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COPING RESPONSES OF INCARCERATED JUVENILE MALES

COPING RESPONSES AND MENTAL HEALTH SYMPTOMS
IN INCARCERATED JUVENILE MALES

A dissertation presented to the faculty of

ANTIOCH UNIVERSITY SANTA BARBARA

in partial fulfillment of
the requirements for the degree of

DOCTOR OF PSYCHOLOGY
in
CLINICAL PSYCHOLOGY

By

JENNIFER RENAE NEWHARD, M.S.

NOVEMBER 2014

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COPING RESPONSES AND MENTAL HEALTH SYMPTOMS
IN INCARCERATED JUVENILE MALES

This dissertation, by Jennifer Renae Newhard, MS, has been approved by the committee members signed below who recommend that it be accepted by the faculty of Antioch University Santa Barbara in partial fulfillment of requirements for the degree of

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ABSTRACT

Coping responses develop throughout the lifespan of an individual. Unfortunately for some, difficult life circumstances may lead to the use of maladaptive forms of coping. This study investigated coping responses amongst male incarcerated juvenile offenders and examined which specific mental health symptoms may occur with specific coping responses. The goal of this study was to determine whether male incarcerated juvenile offenders utilize avoidant coping responses over approach coping responses. Also, this study investigated whether specific mental health symptoms, such as depression, anxiety, anger, and disruptive behaviors, were more prevalent amongst those who utilize avoidant coping responses. De-identified, archival data for the Coping Responses Inventory-Youth and the Beck Youth Inventory-II, previously obtained during routine intake assessments collected from sixty-two (62) male incarcerated juvenile offenders placed in a probation camp, ages 12-18, were used in order to investigate coping and self-reported mental health symptoms. Results confirmed that incarcerated male juvenile offenders tend to utilize avoidant coping responses as opposed to approach coping responses. Furthermore, participants that utilized avoidant coping responses were more likely to endorse mental health symptoms of depression, anger, and disruptive behaviors, and were less likely to utilize approaching coping responses. The significance of these findings indicate that male incarcerated juvenile offenders are less likely to approach distress behaviorally and cognitively, and are less likely process distress in a manner that will produce emotional growth. The electronic version of this dissertation is available free at Ohiolink ETD Center, www.ohiolink.edu/etd

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Chapter I

Introduction

Mental health professionals who have worked with adolescents are aware of how daunting, unpredictable, counterintuitive, and simultaneously extremely rewarding their efforts can be to serve this specific population. Attempts to improve one aspect of an adolescent's life that may be contributing to a specific behavior may be hindered by several aspects of their life that are not necessarily processed in conventional outpatient treatment. Those working with adolescents have to make attempts to treat not only the presenting symptoms, but also take into account larger systemic factors of peer pressure, disruptive family units, developmental milestones, and social maturation.

Those who have worked within the juvenile justice system are presented with the above factors as expected considerations when working with adolescents. However, these mental health professionals face additional confounding variables that may perpetuate disruptive behaviors, adding to how complex and yet rewarding their work can be. In what ways can these professionals aid in the inevitable transition into adulthood? More so, how can mental health professionals aid in keeping adolescents out of the justice system, off of the streets, and on their way to a healthy future? Understanding how some adolescents may cope with distressing circumstances without resorting to problematic behaviors can aid mental health providers in improving adolescents' ability to effectively cope within their life system. Consequently, the aim of this study was to investigate factors that may contribute to how juvenile offenders process and manage distress, also known as coping responses.

Coping responses are ways in which individuals react to everyday situations that may increase levels of emotional stress or distress (Moos, 2004). For instance, an individual may

seek help, distract him or herself, isolate, or engage in destructive behaviors in order to self-soothe. Coping responses are constantly developing throughout an individual's lifespan (Lazarus, 1996). In the best of circumstances, youth develop coping responses through parental role modeling, peer interactions, and trial and error (Moos & Holahan, 2003). However, youth exposed to negative peer influences and minimal/negative parental modeling may develop maladaptive forms of coping through repeated, harmful, self-soothing behaviors (e.g., substance abuse or self-injurious behaviors) rather than rejecting these maladaptive responses to stress and moving towards effective, healthy coping (Mohin et al., 2004). For incarcerated juvenile offenders, the development of coping responses is further impacted by their removal from homes, friends, school, everyday surroundings, and routine (Shulman & Cauffman, 2011; MacKenzie & Goodstein, 1985; Wormith, 1984). Regardless of the quality of adolescents' living situations, it is difficult for any adolescent to be away from what is familiar (Howie, & Starling, 2005; Martin et al., 2008). Having described the context of this research and major themes, what follows next is a further explanation of terms crucial to understanding the aim of this study, including forms of coping and specific mental health symptoms which interact with coping styles.

Definition of Terms

Coping is an internal process that differs for individuals, but the outward action of coping (i.e. the response) can be measured through observing the aspects of behavior. Examples of this can include seeking guidance from an adult (approach coping) or possibly disruptive behaviors (avoidant coping) (Moos, 2004). The construct of coping responses can be understood as internal factors that are in place prior to a stressor's occurrence, which subsequently reduce the psychological impact of a stressor. Coping responses can be further

conceptualized as conscious efforts to minimize the associated discomfort of a stressor (Mathney et al., 1993; Nounopoulos et al., 2006; Mohino, Kirchner & Forns, 2004).

Coping has been viewed as problem-focused or as emotion-focused. Problem-focused coping aims to reduce stress by confronting the problem directly (Ebata & Moos, 1991). Emotion-focused coping tends to be more avoidant; individuals avoid thinking about the stressor and its implications through trying to manage the emotions related to the stressor (Ebata & Moos, 1991). Coping responses can be measured in multiple ways, including through self-report questionnaires, analyzing qualitative responses pertaining to coping, or behavioral observation.

Definitions for coping responses have been articulated by the Coping Responses Inventory-Youth manual, developed by R.H. Moos (1993), studies published during the development of the Coping Responses Inventory-Youth, as well as the Coping Responses Inventory manual supplement (Moos, 2004).

Avoidant Coping Responses

Avoidant coping responses tend to be indirect methods of coping. These responses reflect cognitive or behavioral attempts to avoid thinking about a stressor and its implications (cognitive avoidance), efforts to accept or resign oneself to an existing situation, attempts to seek avoidance rewards, or behaviors meant to manage tension by expressing it openly (Moos, 2004). An example of acceptance or resignation coping responses can present as an individual accepting that they cannot change a situation, so they give into the stressor rather than taking any action with their current stressor. Seeking alternative rewards presents as behavioral attempts to get involved in substitute activities; these activities do not address the stressor in a productive way but create new sources of satisfaction (Moos, 2004). Emotional

discharge presents as behavioral attempts to reduce tension by expressing negative feelings (Moos, 1993; Moos, 2004). Avoidant coping responses tend to be more indirect methods of coping; they reflect cognitive or behavioral attempts to avoid addressing a stressor, including avoiding thinking about a stressor or implications, efforts to accept or resign oneself to an existing situation, attempts to seek avoidance rewards, or efforts to try to manage underlying tension from the stressor by expressing it openly.

Approach Coping Responses

Approach coping responses are described as those responses that take an active focus of coping; specifically, approach responses are directed at the problem (Moos, 2004). Youth who utilize approach response coping tend to reflect active cognitive and behavioral efforts to define and understand the underlying situation and to resolve or master a stressor by seeking guidance and engaging in problem-solving activities. In general, approach coping is problem-focused and reflects cognitive and behavioral attempts to directly address life stressors.

There are multiple cognitive and behavioral skills involved in approach coping responses. Logical analysis, a construct within approach coping, can be defined as cognitive attempts to understand and mentally prepare for a stressor and its consequences. Positive re-appraisal, an additional cognitive coping technique, can be defined as attempts to construe and restructure a problem in a positive way while still accepting the reality of the specific situation. Seeking guidance and support is defined by Moos as behavioral attempts to seek information, guidance, or support (Moos, 1993; Moos, 2004). Problem-solving is defined as behavioral attempts to take action to deal directly with the problem. Utilizing this variety of approach coping skills, an individual can take an active role in addressing his or her stressor.

Mental Health Symptoms

In order to understand the relationship between coping responses and mental health symptoms, this research utilized sections of the Beck Youth Inventory-II (Beck, Jolly, & Steer, 2005), which consists of inventories for depression, anxiety, anger, and disruptive behaviors. The depression subtest is designed to identify symptoms of depression in children and adolescents, including negative thoughts about self, life, and future; feelings of sadness; and physiological indications of depression (Beck, Jolly, & Steer, 2005). The anxiety subtest consists of items that reflect the child or adolescent's fears, worries, and physiological symptoms associated with anxiety. The anger subtest is designed to measure perceptions of negative thoughts about others, feelings of anger, and physiological arousal when upset. The disruptive behavior subtest is designed to measure behaviors and attitudes associated with the DSM diagnosis of conduct disorder and oppositional behaviors (Beck, Jolly, & Steer, 2005).

Purpose of the Study

The purpose of this study is to investigate coping responses amongst a population of male incarcerated juvenile offenders, particularly the utilization of healthy versus maladaptive coping responses. Furthermore, this study will evaluate self-reported mental health symptoms of depression, anxiety, anger, and disruptive behaviors, and the effect these symptoms have on one's ability to utilize healthy coping skills. Specific disciplines in the field of psychology, such as health psychology, already place an emphasis on integrating healthy coping for pain management, pre and post-surgery, and adjustment to a medical diagnosis (Belar & Deardoff, 2009). However, forensic psychology and clinical psychology have placed a heavier emphasis on the manifesting symptoms contributing to a specific

diagnosis and less emphasis on the underlying issues leading to symptoms (MacKenzie et al., 2001). This research attempts to address this limited understanding of underlying coping responses related to mental health symptoms by creating theoretical links between existing research, current theories, research design, interpretations of findings and conceptual conclusions.

Significance of the Problem

The results of this study can be used in a variety of ways to assist mental health professionals in accurately addressing the maladaptive coping behaviors of juvenile offenders. This study is tailored to aid those working with a juvenile offender population, as it takes into account coping responses utilized while being placed in the unfamiliar setting of incarceration in a probation camp, a setting that the juvenile is unfamiliar with, surrounded by unknown peers, and correctional officers that demand they adhere to a new, strict routine or lose the chance of freedom due to extended incarceration.

By investigating the internal processes of coping responses juvenile offenders endorse for dealing with distress, mental health professionals working with this population can gain a deeper understanding of how maladaptive coping skills are used to minimize discomfort from the stressor. A more accurate understanding of an incarcerated juvenile's responses to distress and how their specific coping response may or may not contribute to mental health symptoms provides mental health workers treating juvenile offenders with the understanding to inform their work with adolescents in the realms of mental health and coping styles. Furthermore, mental health workers may potentially advance the efficacy of juvenile justice rehabilitation through teaching more effective coping skills while the youth are incarcerated.

This study benefits the field of psychology because it examines coping responses utilized by incarcerated juvenile offenders, further developing the understanding of a complex population. Furthermore, the results of this study aim to clarify the relationship between self-reported mental health symptoms (Beck-Youth Inventory-II, Beck; Beck, Jolly, & Steer, 2005) and self-reported coping response (Coping Responses Inventory-Youth) for incarcerated juvenile offenders. By examining the underlying reasons for specific behaviors, a more clear profile can be created to treat each individual, and increase their internal resources to process difficult life situations.

Juvenile justice mental health services have more recently been categorizing juvenile offenders into "catch-all" diagnostic categories, specifically Conduct Disorder and Oppositional Defiant Disorder, in addition to "one-size fits all" empirically researched behavioral modules (Breda, 2003). While programs emphasizing empathy training, drug treatment, and aggressive reprogramming may be useful for teaching juvenile offenders behavioral techniques to de-escalate and make better choices, these efforts are impeded by catch-all diagnoses and behavioral programs that minimize the importance of understanding the individual and the underlying issues that are contributing to the delinquent behaviors in the first place (MacKenzie et al., 2001). Research conducted by DeMatteo and Marczyk (2005) suggested that one way to reduce juvenile delinquent recidivism is to place more emphasis on addressing the internal framework, such as coping with distress. By teaching coping skills that are more specifically matched to an individual's diagnosis, the treatment might be more effective in preventing recidivism.

In order to provide mental health treatment, a differential diagnosis needs to be assigned in most mental health settings. However, symptoms for diagnosis are not enough to

formulate a treatment plan, as symptoms alone do not present a comprehensive understanding of a juvenile offender's cognitive and behavioral processes. In order to clarify what is driving a specific behavior, one must develop an understanding of both the symptoms of underlying mental health conditions and the process of managing the psychological stressor contributing to mental health symptoms (coping response). This process will allow for a more accurate depiction of which mechanisms may or may not be contributing to mental health symptoms (e.g., depression, anxiety, anger, disruptive behaviors) that may or may not be contributing to conduct problems.

Research Questions and Hypotheses

The general hypothesis for this study aims to examine that incarcerated juvenile offenders utilize avoidant coping responses over approaching coping responses when managing distress. There have been studies conducted on the pathology of incarcerated juvenile offenders; similarly, there have been studies conducted on how youth adjust to various situations (MacKenzie et al., 2001) and studies researching the importance of healthy coping in young adult incarcerated males (Mohino, Kirchner & Forns, 2004). However, there is a general absence of research specifically addressing coping responses that incarcerated juveniles utilize in response to incarceration. Furthermore, there is an absence of research pertaining to self-reported mental health symptoms of incarcerated juvenile offenders and specific coping responses which may be related to these mental health symptoms. The specific hypothesis of this study is that male incarcerated juvenile offenders reporting higher levels of depression, anxiety, anger, and disruptive behaviors will be more likely to exhibit avoidant (maladaptive) coping responses over approaching (healthy) coping responses. It is also hypothesized that there will be strong associations between these symptoms and

avoidant coping responses.

The hypothesis for this study arose during the assessment of incarcerated juvenile offenders placed at a probation camp, which were conducted for the purpose of providing a mental health diagnosis in addition to screening camp members for additional counseling services. Throughout this work, titled the Comprehensive Assessment Project, observations pertaining to participant history and scores on testing were made. Specifically, relationships were observed between higher scores in avoidant coping and lower scores in approach coping with a higher level of endorsement of symptoms of depression, anxiety, anger, and disruptive behaviors. From these observations arose the hypothesis that incarcerated juvenile offenders' scores for depression, anxiety, anger, and disruptive behaviors measured on the Beck-Youth Inventory-II may predict higher levels of avoidant coping responses, indicated on the Coping Responses Inventory-Youth.

In order to obtain information on coping responses and mental health symptoms, de-identified, archival data was utilized from the results of the Comprehensive Assessment Project, which consisted of a brief intake battery assessing coping responses, symptoms of mental health disorders, and personality disorders amongst male incarcerated juvenile offenders. The Comprehensive Assessment Project intake battery sought to aid mental health professionals working directly with male juveniles entering rehabilitation programs managed by a correctional probation agency.

Prior to the implementation of Comprehensive Assessment Project assessment battery, incarcerated juvenile offenders were given a thirty-minute interview for the purposes of screening for mental health concerns. The Comprehensive Assessment Project assessment battery was subsequently implemented to provide a more thorough evaluation of mental

health disorders and screening for additional counseling services, as well as a participant's ability to cope effectively with stressors.

Chapter II

Literature Review

The literature reviewed in this study included the in-depth review of online search engines: PsychINFO, PsychNET, OhioLink, Electronic Journal Center (EJC), multiple articles from periodicals and journals obtained via “We Deliver,” and original book titles purchased through various venues such as Amazon.com and other online book suppliers. This review of literature distinguished the difference between approach coping and avoidance coping. In addition, this literature review focused on research pertaining to coping responses and the treatment and diagnosis of juvenile offenders.

Coping Responses

Selye (1956) set the stage for investigating how individuals manage medical stress (Lyon, 2010). Selye approached stress management from a physiological and medical standpoint, specifically, how an individual internally managed stressful stimuli or environmental stressors, which he described as “*nonspecific response of the body to noxious stimuli*” (Selye, 1956, p. 12). Selye was one of the pioneers in examining how stress plays a role in an individual’s life. Arnold (1967) further examined the body’s physiological response to stress and outwards emotions caused by high levels of distress (Lyon, 2010; Schalling, 1976).

Coping responses are ways in which individuals respond to everyday situations, stress or distress, and how situational stress may determine a specific coping response, such as calling a friend when you are offended (Moos, 2004). Healthy coping responses and strategies continue to develop throughout childhood, adolescence, and adulthood, in order to protect an individual against negative emotional outcomes, such as symptoms of anxiety,

depression, or substance abuse (Elyes & Bates, 2005). This suggests that coping could be classified within defensive styles; that an individual's level of defensiveness to particular situations played a major role in determining the specific type of coping response. It was not until Lazarus and Folkman (1984) defined coping as, "cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of a person" (pg.141) that coping had a working definition (Arthur et al., 1991).

Research on the topic of coping strategies identified two distinct modes of dealing with stress: approach coping responses and avoidant coping responses (Moos, 1993). For instance, when assessing adolescents for avoidant coping responses, an individual may seek help, distract him or herself, isolate, or engage in destructive behaviors in order to self-soothe. Deficits in healthy coping, and use of more avoidant coping responses can lead to disruptive behaviors, are heavily influenced by "psychological, medical, biological, behavioral, and social domains at several different levels of functioning" (DeMatteo & Marczyk, 2005, pg.22). When an individual experiences harm to psychological, medical, biological, behavioral, and social domains, they are more likely to utilize avoidant coping responses in order to reduce discomfort in stressful situations (DeMatteo & Marczyk, 2005; Moos 1993).

Previous research has indicated that maladaptive coping skills are highly correlated with symptoms of depression (Herman- Stahl & Petersen, 1996), particularly amongst adolescents. Adolescents are more likely to exhibit symptoms of depression rather than acknowledging environmental or emotional distress, which can be considered an avoidance coping response (Elyes & Bates, 2005; Dumont & Provost, 1999). Research has indicated that avoidant forms of coping, particularly when used as a protective factor from

internalizing distress, “Serves as a buffer from acute stress” (Coifman et al., 2007, pg. 754). Coifman and colleagues conducted a study investigating avoidant, or repressive, coping as a resiliency mechanism in individuals that have been exposed to extensive trauma. They found that individuals that utilized repressive forms of coping were responding to environmental stress outside of conscious awareness. Individuals in their study did not seem to be aware of how they were utilizing maladaptive forms of coping in order to immediately self-soothe. These results suggest that the use of avoidant coping responses, or in this study known as repressive coping responses, may be due to an immediate reaction to the environment as opposed to taking additional time to thoroughly process environmental stressors and make adjustments in how to respond if environmental stressors continue to occur (Coifman et al., 2007). Continued use of avoidant coping responses have been shown to lead to potential long-term health risks, such as risk for cardiovascular or other stress-related diseases (Barger et al, 2000; Leventhal & Patrick-Miller, 2000; King et al., 1990).

Coping responses are a part of human nature that contribute to how individuals interact with and process information from the environment around them (Connor-Smith et al., 2000). However, an individual’s existing coping responses may not necessarily be appropriate or healthy. Individuals tend to utilize a variety of coping skills depending on their environment; how comfortable they feel, whether or not they feel threatened, and pre-existing anxiety or depression. All these factors can highly influence if an individual utilizes healthy coping responses, or maladaptive coping responses (Connor-Smith et al., 2000). Society expects that when an individual experiences distress, they turn to appropriate coping strategies rather than reacting with an inappropriate response. Individuals are expected to respond to distress in a manner that does not induce undue stress on the individual or

bystanders (Tiemeier et al., 2009).

Sub-disciplines of psychology, such as health psychology, have a particular emphasis on integrating healthy coping in processing pain management and adjustment to particular medical diagnoses. However, there does not seem to be any evidence of integrating the training of healthy coping responses to incarcerated juveniles. In examining the development of an individual's coping responses, it is imperative to take into consideration the neurological development of specific emotional reasoning aspects of human development.

Development of Coping Responses

Coping responses are constantly developing throughout an individual's lifespan (Lazarus, 1996), in the best of circumstances; youth develop coping responses through parental role modeling, peer interactions, and trial and error (Moos & Holahan, 2003). It has been argued that emotions serve as an adaptive function in order to maximize survival. This may be accomplished by engaging in behaviors that are conducive to the current environment. An individual's utilization of appropriate coping skills is integral in determining appropriate behaviors, henceforth aiding in the maximization of survival (Westen & Blagov, 2007). From an evolutionary standpoint, approach and avoidant coping responses may be viewed as a flight or fight response (Carver, 2001).

Individuals involved with negative peer influences, minimal and/or negative parental modeling, may result in utilizing maladaptive forms of self-soothing as opposed to learning from their maladaptive responses and moving towards effective and healthy coping (Mohino et al., 2004). This is particularly common in children and adolescents as they are still developing an understanding of the role they play in their environment, are learning to manage internal and external locus of control, as well as experiencing continual

neurocognitive development. Human beings are unique in being able to develop reasoning, abstract thinking and emotional regulation beyond the limbic system, and are able to process distress in ways that will aid managing environmental distress.

The neurodevelopmental changes during adolescence must be viewed as a transitional developmental period, as opposed to a concise representation of a consistent level of functioning (Spear, 2000). In order to comprehend transitions in an adolescent's ability to cope consistently, on a cognitive and behavioral level, mental health professionals must take into account the adolescent's age appropriate impulsivity (i.e., lacking cognitive control) and risk-taking behaviors (Casey, Tottenham, Liston & Durston, 2005).

Clinical research has identified that humans have developed the ability to regulate information between the amygdala and the prefrontal cortex (Vicario, 2014). Development of the prefrontal cortex, where reasoning and abstract thinking is primarily developed, is still in the process of developing throughout childhood, adolescence, and into young adulthood (Vicario, 2014). Furthermore, if one were to compare the appearance of an adolescent's prefrontal cortex to an adult and a child's brain, the adolescent's prefrontal cortex would more resemble a child's than an adult's (Casey, Tottenham, Liston & Durston, 2005). Development of the prefrontal cortex is achieved through maintaining conditions in which a person can continue to develop and grow from their environment, education, and conditioning. If conditions are not met, maladaptive behaviors may occur (Lenroot & Giedd, 2008), and maladaptive ways of internally managing distress in the environment may lead to more avoidant coping responses as oppose to approaching coping responses.

Young adulthood is characterized by greater biological sensitivity to stress, which increases levels of cortisol in the body, which "can affect the architecture of the brain,

especially at vulnerable developmental stages” (Giedd, 2009). Due to social demands, striving for independence, and attempting to gain a healthy sense of self, adolescence and young adulthood is a period in which an individual’s coping responses can develop in either a primarily healthy form or a maladaptive form (Moos, 2004).

Theories of Coping

Coping responses have been correlated with managing the distress of not being able to have one’s needs met (Moos, 2004). According to Abraham Maslow, if specific needs of the hierarchy of needs are not obtained or nurtured, an individual will experience deficits in the development of needs (Maslow, 1954). If an individual is exposed to high levels of stress that threaten basic needs of safety and security, an individual ability to progress to a higher level of needs may be hindered. Research suggests that individuals who are exposed to high levels of stress or trauma, which threatens their basic need for safety or security, tend to utilize more avoidant (maladaptive) coping responses (Maslow, 1954; Moos, 2004).

Fok, et al. (2012) suggested that psychological constructs of internal locus of control, heartiness, self-efficacy, and mastery as contributing factors to how individuals manage distress. These psychological constructs are used in order to overcome life difficulties, and specific psychological constructs play a role in the development of healthy coping skills (Fok et al., 2012). An individual's internal locus of control helps to mitigate how they perceive their role in their environment, and supports the belief that they can impact change in how they interact with their environment. Specifically, an internal locus of control provides an individual with a sense of how they contribute to higher levels of distress in their environment through their own behaviors. It further supports their ability to evaluate their behaviors and cognitions when things are not under their control (Thoits, 2011). Fok's

research suggested that healthy levels of internal locus of control aid in the development of healthy coping skills because individuals with a healthy internal locus of control were more likely to approach distress as opposed to avoiding it.

Researchers have made attempts to investigate other factors contributing to how an individual copes. These factors include the outward expression of humor, internal processes of attachment styles, and adjustment. One study investigated the role of an adolescent's humor on coping, and psychological distress (Erickson & Feldstein, 2007). The purpose of their study was to determine whether humor could be utilized as a unique prediction of depressive symptoms and internal coping processes. It was hypothesized that adolescent girls would employ much more approach style coping methods whereas adolescent boys would endorse more avoidance coping methods and more aggressive and self-defeating humor. They concluded that negative forms of humor style, an outward manifestation of maladaptive coping responses, predicted depressive symptoms and maladaptive adjustment (Erickson & Feldstein, 2007).

One study examined attachment styles, conflict styles, and humor styles in relationship to their relationship satisfaction, factors that have been found to be outcomes of specific forms of coping (Cann et al., 2008). Cann's study looked at conflict styles including avoiding, dominating, integrating, and obliging, similar to cognitive and behavioral avoidant coping responses. Results revealed a positive correlation between integrating conflict style and affiliative humor style; integrating conflict style and self-enhancing humor style; avoiding conflict style and self-defeating humor style; obliging conflict style and self-defeating humor style; dominating conflict style and aggressive humor styles. There was a negative correlation between integrating humor styles and aggressive humor styles,

indicating that as healthy humor styles increased, maladaptive humor styles decreased, and vice versa (Cann et al., 2008). The results of these findings support the theory that individuals are more likely to use either maladaptive forms of reducing distress or healthy forms of reducing distress.

Studies have correlated a good sense of humor to physical relaxation, pain control, positive states of emotion, and a healthier sense of self in the use of healthy coping responses (Abel, 2002). Abel conducted a study to address relationship between humor, stress and its related constructs and coping strategies (Abel, 2002). Abel concluded that those with a good sense of humor (e.g., affiliative humor style; integrating conflict style and self-enhancing humor style) had a healthier sense of self, lower levels of stress, and a greater use of coping skills, as opposed to negative forms of coping (self-defeating humor style; dominating conflict style and aggressive humor style) (Abel, 2002).

Freud developed the model of defense mechanisms in 1926; defense mechanisms were later deemed as the outward manifestation of internal coping responses. Defense mechanisms identified by Freud included: regression, repression, reaction formation, isolation, undoing, projection, introjection, turning against the self, and reversal. Later, Anna Freud added: sublimation, displacement, denial in fantasy, denial in word and act, identification with the aggressor, and altruism (Freud, 1966). It was believed that the ego was responsible for mediating defenses between the id and the superego. In discussing the relationship between coping and defense mechanisms, Sammallahiti (1996) wrote:

“Ego defense mechanisms are believed to function at an unconscious level to maintain homeostasis by preventing painful ideas, emotions and drives from forcing their way into consciousness... mature defenses do not endanger interpersonal relationships or

distort reality as neurotic or immature defenses do” (pg. 519).

Psychoanalytic theorists, such as Sigmund Freud and Anna Freud attributed inadequate internalizations of self-regulatory mechanisms to “maladaptive defense mechanisms,” assuming that the individual had the mental capability to evoke self-regulatory mechanisms. These maladaptive defense mechanisms were coined immature and neurotic defense styles, while adequate internalizations of self-regulatory mechanisms were coined mature defenses, being the result of healthy coping responses (Sammallahti, 1996; Moos, 2004).

Social Influence on Coping Responses

Individual, family, school, peer, and environmental factors play critical roles in the development or deficiency of coping response. Each affects the other; they are interdependent on one another in shaping coping (DeMatteo & Marczyk, 2005). The more an individual is exposed to negative psychosocial influence, such as being raised by abusive parents, interacting with negative peer influences, etc., the more likely they will be challenged in developing mature coping responses to manage distress (Turner et al., 1995). This inability to cope with distress, through avoidant coping response as oppose to approaching distress, may lead to socially inappropriate behaviors as a means to get their needs met, which often presents as juvenile delinquency (Agnew, 1992).

Sociological theories of coping emphasize a wide variety of actions directed at either changing a stressful situation or alleviating distress by manipulating the social environment (McCubbin et al., 1980). Coping is what people do- their concrete efforts to deal with stressors (Pearlin & Schooler, 1978). These theories imply that individuals have a part in choosing how they cope, whether avoiding a situation or approaching it head on; it is their choice.

Coping Among Adolescents

The age of adolescence marks the formidable years of developing and experimenting with individual identities. Nounopoulos, Ashby, and Gilman (2006) sought to expand on research examining stressors as a significant risk factor for various maladaptive outcomes among youth, specifically pertaining to high expectations regarding education performance, and how youth cope. Research conducted by Nounopoulos, Ashby, and Gilman (2006) found that youth holding high standards were positively associated with specific coping resources, when administered the Coping Resources Inventory Scales for Educational Enhancement (Curlette et al., 1993) and the Almost Perfect Scale-Revised (Slaney, Rice, Mobley, Trippi, & Ashby, 2001).

One study found that adolescents exhibiting higher levels of immature defenses (e.g., defense mechanisms of projection, denial, and regression) were more prone to using avoidant coping responses and less prone to using approach coping responses (Erickson, Feldman, and Steiner, 1997). Results from the Erickson, Feldman, and Steiner study indicating a correlation between avoidant coping responses and immature defenses emphasizes the need for further research on the underlying precipitating factors contributing to maladaptive coping amongst youth and in what ways healthy coping strategies can be taught throughout an individual's lifespan.

Individuals that utilize approach coping responses tend to exhibit higher grades (Griffith, 2000), more pro-social interactions (Gall, Evans and Belrose, 2000), and better therapy outcomes (Griffith, 1993), indicating that approach coping has been identified as a healthy form of coping response. Research investigating adolescents who reported having more daily life stressors were more reliant on avoidant coping responses, suggesting a

cyclical pattern of maladaptive coping responses and an inability to learn from distress through healthy coping responses (Kao, 2000).

Ceperich (1997) identified that avoidance coping was a strong predictor of adolescent drug use, which was further confirmed by Moos (2004) amongst seventh to ninth grade American students. Moos (2004) identified trauma, poor family cohesion, negative social influences, and mental health issues as independent variables contributing to avoidance coping responses. Outcomes of avoidance coping responses included substance abuse, continued family conflict, poor grades, psychosomatic symptoms, and health issues (Moos, 2004); indicating that avoidant coping is viewed as a maladaptive coping response, further indicating a cyclical pattern of avoiding (maladaptive) ways in managing distress.

Merlo and Lakely (2007) conducted a study examining the extent to which the correlations among attachment, depressive symptoms, and coping (e.g., healthy or maladaptive coping) reflect uniquely trait influences, uniquely social influences or a combination of the two. Their study amongst adolescents concluded that social influence played a major role in an adolescent's attachment, depressive symptoms, and healthy versus maladaptive coping; specifically, maladaptive coping strategies serve as a class of mechanisms that link insecure attachment and depressive symptoms.

Coping Amongst Juvenile Offenders

For incarcerated juvenile offenders, the process of coping response development is impacted by removal from their homes, everyday surroundings, and routine (Shulman & Cauffman, 2011; MacKenzie & Goodstein, 1985; Wormith, 1984). Shulman and Cauffman (2011) utilized coping measures to evaluate how a juvenile offender processes distress, specifically whether or not they internalize or externalize feelings of distress. They sought to

determine the difference in typical juvenile coping versus incarcerated juvenile coping. It was hypothesized that being incarcerated would have an impact on their coping strategies and ability to handle distress. Specifically, juvenile offenders would utilize coping strategies that would have a "stress-buffering" effect. They determined that typical adolescents utilize active coping responses whereas incarcerated juvenile offenders utilize coping responses that minimize emotional discomfort as opposed to seeking out solutions for the distress. Specifically, during the early stages of incarceration, juvenile offenders were more likely to utilize avoidant cognitive coping responses (i.e., acceptance and resignation, in an attempt to avoid feeling responsibility for their situation), or cognitive avoidance to manage the distress of being incarcerated and away from what is familiar (Shulman & Cauffman, 2011).

Another study evaluated the coping levels of 113 juvenile male offenders that were serving their sentences in mid-western juvenile facilities (Brannon, Kunce & Martary, 1990). Juvenile offenders were predominately Caucasian and Black, serving sentences for various property crimes, and crimes against persons. Participants were sentenced to a juvenile facility because it was determined that they were not eligible to serve their sentences within their existing communities (e.g., through electronic monitoring or probation). Researchers evaluated coping through eight scales measuring levels of coping on the 240-item self-report inventory known as the Problem Solving Inventory (PSI). The purpose of utilizing the eight scales of coping on the PSI was to evaluate ways in which participants' emotional, physical, and cognitive domains process distress in attempts to lower levels of distress. It was hypothesized that juvenile offenders would utilize emotional, physical, and cognitive domains, and present as stability-extroversion styles (i.e., behavioral attempts to maintain a

manageable level of emotional homeostasis), or change-extroversion styles (i.e., making specific behavioral changes that will improve their situation) as a means in seeking stability.

Brannon, Kunce & Martary (1990) conducted a study examining the use of introversive and extroversive forms of coping in juvenile offenders. They found that juvenile offenders were more likely to exhibit coping styles that would temporarily reduce levels of distress through extroversive methods. Furthermore, juvenile offenders endorsed responses indicating that the majority of their criminal offenses were committed in order to maintain peer approval and acceptance. These juvenile offenders were more likely to exhibit overt hostility to their environment (e.g., emotional discharge), while simultaneously experiencing high levels of anxiety, feelings of interpersonal rejection, and self-defeating behaviors (Brannon, Kunce & Martary, 1990). These results indicated a correlation between maladaptive coping responses and higher levels of anxiety, feelings of interpersonal rejection, and self-defeating behaviors

Kort-Bulter's (2009) research compared coping and depression between male and female adolescents. Their research indicated that male adolescents diagnosed with depression were more likely to utilize avoidant coping responses such as acceptance and resignation in managing symptoms of depression, whereas female adolescents were more likely to utilize approach coping responses such as seeking guidance and support in managing symptoms of depression (2009). Interpretation of these results suggested that contrasting social expectations of male and female adolescents might play a major role in the utilization of coping responses.

Mohino, Kirchner, and Forns (2004) are among the few who have investigated coping in incarcerated individuals through qualitative measures. Mohino, Kirchner, and Forns

(2004) utilized the Coping Responses Inventory-Adult to assess the use of behavioral forms of coping and cognitive forms of coping amongst young adult males incarcerated in prison. Participants were asked to respond to the situation of being incarcerated, and how they were coping with being in prison. They found that young adult males incarcerated in prison were more likely to utilize cognitive coping responses as opposed to behavioral coping responses. These responses were attributed to the structure of incarceration; specifically, participant's behaviors were closely monitored due to being in prison (Mohino, Kirchner, & Forns, 2004).

The investigation into adult coping is important to the present research due to Moos' (2004) theory that maladaptive coping in childhood, if not addressed and treated, may lead to maladaptive coping in adulthood. Mohino Kirchner, and Forns' (2004) study indicated that inmates utilized coping strategies such as Acceptance-Resignation (e.g. *Did expect it, nothing could be done?*) towards being incarcerated, whereas the least likely utilized forms of coping were Emotional Discharge (e.g. *Did you cry the let your feelings out?*) and Seeking Alternative Rewards (e.g. *Did you talk with a friend about the problem?*). Their study concluded that young male inmates were more likely to utilize avoidant coping strategies over approach coping strategies; furthermore, that they were more likely to utilize cognitive coping strategies over behavioral coping strategies. These results were congruent with those published by Moos (1993), which indicated similar findings within a male population.

Ireland, Boustead, and Ireland (2005) conducted a study examining coping styles as a predictor of poor psychological health among young adult offenders and juvenile offenders. Researchers found that juvenile offenders were more likely to utilize detached coping styles in order to decrease symptoms of psychological distress, particularly social dysfunction. In contrast, young adult offenders were more likely to utilize rational coping responses in order

to decrease symptoms of psychological distress, particularly somatic symptoms, anxiety and insomnia, social dysfunction, and depression. Results from their study suggested that a majority of juvenile offenders are poorly equipped in managing psychological distress in areas other than social dysfunction. Results further suggested that social influence plays a major role in a juvenile's sense of self, lack of acknowledgement of underlying mental health symptoms, and lack of coping resources (Ireland, Boustead, and Ireland, 2005).

Further research conducted by Shulman and Cauffman (2011) added that juvenile offenders are more likely to utilize acceptance and resignation forms of coping in order to protect themselves from internalizing distress. These results suggest that while juvenile offenders are capable of accessing coping strategies, they may be utilizing avoidance coping as a way to avoid the reality of their current incarceration. For many individuals, particularly those now serving sentences in prison or jail, avoidance of any emotion is to be expected. Otherwise, they may be considered as weak. This culture of incarceration values the expectation that one must present as strong in order to protect oneself emotionally and physically from any harm that may arise (Shulman & Cauffman, 2011; Mohins, Kirchner, & Forns, 2004).

It is not necessarily stress that leads to distress, but the personal coping reactions that influence stress leading to a person being in distress (Lazarus & Folkman, 1984; McCarthy et al., 2000). Lazarus (1996) continued to view coping as a dynamic, ever-changing process in which individuals deal with stressful situations. He theorized that there was a reciprocal relationship between stress and coping, and the steps individuals take to cope with stressful situations affect how they handle and cope with future problems (Stone et al., 1991; Lazarus, 1996; Lazarus & Folkman, 1984). This suggests that juvenile offenses may be a combination

of external events, lack of coping resources, and underlying pathology. When a juvenile offender attempts to cope with distress, their coping may present in any socially maladaptive manner (Kort-Butler, 2005; McCarthy et al., 2000). A juvenile offenders' inability to alter a situation due to factors of socioeconomic status, criminal record, lack of positive peer resources, exposure to trauma, or substance abuse, combined with possible underlying mental health issues, predispose the juvenile offender to make poor decisions that may lead to recidivism.

Importance of Healthy Coping Responses

The importance of coping has gained momentum in the field of psychology due to the emergence of therapy modalities such as Dialectical Behavioral Therapy (DBT), Emotion Focused Therapy (EFT), Moral Reconciliation Therapy (MRT); all of these modalities focus on the distress causing a specific emotion which then leads to a subsequent behavior. Taking a closer look at individuals' coping responses sheds light on what mechanisms are taking place between environmental distress, emotion, and behavior. Research has shown that juvenile offenders tend to utilize avoidant coping responses (Mohino Kirchner, and Forns; Ireland, Boustead, and Ireland, 2005), and that the use of avoidant coping responses continues into young adulthood, particularly for young adults that continue to commit crime.

In order to provide appropriate mental health treatment for adolescents, particularly adolescents that enter the juvenile justice system, an accurate differential diagnosis needs to be assigned. A diagnosis alone is not enough to formulate a treatment plan, as symptoms considered in isolation do not present a comprehensive understanding of a juvenile offender's cognitive and behavioral processes. In order to understand what is predisposing a specific behavior, symptoms of underlying mental health conditions need to be considered in addition

to the individual's process of managing the psychological stressor (coping response). This allows the provider to more fully understand the mechanisms contributing to the outward manifestations (symptoms), such as breaking the law.

Juvenile Offenders

In the United States, rehabilitation and punishment are the consequences for juveniles who commit crimes. Currently, juvenile offenders are arrested and incarcerated in juvenile hall, placed on electric monitoring, or sentenced to a probation camp for these offenses. These juveniles are separated from their families, detained, and punished. In most cases, incarcerated juveniles are stripped of their belongings, shackled, and moved to a location where they will spend time awaiting trial or serve time after sentencing. While some have the resources to make bail, most do not. In 2011, 60,984 children and adolescents were detained or incarcerated (Sickmund, Sladky, Kang, & Puzanchera, 2013). According to Sickmund et al. (2013), 2,723 juveniles were placed in "Boot Camp" or "Wilderness Camp" to serve out their respective sentences.

At various juvenile justice mental health facilities, juvenile offenders are given a mental health diagnosis based on the behaviors that were characteristic of crimes that they have committed, such as Conduct Disorder, Oppositional Defiant Disorder, or Disruptive Behavior Disorder. Further mental health diagnosis for mood disorders, thought disorders, or anxiety disorders are not assigned unless the juvenile offenders requests mental health services, or it is determined by probation staff that the juvenile offender requires additional mental health services.

Additional psychological and sociological factors that impact behavior include substance abuse, developmental delays, trauma, and socioeconomic status (Palone &

Hennessy, 1998). These factors are crucial to consider when diagnosing mental health issues; however, it is not always possible to screen for said factors due to budget cuts, minimal staff, few therapists, and a high turnover of incarcerated juvenile offenders. Weitmann (2007) noted that juveniles who were acting out were doing so as an automatic behavioral response to an underlying issue, such as depression or anxiety, which was manifesting as a conduct problem or defiance. For youth, words could not always be readily formed to express their inner psychological workings. Consequently, acting out could draw immediate attention that something was wrong.

Maschi et al., (2010) conducted a study looking at underlying factors that may contribute to an emotional profile of juvenile offenders. Through the use of the Stressful Life Experiences Screening Inventory-Long Form, The World Assumption Scale, and the Coping Resources Inventory, 38 offenders were interviewed and assessed. It was found that the majority of participants had experienced trauma that had significantly negatively shaped their worldview. Participants with high levels of trauma were more likely to utilize spiritual coping skills, suggesting an external locus of control, rather than engaging in approach coping responses to aid in reducing distress (Maschi et al., 2010).

Based on literature addressing stressor and risk factors contributing to criminal behaviors, Goodkind et al. (2009) conducted a study investigating factors specifically contributing to delinquent behaviors of incarcerated juvenile offenders. It was found that participating juvenile offenders had been exposed to high levels of physical and emotional abuse as well as other negative life events, which had contributed to their efforts to emotionally withdraw from their environment and utilize forms of acting-out coping to reduce emotional distress. Participants who were more likely to engage of acting-out forms

of coping, while also lacking family support, were also more likely to endorse symptoms of depression (Goodkind et al., 2009).

Juvenile Justice Military Boot Camps

Proponents of boot camps advocate that one of the main goals of a juvenile boot camp is to reduce recidivism (Clark & Aziz, 1996). Further research by critics of boot camps has indicated that the militaristic and confrontational environment of boot camps negatively impacts the development of positive relationships. This can also influence incarcerated juvenile offenders to have a negative perspective of therapeutic services (MacKenzie et al, 2005; Gendreau, Little, and Groggin 1996; Andrews, Zinger et al. 1990; Morash and Rucker 1990).

Mackenzie, et al. (2001) investigated correctional boot camps for juvenile offenders. In correctional boot camps, juvenile offenders are awakened early each day to follow a rigorous daily schedule a physical training, drill and ceremony, and school. They were required to follow the orders of correctional staff. Orders were often presented in a confrontational manner and modeled after basic training in the military. Summary punishments such as push-ups were frequently used to sanction unacceptable behavior. In comparison to traditional juvenile facilities, boot camps appeared to be more physically and emotionally demanding for the residents.

Advocates of the boot camp environments argued that the focus on structure and militaristic environments provided the juvenile offender with the resources needed to control their behavior (Zachariah, 1996). In contrast, critics argued that the confrontational nature of the interactions between the correctional staff and the juvenile offenders produced secondary

traumatization associated with pre-existing trauma of juvenile offenders (Morash & Rucker, 1990).

Policy and public opinion clashed; policymakers, influenced by sensationalized media stories, continued to push for punitive measures to punish juvenile offenders committing crimes. In contrast, Gallup polls in 2001 indicated that the public was in favor of rehabilitative treatments and prevention programs to decrease juvenile delinquency and opposed to punitive measures such as being tried in adult criminal court for non-violent or serious crimes that lead to incarceration (Redding 2005). This raises the question, if private polls indicate that the public prefers rehabilitation and prevention of crime for juvenile offenders, then why do policymakers and voters continue to vote for more punitive measures for juvenile crime? As mentioned above, media plays a crucial role in determining how voters viewed juvenile crime (Redding, 2005).

These apparent acts of what some have called domestic terrorism by juveniles do not paint an accurate picture of the majority of juveniles incarcerated for committing crimes. Media sensationalized stories of teenagers on shooting rampages, teenagers attacking teachers, or children conspiring to commit crimes have, however, shaped the public's perception of the necessity to "get tough" to protect against "super-predators" (DiIulio, 1995).

Juvenile Justice Mental Health System

A review of literature on the progression of the juvenile justice system demonstrated that this system has drastically changed since the 20th century. Prior to the era of imprisonment for juvenile offenders, common practice for punishing juveniles who broke the law included corporal punishment, slavery, and banishment. William Douglas Morrison, a

prison reformer, wrote about the common practices around the world for punishing juvenile offenders in his 1897 findings:

We shall now proceed to the consideration of punishments, which involve the loss of liberty. Punishments of this character may be divided into three classes- slavery, banishment, and imprisonment. Educational institutions for juvenile offenders, such as reformatory and institutional schools, are also accompanied by a partial loss of liberty, but in such as these establishments exist for educational rather than punitive purposes, it is better to treat them as a distinctive class (p. 223).

Morrison's perspective on incarcerated juvenile offenders and corrective institutions was a seemingly far-fetched idea throughout world law at the time of his investigation. At the time of his findings in 1897, corrective institutions were seen as a way of repressing juvenile crime. What is most interesting about Douglas' findings is that over a century ago, prior to the halt of practices such as slavery and banishment, forms of punishment did not take into consideration the individual and the social conditions that produced the criminal behavior in the first place (Morrison, 1897),

Imprisonment is a less primitive method of dealing with offenders against the law than slavery or banishment. It is for this reason that we do not find any traces of its existence among many uncivilized races. Even among communities standing as high-end scale of social development as the Chinese, the practice of imprisonment does not exist as a penalty for crime" (p. 227).

Juvenile court was first established in Cook County, Illinois in 1899 (Fox, 1970) on the premise that children were not inherently evil and that it was their parents' responsibility to account for their actions. With rehabilitation being the main purpose for juvenile offenders

being sentenced to juvenile court, individualized rehabilitative goals were implemented. Furthermore, juvenile offenders were treated as individuals through therapy and assessment of each child's specific needs in order to remain at home or in the community as opposed to being incarcerated (Lexcen & Redding, 2000).

Throughout the twentieth century and into the 1970's, America's standard for treatment of juvenile offenders attempted to emphasize parental discretion in managing delinquent behavior. Consequently, there appeared to be a lull in government systems regulating the juvenile justice system (Hiscox, Witt, & Haran, 2007). These standards ranged from a slap on the wrist, to community service, to sending a child away to a military school to "sort them out." The main focus in treating a young offender was to "set them straight", but not necessarily "scare them straight" (Sansum-Daly et al., 2012).

There was a large emphasis on parenting if a child acted out. These children were sent home for their parents to punish them. While correlation does not imply causation, there was a noticeable shift in many factors in America that interfered with effective parenting of a wayward child. There was an increase in population, urban sprawl, the need for both parents to work to support the family, and increased rates of single parents. The mentality of "boys will be boys," or "they are just kids" held strong until there was a shift in the amount of crimes being committed, the type of crimes being committed, and the level of recidivism (DeMatteo & Marczyk, 2005).

There was a drastic change in this rehabilitative stance in the late 1980's and early 1990's when United States legislators attempted to respond to what they perceived as an increase in juvenile crime (Redding, Golstein, & Heilburn, 2005). The public's cry for help

with America's youth was answered with more punitive, and less rehabilitative treatment policies (OJJDP, 2006).

This "get tough on youth" became the standard procedure for dealing with troubled youth. Across the country, juvenile courts, juvenile justice facilities, and juvenile probation were established to support the incarceration and punitive follow-through of juvenile offenders. There became less emphasis on a parent's responsibility to sort their child out either because the child was too out of control, they did not have the resources, or they did not have the time. The states stepped in as acting guardians in the majority of juvenile justice cases, taking the responsibility and control away from the parents. Unfortunately, results of this juvenile justice intervention were increased rates of recidivism (OJJDP, 2002).

Assessment of Juvenile Offenders

Calley (2007) emphasized the need for concise mental health assessment of incarcerated juveniles offenders. The importance of concise assessment has been emphasized because of its integral part in promoting long-term sustainability of treatment goals (Calley, 2007). It was suggested that a modified mental status exam be utilized in assessment in order to fully understand the pathology of the juvenile offender. The mental status exam took into account identifying demographic information; presenting problems or concerns; strengths and resources; background; bio-psycho-social stressors; psychological functioning; health and biological factors; tests results; and mental health diagnosis (Brannon, Brannon, & Martary, 1990; DeMatteo & Marczyk, 2005). In traditional correctional facilities, assessment is completed by a Master's or Doctoral level clinician on site at the treatment facility or the correctional facility. Most counties did not have the resources to complete a full assessment on every juvenile offender that entered the system (Vincent et al., 2012).

Nevertheless, mental health assessment of juvenile offenders led to policy changes. Policies were established for mental-health rights of juvenile offenders, the legal rights of juvenile offenders, and the types of treatment juvenile offenders should receive. The juvenile system, like any other justice system, was required to expand on its abilities to serve its ever-changing population (Sansum-Daly et al., 2012).

Conduct disorder and oppositional defiant disorder was seemingly becoming an all-encompassing diagnosis for incarcerated juvenile offenders, taking the emphasis away from the treatment and diagnosis of mood disorders, anxiety disorders, and additional mental health issues (Klessinger 2000; Kurt-Bulter, 2009). Placing a heavy emphasis on only diagnosing a juvenile offender with a disruptive disorder does not fully take into account underlying reasons for behavioral disruption. For example, adolescent depression may present as behavioral outbursts or deviant behavior (Kurt-Butler, 2009).

According to the Diagnostic Statistical Manual-Fifth Edition (DSM-5), children and adolescents with Conduct Disorder tend to display more serious physical aggression compared to those diagnosed with Oppositional Defiant Disorder (APA, 2013). While these definitions may be applicable to incarcerated juvenile offenders, catchall diagnoses did not address the underlying conditions of possible depression, anxiety, and ADHD that may manifest as conduct disorder or oppositional defiant disorder, and vice versa. On paper, most Incarcerated Juvenile Offenders meet the DSM-5 criteria for conduct disorder or oppositional defiant disorder; however, one may wonder whether conduct disorder or oppositional defiant disorder is actually appropriate as a primary diagnosis for these individuals. These antisocial behaviors may be a secondary to a primary diagnosis of depression, ADHD, or anxiety (Kashani et al., 1999).

Not every juvenile in the juvenile justice system has a diagnosable mental illness. It has been estimated that 60% of juvenile offenders had a diagnosable mental illness, leaving the vast population of juvenile offenders either undiagnosed or not meeting the criteria for a diagnosable mental illness (Teplin et al., 2002). Many juvenile offenders exhibit symptoms of a mood disorder or anxiety disorder, but symptoms alone do not make up the criteria for a mental illness; furthermore, many symptoms they present with may be potentially due to inadequate coping responses, and poor coping skills (Cozzens-Hebert, 2002).

A variable that needs to be taken into account when assessing juvenile offenders for pathology is the possibility that they have experienced traumatic events that have led to the symptoms of their presenting psychopathology (Martin et al., 2008; Maschi, 2006; Ritakallio et al., 2006). A juvenile offender's psychosocial development may be impacted by physical or sexual abuse, emotional neglect, abandonment, being subjected to traumatic incident, family history of mental illness or substance, developmental delays or prenatal exposure to drugs or alcohol, and so on which may they have contributed to the accumulation of offenses of juvenile delinquency (Martin et al., 2008; Baer & Maschi, 2003; Dixon, Howie, & Starling, 2005, Jenson et al., 2001). These psychosocial variables deviate from typical child and adolescent development of coping responses as exhibited through the presentation of conduct disorder, antisocial, or in post control, lack of remorse as outcome behaviors of defenses from coping response (Loper, Hoffschmidt, & Ash, 2001). A juvenile offender's ability to respond appropriately to distress is contingent on the development of their psychosocial development (Aneshensel, 1992).

It has been shown that juvenile offenders whose crimes were deemed serious, violent, and chronic tend to be a result of juvenile offenders that were continually recidivating and

escalating throughout their childhood into adolescence (Snyder, 1998). It has been conceptualized that there are five factors associated with a lifelong course of criminal offending, including, an earlier age of onset in which a juvenile offender first commits a crime, continual offending during adolescence, offending any repeated or specialized manner, the seriousness of offenses, and the escalation of offenses throughout childhood and adolescence (Moffitt, 1993). With these five factors in mind, rehabilitative and prevention programs have attempted to structure policy and perform around creating more effective resources to reduce recidivism.

Brannon, Kunce & Martary (1990) concluded that the development of approaches addressing the underlying factors contributing the juvenile recidivism through correctional reform did not appropriately address social factors and internal processes (e.g., response to social factors) that may be contributing to why adolescents commit crime. Furthermore, that was a significant lack, and continues to be a lack in programs that target poor parenting skills, exposure to an ongoing criminal environment, loose guidelines in ensuring treatment adherence, and a lack of programs addressing problematic coping strategies.

An issue that needs to be addressed in the treatment and rehabilitation of juvenile offenders is the link between mental health symptoms, negative social interactions (poor attachment), and how the outward manifestation of these symptoms arise, which can be measured through coping responses.

Coping, both avoidant and approach responses, have varying levels of mastery, differences in an individual's level of optimism, self-esteem, and are highly determined by the level of social support an individual experiences (Taylor & Stanton, 2007); a predisposition in response to stress, as well as early life experiences and ongoing interactions

with the environment shape different strategies for coping responses (Lazarus & Launier, 1978; Taylor & Stanton, 2007). When working with individuals on developing healthy coping skills, it is important to remember that an individual may have not yet conquered the mastery of managing environmental stresses, whether due to prolonged levels of stress, trauma, or poor social interactions; their utilizing use of maladaptive coping skills may be due to a lack of interpersonal resources (Lazarus & Folkman, 1984).

This study hypothesizes that male incarcerated juvenile offenders will exhibit higher levels of avoidant coping responses when managing the distress of being incarcerated. This study also hypothesizes that male incarcerated juvenile offenders that endorse high levels of depression, anxiety, anger, and disruptive behaviors will be more likely to exhibit avoidant coping responses over approaching coping responses.

Chapter III

Methods

Description of the Research

The first part of this study investigated the avoidant and approach coping responses exhibited by the incarcerated juvenile offender population. The second part of this study examined group differences in those that endorse either avoidant coping responses or approaching coping responses and self reported mental health symptoms of depression, anxiety, anger, and disruptive behaviors.

As part of the Comprehensive Assessment Project¹ within a county juvenile justice department, the Coping Responses Inventory-Youth (Moos, 1993) and the Beck Youth Inventory-II were administered for research purposes. All tests were administered and scored by psychology doctoral practicum students working for a county juvenile justice department under the supervision of a licensed psychologist. All original booklets and response answer sheets collected during the Comprehensive Assessment Project were stored in a locked cabinet for future research after information was interpreted and reports were given to therapists stationed at the county Juvenile Probation Camp. All identifying information was redacted and each piece of data collected was coded for participant anonymity.

Participants

Sixty-two (62) male incarcerated juvenile offenders, ages 12-18, were prompted to respond to the situational stress of being placed on probation and being placed at camp by completing the Coping Responses Inventory- Youth and the Beck Youth Inventory-II during

¹ The Comprehensive Assessment Project also comprised of the Rorschach Comprehensive System and the Kinetic House Tree Person, however data collected for these measure will not be used in this study.

a routine intake assessment titled The Comprehensive Assessment Project. All participants entered the juvenile probation camp one day prior to assessment. Participants had been placed at the juvenile probation camp by county probation based on the nature of their crime, or due to repeated probation violations (e.g., non-compliance with house arrest or electronic ankle monitoring by county probation). In order to qualify for the county probation camp placement, juvenile offenders must have demonstrated treatment compliance while incarcerated at county juvenile hall as determined by county probation officers. Demographic information, other than age range and gender, was not made available on the data collected.

Measures

The Coping Responses Inventory- Youth (Moos 1993) is a 48-item, self report inventory. Participants were asked to respond to a series of questions pertaining to a problem or situation, determined by the researcher. For this purpose of this study, participants were given the problem or situation of, "Being placed at probation camp," and instructed to respond accordingly. The Coping Responses Inventory is based on a categorical severity scale of: N=No, Not at all; O=Yes, Once or twice; S= Yes, Sometimes; F= Yes, Fairly Often.

Moos (1993) found moderate internal consistency between the eight coping strategies (logical analysis; positive reappraisal; guidance and support; problem solving; cognitive avoidance; resignation and acceptance; seeking alternative rewards; emotional discharge) when utilizing males as a population for Logical Analysis and Positive Reappraisal, Seeking Guidance and Problem Solving, Problem Solving and Positive Reappraisal, Logical Analysis and Positive Reappraisal (Table 1).

The Beck Youth Inventory-II test levels of: depression; anxiety; anger; disruptive behavior; and self-concept. Each subtest has it's own calculated raw score and T-score. Each

subtest consist of 20 questions that measure mental health symptoms based on a severity scale of: 0=Never; 1=Sometimes; 2=Often; 3=Always. Raw scores are converted to T-Scores using an Appendix, based on gender (male), and age (ages 11-14 or ages 15-18). Beck, Beck, & Steel (2005) reported high internal consistency levels, computed through Cronbach's alpha coefficients (Table 2).

Procedures

Prior to the administration of the Comprehensive Assessment Project brief battery, approval was obtained through the County Quality Assurance Committee. All consent/assent forms and treatment authorizations were signed by participants and by their legal guardian while in custody, the Senior Probation Officer of Juvenile Justice Services. All participants read confidentiality forms and the limitations of confidentiality while being placed under probation services during the beginning of the Comprehensive Assessment Project.

Participants were then asked to explain limitations of confidentiality to ensure that they understood. Along with consent from a legal guardian, participants assented to allowing their test results to be used for research purposes. Once the testing materials had been scored and interpreted, a summary of test results were placed in the participant's confidential therapy file, and all testing materials collected were de-identified. In order to ensure confidentiality, all information pertaining to participants was coded with a number that de-identifies them.

In order to conduct this study, participant's Coping Responses Inventory-Youth booklets and corresponding Beck Youth Inventories-II booklets were obtained in order to investigate correlations and group differences among the data collected. This research was conducted in accordance with the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association (2002; <http://www.apa.org/ethics/code/index.aspx>).

The data was collected for research purposes, although the participants were asked to give their assent allowing the data to be used for research purposes.

Data Entry and Analysis

Historical data collected from the Comprehensive Assessment Project at a county mental health facility was analyzed, scored, coded, and then entered into a descriptive SPSS data sheet. All information pertaining to participants' identities were previously redacted for all test materials and consent forms.

This study utilized a one-sample t-test to analyze if male incarcerated juvenile offenders utilize avoidant coping responses more so than approaching coping responses. The null hypothesis states that there is will be no difference between avoidant and approaching coping responses ($H_0: \mu_{\text{avoidant}} = \mu_{\text{approaching}}$). The alternative hypothesis states that avoidant coping responses will be greater than approaching coping responses ($H_1: \mu_{\text{avoidant}} > \mu_{\text{approaching}}$).

A Multivariate Analysis of Variance (MANOVA) was utilized to describe major differences among groups of coping responses dependent on endorsed mental health symptoms in order to classify juvenile offenders into groups based on the combination of the Coping Responses Inventory-Youth and the Beck Youth Inventory-II. Specifically, this study aimed to examine group differences in those that utilize avoidant coping responses endorsing mental health symptoms (depression, anxiety, disruptive behaviors, and anger). Furthermore, to examine if incarcerated male juvenile offenders that utilize avoidant coping responses are more likely to endorse mental health symptoms.

To further investigate group differences in significant findings, a MANOVA was utilized to describe differences among groups of avoidant coping responses (e.g., cognitive

avoidance, resignation and acceptance, seeking alternative rewards, and emotional discharge). This was dependent on depression, anger, and disruptive behaviors in order to investigate which of these mental health symptoms utilized specific types of avoidant coping responses and to what degree.

Ethical Considerations

The National Institutional Review Board for research on Juveniles states that:

The Institutional Review Board (IRB) is a committee that is formally designated by an organization to review and monitor human subjects research. The IRB is the key mechanism for safeguarding the rights of juveniles, their families, and all other research participants and for maintaining the integrity of juvenile justice research.

This committee reviews research protocols in advance of the study and, through periodic review, assures ongoing ethical and legal research practice. The IRB has the authority to approve, disapprove, or require modifications to a research project. The Common Rule requires that proposed research undergo review by a legitimate IRB before federal funds for research can be expended (Troup-Leasure, 2012; <http://www.ncjj.org/irb/>).

To ensure that this study met the HHS regulations for collecting data from protected populations of minors and incarcerated individuals, the following steps were reviewed and enforced the HHS regulations (45 CFR 46, Subpart C):

(http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html#sub_partc) require

additional protections for prisoners who are involved as participants in research

because they may “be under constraints because of their incarceration which could

affect their ability to make a truly voluntary and non-coerced decision whether or not

to participate as subjects in research.” The requirements specific to *informed consent* for prisoners are:

1. “Any possible advantages accruing to the prisoner through his or her participation in the research, when compared to the general living conditions, medical care, quality of food, amenities and opportunity for earnings in the prison are not of such a magnitude that his or her ability to weigh the risks of the research against the value of such advantages in the limited choice environment of the prison is impaired”
2. “Adequate assurance exists that parole boards will not take into account a prisoner’s participation in the research in making decisions regarding parole, and each prisoner is clearly informed in advance that participation in the research will have no effect on his or her parole” (HHS Regulations, 2013).

Information obtained during the Comprehensive Assessment Project in no way impacted participant’s living conditions, sentence at the facility, and in no way was coercive (i.e., individuals were given the option to withhold information from being used in the Comprehensive Assessment Project). This researcher consulted with the National Center for Juvenile Justice Institutional Review Board for research on juveniles to further ensure that no participant was coerced into participating, in addition to the proper de-identification of information process before obtaining it for this study. To further protect the identity of participants, permission to obtain data from the Comprehensive Assessment Project from the County Mental Health facility where data was collected will not be included in this document. Furthermore, the site where archival information was obtained will be referred to as “County Probation Camp” and “County Mental Health.”

Chapter IV

Results

This chapter will review the major statistical findings of this study, discuss the limitations of this study, suggestions for future research, and discuss the implications for policy change of the Juvenile Justice System. A sample of sixty-two (62) male incarcerated juvenile offenders was given the self-report version of the Beck Youth Inventory-II and the Coping Responses Inventory-II upon entry to a county probation camp. All participants were male, ages 12-18. It was hypothesized that incarcerated juvenile offenders would exhibit more avoidant coping responses. It was also hypothesized that incarcerated juvenile offenders that exhibited avoidant coping responses were more likely to endorse a greater number of mental health symptoms.

A one-sample T-Test was conducted to determine whether or not male incarcerated juvenile offenders exhibited avoidant coping responses more than approaching coping responses (Table 7). T-Score means were calculated for avoidant coping responses and approach coping responses. The t-score for avoidant coping responses, $t(62)=64.117$, $p=.000$, was significantly greater than the t-score for approach coping responses, $t(62)=36.830$, $p=.000$. These results support the hypothesis that incarcerated juvenile males utilize more avoidant coping responses in managing the distress of being incarcerated behaviors ($H_1: \mu_{\text{avoidant}} > \mu_{\text{approaching}}$).

A one-way multivariate analysis of variance (MANOVA) was conducted to determine mental health symptom differences in Avoidant and Approaching Coping Response categories. Prior to the test, variables were transformed to eliminate outliers. Cases with missing responses were eliminated. T-Scores were utilized from scores obtained from

both the Beck Youth Inventory-II and Coping Responses Inventory- Youth. MANOVA statistics for depression, anxiety, anger, and disruptive behaviors were independently conducted.

Significant differences in reported mental health symptoms of depression were found among avoidant coping responses (Table 8), and approach coping response, on the dependent measures. Mildly significant differences in reported mental health symptoms of anxiety were found among avoidant coping responses, and approach coping response, on the dependent measures (Table 9). Significant differences in reported mental health symptoms of disruptive behaviors were found among avoidant coping responses, and approach coping response, on the dependent measures (Table 10). Significant differences in reported mental health symptoms of Anger were found among avoidant coping responses, and, approach coping response, on the dependent measures (Table 11).

These results support the hypothesis that incarcerated juvenile males who utilize avoidant coping responses in managing the stress of being incarcerated are more likely to endorse mental health symptoms, specifically depression, anger, and disruptive behaviors.

Additional MANOVA tests were conducted to determine which avoidant coping response (cognitive avoidance, acceptance or resignation, seeking alternative rewards, emotional discharge) contributed most to mental health symptoms of depression, anger, and disruptive behaviors.

Results indicated that individuals that endorsed higher levels of depression were more likely to utilize the avoidant behavioral coping response of emotional discharge, where as acceptance and resignation where the least likely avoidant cognitive coping response to be utilized (Table 12). Individuals that endorsed symptoms of disruptive behaviors were also

more likely to utilize emotional discharge, and less likely to utilize seeking alternative rewards (Table 13). Individuals that endorsed symptoms of anger were more likely to utilize the avoidant behavioral coping response of seeking alternative rewards (Table 14). Results for endorsing symptoms of anxiety were not significant.

There was a negative, though not statistically significant, correlation between avoidant coping responses of cognitive avoidance acceptance or resignation emotional discharge on the Coping Responses Inventory-Youth with self-concept on the Beck Youth Inventory-II (Table 15). There was no indication of a negative relationship between the avoidant coping response of seeking alternative rewards and self-concept.

Chapter V

Discussion

The purpose of this study was to examine whether male incarcerated juvenile offenders utilize avoidant coping responses as opposed to utilizing approaching coping responses when faced with the stressor of being incarcerated. It was hypothesized that incarcerated male juvenile offenders would exhibit higher levels of avoidant coping response over approaching coping responses. It was further hypothesized that incarcerated male juvenile offenders with higher endorsement of mental health symptoms of depression, anxiety, anger, and disruptive behaviors would exhibit higher levels of avoidant coping responses.

The importance of these findings has been highlighted throughout the research identifying maladaptive behaviors associated with content issues and acting-out (Kort-Bulter, 2009). Healthy coping responses are important because they are an expression of how an individual manages distress (Shulman & Caufmann, 2011).

Summary of Findings

Results of this study indicated that incarcerated male juvenile offenders utilize avoidant coping responses, both cognitively and behaviorally, as opposed to approach coping responses when responding to phrases pertaining to the stressor of being incarcerated. The relationships found in self-reported symptoms of mental health and coping suggested that incarcerated juvenile males that utilize avoidant coping responses are more likely to experience symptoms associated with depression, anger, and disruptive behaviors.

Self-reported mental health symptoms of anxiety were not found to be significant with the endorsement of avoidant or approaching coping responses in response to be

incarcerated. Results indicated no significant relationship between anger and avoidant coping response of emotional discharge. An explanation for this lack of a relationship may be that incarcerated juvenile offender's cognitive attempts to suppress emotionally and behaviorally acting out during incarceration due to the ramifications of increased sentencing (Bose-Deakins & Floyd, 2004).

Male incarcerated juvenile offenders that endorsed higher levels of depression were more likely to utilize the avoidant behavioral coping response of emotional discharge, whereas acceptance and resignation were the least likely avoidant cognitive coping response to be utilized. Male incarcerated juvenile offenders that endorsed symptoms of disruptive behaviors were more likely to endorse avoidant coping responses of seeking alternative rewards, suggesting that these juvenile offenders may be attempting to distract themselves from the distress of being incarcerated.

An interesting finding was a negative, though not statistically significant correlation between avoidant coping responses of cognitive avoidance, acceptance and resignation, and emotional discharge with self-concept. There was no indication of a negative relationship between the avoidant coping response of seeking alternative rewards and self-concept. This may suggest that individuals that utilize the coping response of seeking alternative rewards may exhibit higher levels of self-esteem in comparison to other forms of avoidant coping responses; they may have exhibit higher levels of self confidence but not at the level in which they are willing to approach levels of distress caused by their environment. Research has previously indicated that individuals that tend to use more avoidant coping responses are more likely to exhibit lower signs of self-esteem; in contrast, individuals that exhibit higher

levels of self-esteem or more likely to utilize approach coping responses (Taylor & Stanton, 2007).

Implications and Consistency of Findings

Results from the study are consistent with research conducted by Mohino, Kirchner, and Forns (2004) investigating the use of avoidant coping responses more than approach coping responses among young adult males that are incarcerated in coping with distress. Furthermore, results from this study indicating that individuals that utilize avoidant coping responses are consistent with research studies examining the correlation between avoidant coping responses and maladaptive behaviors (Ceperich (1997; Moos, 2004).

Results indicating no relationships between coping with being incarcerated and mental health symptoms of anxiety are remarkable in that they support previously conducted research suggesting that juvenile offenders attempt to avoid any feelings of anxiety associated with being incarcerated in order to avoid the overwhelming reality of incarceration (Ireland, Boustead & Ireland, 2005). Further, possible emotional and physical harm may result if fellow incarcerated peers sense that they are “weak” during incarceration (MacKenzie et al., 2001).

Weitmann (2007) noted that juveniles that were acting out were doing so as an automatic behavioral response to an underlying issue, such as depression or anxiety, which was manifesting as a conduct problem or defiance. For youth, words could not always be readily formed to express their inner psychological workings; however, acting out could draw immediate attention that something was wrong.

Limitations and Further Research of Study

A limitation of this study is the scope to which coping responses are reported;

incarcerated juvenile male offenders were asked to respond to how they cope with being incarcerated. Situational distress was standardized for all participants (e.g., Coping with the distress of being incarcerated), which limited the scope to which juvenile offenders cope throughout various environmental situations that lead to distress. In order to gain additional information on how juvenile offenders cope with environmental stressors, it would be ideal to collect quantitative information on the type of stressors that contribute to distress and coping, followed by the utilization of a coping response inventory on several domains of coping with environmental stressors.

Results from this study could be further utilized to implement a therapeutic intervention focusing on ways to utilize approach coping responses to aid incarcerated juvenile offenders in coping with distress, moving them away from utilizing avoidance coping responses. Teaching incarcerated juvenile offenders approach coping responses may help juvenile offenders gain a sense of control over their environment, leading to healthy and mature responses (i.e., healthy coping skills of logical analysis, positive reappraisal, problem solving, and seeking guidance and support) in response to stressful situations from their environment.

Another limitation of this study was the inability to measure the directionality of coping responses and mental health symptoms. Due to the use of de-identified archival data and a small participant pool of data, there were constraints placed on the types of statistical analysis that could be utilized. Further research on the directionality of avoidant versus approaching coping and the effect mental health symptoms have on coping may further expand on the internal processes how juvenile offenders manage distress.

Conclusion

Mental health professionals cannot change the events that have taken place leading to the incarceration of a juvenile offender; however, interventions can be made to provide incarcerated juvenile offenders with tools to manage distress stemming from life events in order to keep them from continuing to engage in disruptive, dangerous, and unhealthy behaviors. This study found that juvenile offenders incarcerated at a probation boot camp were more likely to utilize avoidant coping responses to alleviate the distress of being incarcerated. These findings are consistent with previous research conducted on the coping responses in juvenile offenders. Furthermore, the level of self-reported mental health symptoms by incarcerated juvenile offender participants that utilize avoidant coping responses suggests that coping may not be sufficient in managing the distress of depression, anger, and disruptive behaviors, compounded by the stress of being incarcerated. Avoidant coping responses may not be sufficient because research has indicated that continued avoidance of a problem tends to lead to continue to maladaptive behaviors (Moos, 2004).

The importance of coping has gained momentum in the field of psychology due to the emergence of therapy modalities such as Dialectical Behavioral Therapy (DBT), Emotion Focused Therapy (EFT), Moral Reconciliation Therapy (MRT), modalities that focus on the distress that causes a specific emotion that leads to a subsequent behavior. Taking a closer look at individual's coping responses sheds light on which mechanisms are taking place between environmental distress, emotion, and behavior. Research conducted has shown that juvenile offenders tend to utilize avoidant coping responses (Mohino Kirchner, and Forns; Ireland, Boustead, and Ireland, 2005); furthermore, that the use of avoidant coping responses continues into young adulthood, particularly for young adults that continue to commit crime.

Results suggest that avoidant coping responses may be on a continuum with maladaptive behavior, raising concern pertaining to the focus of rehabilitation and a correctional setting.

By providing a conceptual framework of the history and current treatments of juvenile offenders, this study identified the types of coping responses utilized by juvenile offenders. Implementation of the impact of therapeutic interventions utilized through coping skills training within the Juvenile Justice System in favor of fewer punitive options were emphasized, as well as the need for appropriate interventions to increase adequate coping responses amid juvenile offenders that are incarcerated.

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Table 1

The eight scales and associated Cronbach alphas for the Coping Responses Inventory – Youth

Approaching cognitively
Logical analysis ($\alpha = .72$)
Positive reappraisal ($\alpha = .79$)
Approaching behaviorally
Guidance and support ($\alpha = .71$)
Problem solving ($\alpha = .73$)
Avoiding cognitively
Cognitive avoidance ($\alpha = .70$)
Resignation and acceptance ($\alpha = .55$)
Avoiding behaviorally
Seeking alternative rewards ($\alpha = .71$)
Emotional discharge ($\alpha = .69$)

Table 2

Coefficient alphas for the Beck Youth Inventory-II for male populations ages 11-14

Depression ($\alpha = .92$)
Anxiety ($\alpha = .91$)
Anger ($\alpha = .92$)
Disruptive Behaviors ($\alpha = .90$)

Table 3

Coefficient alphas for the Beck Youth Inventory-II for male populations 15-18

Depression ($\alpha = .95$)
Anxiety ($\alpha = .92$)
Anger ($\alpha = .96$)
Disruptive Behaviors ($\alpha = .91$)

Table 4

Descriptive Statistics: Avoidant Coping Responses

Avoidant Coping	N	Minimum	Maximum	Mean	Std. Deviation
Cognitive Avoidance	62	35	78	58.02	9.937
Acceptance/ Resignation	62	40	77	56.21	7.300
Seeking Alternative Rewards	62	35	74	57.60	9.716
Emotional Discharge	62	40	80	56.95	9.058
Valid N (listwise)	62				

Table 5

Descriptive Statistics: Approaching Coping Responses

Approach Coping	N	Minimum	Maximum	Mean	Std. Deviation
Logical Analysis	62	23	70	46.74	12.015
Positive Reappraisal	62	29	73	50.55	11.983
Seeking Guidance	62	25	76	46.02	11.601
Problem Solving	62	31	73	50.06	10.797
Valid N (listwise)	62				

Table 6

Descriptive Statistics: Mental Health Symptoms

Mental Health Symptoms (Beck Youth Inventory-II)	N	Minimum	Maximum	Mean	Std. Deviation
Anxiety	62	39	67	52.31	7.764
Depression	62	41	67	53.24	6.545
Anger	62	36	66	50.90	6.935
Disruptive Behaviors	62	40	93	59.19	10.573
Valid N (listwise)	62				

Table 7

One-Way Sample T-Test: Coping Responses

	Test Value= 0					
	t	df	Sig.	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
Avoidant Coping	64.117	61	.000	57.19355	55.4099	58.9772
Approach Coping	36.803	61	.000	48.34274	45.7180	50.9674

Table 8

Multivariate Analysis of Variance (MANOVA): Coping Responses and Depression

Source	Dependent Variable	Type III Sum of Squares	df	Mean Squared	F	Sig.
Corrected Model	Approach Coping	2144.755 ^a	23	93.250	.811	.699
	Avoidant Coping	1230.717 ^b	23	53.509	1.143	.349
Intercept	Approach Coping	112079.865	1	112079.86	974.323	.000
	Avoidant Coping	158573.915	1	158573.92	3387.978	.000
Beck Depression Inventory	Approach Coping	2144.755	23	93.250	.811	.699
	Avoidant Coping	1230.717	23	53.509	1.143	.349
Error	Approach Coping	4371.274	38	115.034		
	Avoidant Coping	1778.585	38	46.805		
Total	Approach Coping	151411.313	62			
	Avoidant Coping	205817.625	62			
Corrected Total	Approach Coping	6516.029	61			
	Avoidant Coping	3009.302	61			

^a R Squared=.329 (Adjusted R Squared=-.077)

^b R Squared=.409 (Adjusted R Squared=.051)

Table 9

Multivariate Analysis of Variance (MANOVA): Coping Responses and Beck Anxiety Inventory (BAI)

Source	Dependent Variable	Type III Sum of Squares	df	Mean Squared	F	Sig.
Corrected Model	Approach Coping	3573.541 ^a	25	142.942	1.749	.061
	Avoidant Coping	1985.657 ^b	25	53.509	1.143	.002
Intercept	Approach Coping	113248.711	1	113248.711	1385.546	.000
	Avoidant Coping	158573.915	1	156235.171	5494.543	.000
Beck Anxiety Inventory	Approach Coping	3573.541	25	142.942	1.749	.061
	Avoidant Coping	1985.657	25	53.509	2.793	.002
Error	Approach Coping	2942.489	36	81.736		
	Avoidant Coping	1778.585	36	28.443		
Total	Approach Coping	151411.313	62			
	Avoidant Coping	205817.625	62			
Corrected Total	Approach Coping	6516.029	61			
	Avoidant Coping	3009.302	61			

^a R Squared=.548 (Adjusted R Squared=.235)

^b R Squared=.660 (Adjusted R Squared=.424)

Table 10

Multivariate Analysis of Variance (MANOVA): Coping Responses and Anger on the Beck Youth Inventory-II (BAI)

Source	Dependent Variable	Type III Sum of Squares	df	Mean Squared	F	Sig.
Corrected Model	Approach Coping	1632.805	26	62.800	.450	.981
	Avoidant Coping	1985.657	26	56.284	1.274	.249
Intercept	Approach Coping	101883.292	1	101883.292	730.238	.000
	Avoidant Coping	137373.073	1	137373.073	3110.145	.000
Beck Anxiety Inventory	Approach Coping	1632.805	26	62.800	.450	.981
	Avoidant Coping	1463.375	26	56.284	2.793	.249
Error	Approach Coping	4883.224	35	139.521		
	Avoidant Coping	1778.585	35	44.169		
Total	Approach Coping	151411.313	62			
	Avoidant Coping	205817.625	62			
Corrected Total	Approach Coping	6516.029	61			
	Avoidant Coping	3009.302	61			

Table 11

Multivariate Analysis of Variance (MANOVA): Coping Responses and Disruptive Behaviors (BDBI)

Source	Dependent Variable	Type III Sum of Squares	df	Mean Squared	F	Sig.
Corrected Model	Approach Coping	2886.271	30	96.209	.822	.981
	Avoidant Coping	1867.761	30	62.259	1.691	.249
Intercept	Approach Coping	109999.410	1	109999.410	939.451	.000
	Avoidant Coping	160058.656	1	160058.656	4346.594	.000
Beck Anxiety Inventory	Approach Coping	2886.271	30	96.209	.822	.704
	Avoidant Coping	1867.761	30	62.259	1.691	.076

Table 12

Multivariate Analysis of Variance (MANOVA): Avoidant Coping Responses and Depression (BDI)

Source	Dependent Variable	Type III Sum of Squares	df	Mean Squared	F	Sig.
Corrected Model	Cognitive avoidance	2650.517	23	115.240	1.298	.233
	Acceptance or resignation	814.391	23	35.408	.552	.933
	Seeking alternative rewards	1931.036	23	83.958	.833	.673
	Emotional discharge	2261.722	23	98.336	1.362	.195

Table 13

Multivariate Analysis of Variance (MANOVA): Avoidant Coping Responses and Anger (BANI)

Source	Dependent Variable	Type III Sum of Squares	df	Mean Squared	F	Sig.
Corrected Model	Cognitive avoidance	2715.234	26	104.432	.105	.386
	Acceptance or resignation	1636.358	26	62.937	1.365	.193
	Seeking alternative rewards	3269.836	26	125.763	1.768	.058
	Emotional discharge	1794.605	26	69.023	.753	.772

Table 14

Multivariate Analysis of Variance (MANOVA): Avoidant Coping Responses and Disruptive Behaviors (BDBI)

Source	Dependent Variable	Type III Sum of Squares	df	Mean Squared	F	Sig.
Corrected Model	Cognitive avoidance	3679.267	30	122.642	1.622	.093
	Acceptance or resignation	1721.808	30	57.394	1.164	.338
	Seeking alternative rewards	2647.053	30	88.235	.879	.637
	Emotional discharge	3168.105	30	105.603	1.782	.057

Table 15

Pearson Correlation: Avoidant Coping and Self-Concept on the Beck Youth Inventory-II (BSCI)

Cognitive Avoidance	Pearson Correlation	-.076
	Sig. (2-tailed)	.559
	N	62
Acceptance and Resignation	Pearson Correlation	-.106
	Sig. (2-tailed)	.411
	N	62
Seeking Alternative Rewards	Pearson Correlation	.260*
	Sig. (2-tailed)	.041
	N	62
Emotional Discharge	Pearson Correlation	-.101
	Sig. (2-tailed)	.435
	N	62

* Correlation is significant at the 0.05 level (2-tailed)