa. A very different set of responses may come from a sample of respondents from St. Louis, Chicago, Detroit, or Minneapolis.

Further, very different answers may have come from either coast of the United States. Regardless, based on the review of relevant literature, the pilot study, and well-executed qualitative analysis, the researchers feel this study had presented a very helpful and useful analysis to residential treatment.

The present study analyzed the experiences of a small number of adolescents who experienced residential treatment. Respondents were given the opportunity to tell their stories to a very general question, "what has it been like for you to be/have been in residential treatment". Respondents discussed what they felt were negative and positive aspects of residential treatment. Based on their answers, questions were asked about the treatment processes, relationships in such programs, how that experience was different from their home lives, what effect, if any treatment had on their educations, what happened to get them in residential treatment, and what direction they saw their lives following after treatment and into adulthood.

The majority of the respondents would not have chosen to be placed in residential treatment, but were able to show positive aspects of those experiences. The respondents were
given the opportunity to tell their stories. The aim of research is to take those responses and experiences, and apply them in process of improving such programs to better serve future consumers. Ideally, intervention would be utilized at a point where adolescent life situations would not escalate to point of needing any kind of treatment or incarceration. We could intervene and let families be families and kids be kids.
REFERENCES


institutionalized adolescents: Resilient or at risk?

*Adolescence, 27,* 339-356.


Larson, J.D. (1990). Cognitive-behavioral group therapy with delinquent adolescents: A cooperative approach with the
juvenile court. Journal of Offender Rehabilitation, 16(1/2), 47-64.


