YOUTH IN OUT-OF-HOME CARE:
THE QUESTION OF PSYCHOLOGICAL AGENCY

by

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Abstract

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Lauren M. Polvere

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This dissertation examines the critical perspectives of formerly institutionalized youth with psychiatric disabilities through the lens of psychological agency. Framed in socio-historical perspective, a theoretical shift is suggested for understanding the development of youth with mental health placement histories. In contrast to clinical approaches, which focus on psychopathology of youth in placement, this study elucidates the agentic meaning making processes employed by youth as they negotiate various treatment contexts and engage in activism. Participants in the study are 12 youth between the ages of 16-23, who are involved in peer-run groups for young people with out-of-home treatment experience, and 4 young adults who initiated the New York State Youth Movement in mental health (n=16). Through several in-depth interviews, I elicited narratives from the youth participants to determine the manner in which out-of-home placement impacts youth development, specifically analyzing discourse on conflict and agency. Additionally, I interviewed four leaders of the Youth Movement to develop a history and timeline. Results of this study indicate that youth identify placement in out-of-home care and involvement in the Youth Movement as significant turning points in their lives. The findings further indicated that there are psychosocial benefits to Youth

Movement involvement. The participants described problematic practices that occur in the context of out-of-home treatment settings, including over-medication, restraint, and seclusion practices, and negative psychosocial ramifications of placement, such as losing contact with their families and communities, and stigma and alienation. The participants articulated the importance of ensuring that youth-in-care have rights and can fully participate in decisions about their treatment. The agency statements made by youth varied as a function of context. Youth engaged different types of agency in residential treatment than they did in community or home settings, indicating that enactments of agency emerge within specific socio-historical contexts. The conflicts youth described as being most salient to their experiences also varied as a function of the context. Notably, the participants described conflicts surrounding coercive and abusive practices in the context of out-of-home care settings. The findings of this study suggest that institutional practices that constrain youth agency ultimately disrupt recovery and development. Further, the findings of this study support the need for further research on critical youth perspectives and clinical practices that support, rather than hinder, youth agency.

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Table of Contents

List of Tables

List of Figures

Appendices

CHAPTER 1: BACKGROUND AND THEORETICAL PERSPECTIVE

Introduction

The purpose of this study is to explore the critical perspectives of formerly institutionalized youth with psychiatric disabilities through the lens of psychological agency. Drawing from the central tenets of socio-historical theory (Vygotsky, 1978), this dissertation offers an alternative to deficit-based clinical perspectives on youth in out-of-home care, which interpret youth experiences and behaviors through constructions of psychopathology. In this dissertation, I argue that the traditional clinical paradigm fails to present youth as agents who act with intention and purpose on behalf of their goals (Martin, Sugarman, & Thompson, 2003), thereby undermining the complexity and legitimacy of their experiences. This construction of youth falls short of exploring the dynamics of the dialogical relationship between youth and the institutions which dramatically affect their lives and futures. Whereas the clinical perspective constructs youth as "a problem to be solved" (Daiute, Stern, & Lelutiu-Weinberger, 2003), the proposed agentic focus highlights critical youth perspectives, which suggest that dominant institutional practices and constructions of psychopathology contribute to the disruption of normative and optimal developmental processes.

To develop an alternative framework for exploring the perspectives and experiences of youth in out-of-home care, I present an overview of socio-historical theory, which gives primacy to the social, contextualized processes which drive human development. Consistent with socio-historical perspective, I argue that the appropriate unit of analysis must shift from constructions of youth as subjects to the "transactions" between youth and the social and institutional contexts in which they are embedded (Stetsenko & Arievitch, 1997). This shift in the unit of analysis facilitates inquiry into

dialogical selves, the notion that persons are shaped by social contexts while simultaneously acting as agents to influence and transform social practices (Stetsenko & Arievitch, 1997). To this end, I utilize the tools of narrative inquiry to present a dialogical account of youth and social institutions, focusing specifically on the context of residential placement, a restrictive and intensive out-of-home placement for psychiatrically labeled youth (James, Leslie, Hurlburt, Slymen, Landsverk, Davis, Mathisen & Zhange, 2006). In contrast to the majority of studies on this population, which take youth as the object of inquiry, the purpose of this dissertation is to evaluate the critical perspectives of youth in regard to institutions, and the activities engaged by youth to transform these institutions.

Drawing from concepts developed within the field of narrative inquiry, including notions of dominant and contested discourses (see Bamberg, 2004, Solis, 2004), constructions of legitimacy within social interactions (see Tyler, 2005; McDermott & Varenne, 1995; Harre & Mohaggadam, 2003), the dynamics of interactive positioning (Harre & Davies, 1999; Harre & Mohaggadam, 2003), and addressivity and orientation toward audiences (Bakhtin, 1986, Daiute, Stern, & Lelutiu-Weinberger, 2003), I frame youth narratives as social-relational tools (Daiute, Buteau, & Rawlins, 2001; Daiute & Lightfoot, 2004) for evaluating agency and development. I utilize positioning theory to explore agentic youth responses to dominant clinical discourses (Davies & Harre, 1999). Positioning theory posits that attending to discursive positioning reveals the "socially possible repertoire of acts" accessible to individuals (Harre & Moghaddam, 2003). Positioning theory takes seriously the dynamics of positioning for power relationships and the manner in which one's perspective is constructed, as legitimate, invalid, or

otherwise, in the context of diverse social interactions. This perspective provides a central tool for the analysis of youth discourses, particularly as youth discuss their personal trajectories in the mental health system. I apply positioning theory to the study of conflicts arising within youth narratives, which highlights the dynamics between youth, the important people in their lives, and the immediate and distal social institutions shaping their experiences.

The tools of narrative analysis, including positioning theory, present a methodological foundation for the study of agency in youth with histories in out-of-home care. In this dissertation, I construct psychological agency as a "socio-culturally mediated" developmental process, through which youth engage with others and social and institutional practices in a purpose driven, strategic, and goal-oriented manner (Ahearn, 2001, Jenkins, 2001, Martin, Sugarman, & Thompson 2003). Drawing from theories of agency consistent with socio-historical perspective, I develop specific dimensions of agency and utilize these dimensions as analytic categories in the exploration of the youth narratives (Ahearn, 2001, Jenkins, 2001, Martin & Sugarman, 1999). Exploring the process of psychological agency is paramount in developing a comprehensive alternative to the clinical model, which takes into account the social nature of youth development and the importance of context in understanding youth perspectives. The context of this dissertation, the Youth Movement in mental health, is explored as a set of collective and diverse acts of agency enacted by youth to disrupt problematic institutional practices and to "reposition" themselves as human agents, who expect to have their voices heard and valued by policy makers, mental health practitioners, and other individuals situated in the mental health system.

This socio-historical study of human agency in the context of the Youth Movement presents a youth-centered account of the experience of placement, a view typically marginalized and overlooked in mainstream research. The overarching goals of this dissertation are 1) to question central assumptions of the clinical perspective, which neglect to frame youth as human agents or to adequately examine the role of context in youth development; 2) to further develop the concept of psychological agency and to explain its utility in understanding and legitimizing the perspectives of youth with histories of out-of-home care and other marginalized groups; 3) to present pragmatic information about helpful and harmful treatment practices, as told by youth who experienced such practices firsthand; and 4) to develop a history of the Youth Movement in New York State, including its central goals, achievements, and future directions, which provides a broader context in which individual youth narratives and enactments of agency can be understood.

To achieve these goals, I present literature on residential mental health settings, which are the restrictive out-of-home placements of focus in this study, and develop and draw together ideas from socio-historical theory, narrative analysis, positioning theory, and agency theory to present a more strength-based, comprehensive alternative to clinically-oriented analyses.

Overview- Residential Treatment

This dissertation focuses on youth with a history of out-of-home mental health placement, specifically in the context of residential treatment. Residential group care is designed to serve "the most troubled children and youth", a population consisting of "emotionally disturbed" and "behaviorally disordered" children and adolescents, some of

whom have mental health diagnoses, histories of juvenile delinquency, and substance abuse disorders (Curtis et al., 2001). Residential placement is classified as a restrictive and intensive level of care, in that these placements are highly structured environments with almost constant supervision (James et al., 2006). Youth placed in residential treatment are deemed inappropriate for less restrictive environments, such as family foster care settings or various outpatient services (Curtis, et al., 2001; Rivera & Kutash, 1994; Dore, 1994). Theoretically, residential treatment is the "last resort" for youth in out-of-home care (James et al, 2006). In the section that follows, I present an overview of research findings related to residential treatment, including pathways to placement and demographic information regarding placed youth. Additionally, I discuss findings detailing the continuum of mental health services for youth. Finally, I present an overview of other treatment alternatives to residential placement, findings on aftercare and transitioning processes as youth age out of the children's mental health system, and findings on the overall treatment effectiveness of residential settings.

Pathways and Characteristics- Youth in Restrictive/Intensive Out-of-Home Placements

Although there are diverse pathways to out-of-home placement, many youth-in-care are in custody of the state and are immersed in the child welfare system (English, 1993). Youth in residential treatment centers or residential treatment facilities often have a history of multiple placements prior to being referred to residential treatment, such as placement in several foster homes or several brief psychiatric hospitalizations (Proah & Tabor, 1987; McNeal, 2006). According to a review of residential treatment studies, youth often move between levels of care (James, et al, 2006). For instance, youth in

restrictive placements may move back and forth from foster care settings to group homes or residential treatment programs (James, et.al., 2006). Children and youth in restrictive placements are more likely to have placement disruptions than their counterparts residing in less restrictive levels of care (James, et.al, 2006).

According to clinically oriented analyses, children and youth in intensive or restrictive settings are typically older, and come from families with multiple problems, including parental incarceration and substance abuse, poverty, and child abuse (James, et.al., 2006; Connor, Doerfler, Toscano, Volungis, Steingard, 2001). These children and youth typically enter restrictive out-of-home placements following discharge from the juvenile justice system or psychiatric hospitals, or following involvement with the child welfare system (Dale, Baker, Anastasio, & Purcell, 2007). Many youth referred to residential settings have mental health histories. According to another review of residential treatment literature, placed youth tend to have high rates of externalizing behaviors, such as aggression, and internalizing behaviors, including depression and self-harm (Connor, et.al, 2001). Youth in restrictive placements are at higher risk for medical problems, including asthma, seizures and obesity (Connor, et.al, 2001). Some studies have found higher levels of clinically significant symptoms in girls in restrictive settings as compared to boys (Connor, et.al, 2001; Hussey & Guo, 2002). Additionally, the Odyssey Project, a multi-site study which tracked youth in residential treatment programs, found that 39% of the study participants had histories of substance abuse, 11% had histories of sexual perpetration, 38% had a history of suicidality, 51% had prior psychiatric hospitalizations, and 77% were on psychotropic medication (Baker, Kurland,

Curtis, Alexander, Papa-Lentini, 2007). The Odyssey Project included participants from twenty two agencies in thirteen states (Baker et.al, 2007).

Studies indicate notable inequities when looking at youth in out-of-home care. Ethnic and racial minority youth are more likely than Caucasian youth to enter the child welfare system, to be placed in out-of-home treatment, and to be placed in juvenile correctional facilities (Cohen, 2003). Further, it is estimated that 7.5 million American children have unmet mental health needs; this finding is especially pronounced for Latino children and youth (Kataoka, Zhang, & Wells, 2002). Uninsured children also have especially high rates of unmet mental health needs (Kataoka et.al, 2002).

A research study that tracked 3,995 youth from 1,598 residential programs using survey methodology suggests that youth living away from family are more likely to be placed in residential facilities, compared with youth living in family settings (Pottick et al., 2005). Youth placed in residential facilities from non-family settings are more likely to have experienced abuse, periods of homelessness, group home living, and instability in previous non-family living situations (Pottick et al., 2005). Youth living away from families are overrepresented in the mental health system and typically have more serious clinical profiles (Pottick et al., 2005). Youth coming from group homes, specifically, were more likely to be placed in residential facilities than foster youth (Pottick, et al., 2005).

The Continuum of Services

There are various residential settings for youth in the mental health system, all of which are considered restrictive and intensive, including treatment foster care, group homes, residential treatment centers and facilities, and inpatient psychiatric hospitals

(James et al., 2006). There are "significant differences between these settings in structure, funding, and goals", though all are a part of the continuum of services for youth diagnosed with emotional and behavioral disturbances (James, et.al, 2006). (See Appendix A).

Treatment foster care, sometimes referred to as therapeutic foster care, is the least restrictive residential placement for youth with emotional and behavioral problems (James, et.al, 2006). In this particular type of out-of-home placement, youth reside with specially trained foster parents and typically receive mental health treatment on an outpatient basis. Treatment foster care allows youth to live in more normative, home-like settings. There is some evidence for the effectiveness of treatment foster care (Burns, Hoagwood, Mrazek, 1999).

Group homes are small residential facilities for "groups of unrelated youth" (James et.al, 2006). Group homes are not always differentiated from residential treatment centers and facilities in the literature (James, et.al, 2006; Curtis, et.al., 2001). In group home settings, youth are supervised by a staff 24 hours per day; however, schooling and mental health treatment are not typically received on the premises (James et al., 2006). Youth placed in group homes typically have more interaction with the community compared with youth residing in residential treatment centers or facilities.

Residential treatment centers and residential treatment facilities (RTCs and RTFs) are the costliest and more restrictive out-of-home placements for youth, with the exception of psychiatric hospitalization (James, et.al, 2006). Youth are supervised by a staff 24 hours per day, and mental health treatment is received on the premises. Program staff are permitted to physically restrain youth. Theoretically, such practices are used

only when children and youth present danger to themselves or others (Miller, Hunt, and Georges, 2006). Residential treatment is the costliest, as it is 6-10 times more expensive than foster care settings (James, et.al., 2006). There are diverse treatment models in RTCs and RTFs, with differing results. While some residential treatment models have been found effective in reducing certain symptoms, evidence for the overall effectiveness of RTCs and RTFs has been weak and inconsistent (James et.al., 2006, Pumariega, 2007)

Most residential programs are accredited by the state, but unlicensed programs also exist (Friedman, et.al., 2006). A common practice of unlicensed residential programs is for parents to allow escorts into the home, who awaken sleeping youth and transport them, with or without their consent, to the program location (Labi, 2004). Programs are often located in other states (Labi, 2004). Unlicensed residential programs may be "campus or wilderness-based…and may call themselves schools, camps, programs, or centers" (Friedman et al, 2006). Such programs exist in 31 different states, and are heavily concentrated in Utah, Montana, and Oregon (Friedman, 2006).

Little is known about the effectiveness of unlicensed residential programs, and whether they help or harm youth (Friedman, et.al., 2006). Reports have surfaced about children and youth being mistreated in unlicensed residential programs, and sometimes even dying in care (Kobt, 2005; Pinto, Friedman & Epstein, 2005). Deaths have resulted from physical restraint practices, "improper protection against the elements or excessive physical demands in wilderness programs" and suicide (Friedman et al., 2006). In recent years, organizations such as the Community Alliance for the Ethical Treatment of Youth (CAFETY) have presented a critical perspective of such programs; individuals within this organization argue that residential programs often induce trauma in youth rather than

treating it (Whitehead, Mor Keshet, Lombrowski, Domenico, & Green, 2007). In this vein, some researchers have argued that harmful treatment practices are indicative of "a chronic systemic illness", a conceptual shift away from notions of troubled and pathological youth (Whitehead et al., 2007).

Inpatient psychiatric care, or psychiatric hospitalization, is the most restrictive type of out-of-home placement (James, et.al., 2006). This placement typically results when youth are believed to be a danger to themselves or others (James, et al., 2006; Surgeon General's report, 1999).

Least Restrictive Environments and Alternatives to Residential Placement

In accordance with public policies that advocate for youth in out-of-home care, a guiding principle states that "children with emotional disturbances should receive services within the least restrictive, most normative environment that is clinically appropriate" (Stroul & Friedman, 1986, p.8). Accordingly, there has been a recent theoretical shift toward treatment options which allow youth diagnosed with emotional and behavioral problems to remain in the community, such as treatment foster care and wraparound services (Friedman et.al., 2006). Wraparound services are coordinated services for youth, often entailing outpatient therapy, casework, and home-based interventions. Such programs enable youth to stay in less restrictive settings, and keep them connected to the community. Hence, some negative effects of institutionalization can be avoided. However, research indicates that some youth are referred to residential settings, even if they could be better served in less restrictive placements, due to the lack of treatment alternatives in the community and lack of family availability (Connor et al, 2001).

There is some empirical support for the effectiveness of treatment foster care over residential placement (Curtis et al., 2001). In a recent study, a regression analysis was conducted to compare the outcomes of youth receiving intensive in-home therapy with those receiving residential treatment one year post-discharge. Results from this study, which had a relatively large sample size (n=796) indicated that youth receiving intensive in-home therapy were more likely to be living with family, progressing in school, avoiding trouble with the law, and achieving placement stability following discharge when compared with youth released from residential treatment (Barth, Greeson, Guo, Green, Hurley, & Sisson, 2007). In addition to these research findings, which suggest that alternatives to residential placement result in more positive outcomes, the Surgeon General's report endorses brief psychiatric hospitalization when youth are in crisis, specifically, when in danger of harming themselves or others, as opposed to longer term placement in residential treatment (1999).

Although criticism and negative perceptions of residential treatment are prevalent (Gwynn, Meyer & Schaefer, 1988; McNeal, et al., 2006), residential treatment continues to serve scores of youth diagnosed with emotional and behavioral disorders. In 1982, there were 29,000 youth in residential treatment; in 1997, this number rose to 117,720 (Connor et al., 2001). Policy mandates, administrative considerations, and the system of managed care often determine where youth are placed (James et al., 2006). Residential treatment continues to be utilized, despite theoretical shifts away from this type of out-of-home placement.

Aftercare: Youth Transitioning into Community Settings

In addition to the aforementioned concerns, another prominent critique in the literature surrounds the difficulties youth experience when transitioning back into the community following residential placement. There have been few longitudinal studies of youth outcomes following discharge from residential facilities and the child welfare system. Of the studies published, many have small sample sizes and high attrition rates (Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001). Longitudinal studies of youth leaving the mental health system typically focus on youth discharged from foster care as opposed to residential treatment. According to one study, which interviewed youth leaving the foster care system in Wisconsin, many reported having no access to medical and psychiatric care (Courtney et al., 2001). Several youth stated that following discharge from placement, they became victims of violence (Courtney et al., 2001). Youth who age out of the mental health system are at risk for homelessness and incarceration (Courtney, et.al., 2001; Collins, Paris, & Ward, 2008).

In a study conducted by Freundlich & Avery, interviews with aging out youth and mental health professionals revealed concerns about securing housing, insufficient skills for independent living, lack of employment, and poor educational and workforce preparation (2006). According to the Office for Children and Family Services, post-placement aftercare services are essential for youth leaving residential treatment (2006). However, the preparation for discharge is often initiated too late, with few aftercare services in place for youth (OCFS, 2006).

Research Findings on Residential treatment

According to Hoagwood, there are more than five hundred published clinical trials on various psychotherapeutic modalities for youth and twelve major reviews of

evidence-based interventions (2003). Treatment outcomes are strongly related to the characteristics of the youth, the youth's family, and the treatment modality itself (Swales & Kiehn, 1995). Typically, there is weak evidence for the overall effectiveness of residential treatment (James, et.al, 2006; Pumariega, 2007; Surgeon General's report). However, there is some evidence for the effectiveness of certain models of residential treatment, such as the Teaching Families Model, which is based on addressing family problems and enhancing communication (McNeal, Handwerk, Field, Roberts, Soper, Huefner, & Ringle, 2006) and ecological/multi-systemic modalities, which focus on the relationship between the youth and relevant social contexts, such as family, school, and community (Pottick et al., 2005). These relational treatment approaches are more consistent with socio-historical perspective, as they give primacy to the interactions between youth and the individuals and institutions that influence their development, as opposed to constructing and identifying youth as isolated sites of pathology.

According to a review of the research on residential treatment between 1993-2003, treatment gains are correlated with shorter lengths of stay in residential treatment, academic success, and successful program completion (Hair, 2005). Clinical characteristics of youth-in-care are predictive of treatment success. Youth with less severe clinical profiles, better personal and academic adjustment, the absence of learning problems, and greater capacities to form relationships have better outcomes in residential treatment (Hair, 2005). Further, youth diagnosed with depression or anxiety typically fare better than youth with conduct problems (Hair, 2005).

Findings from a study that administered behavior scales to youth upon admission to residential treatment and again upon discharge indicated that youth with a history of

child abuse and substance abuse problems had poor outcomes in residential settings (Connor, et al., 2001). In a statewide evaluation of residential treatment programs which followed youth for two years post discharge, there was considerable variation in which symptoms improved and which did not (Lyons, Terry, Martinovich, Peterson, & Bouska, 2001). According to this evaluation, which relied on behavior scales, anxiety and hyperactivity became reliably worse with residential treatment (Lyons et al., 2001). Inconsistent findings from investigations relying on behavioral checklists and surveys can be informed by inquiries that highlight contextualized individual youth trajectories and subjectivities.

According to two reviews of the literature on out-of-home care, most youth in residential treatment show improvements at discharge, which often diminish once they rejoin the community (Bates et al., 1997; Frensch & Cameron, 2002). Positive outcomes post-discharge are strongly associated with family involvement during a youth's placement in residential, the stability of a youth's placement after discharge, and the availability of aftercare services (Hair, 2005; Pumariega, 2007). These findings can be further informed by contextualized youth accounts of their lives after leaving intensive mental health treatment. A discursive approach can illustrate the relational dynamics between youth and relevant social contexts impacting their development.

Recently, critiques of residential treatment itself have been prevalent in the literature. The Surgeon General's report notes:

> In the past, admission to residential treatment centers has been justified on the basis of community protection, child protection, and benefits of

> residential treatment per se (Barker, 1982). However, none of these justifications have stood up to research scrutiny (1999).

Concerns prevalent in the literature include the difficulty youth face concerning community reintegration following discharge from residential treatment, the trauma youth experience due to separation from family and community (Hair, 2005), abandonment by family, abuse by residential treatment staff, and learning "antisocial or bizarre behavior" from peers in residential treatment (Surgeon General's report).

There has been concern regarding the "institutional nature" of these settings (James, et.al., 2006; Dishion, McCord, Poulin, 1999). Concerns have been voiced about the quality of life of youth in residential treatment (Friman et al., 1996). It has been argued that residential treatment leads youth to become hostile and isolated, and that some treatment facilities are "overcontrolling and abusive" (Friman et. al, 1996). Further, some researchers indicate that residential centers and facilities often rely too heavily on medication and "behavioral containment" as opposed to providing a therapeutic, healing environment (Pumariega, 2007). Children and youth placed in residential centers and facilities are rarely invited to participate meaningfully in discussions about their treatment plan (Berrick, Frasch, & Fox, 2000). The nature of these settings may limit youth perceptions of participation, involvement, and agency regarding their experiences and lives.

Several studies highlight other negative ramifications of residential placement. Dishion et.al. and others note that institutional settings may "promote contagion effects among children with externalizing behavior problems" (Dishion, 1999; Surgeon General's report). Burns, et.al., note that the institutional nature of residential placement

may “hinder the development of stable relationships and fail to teach behaviors and skills that can be transferred into the community environments to which youth will return” (1999). Children in out-of-home placements are often identified as the sole source of family dysfunction, leading family members to believe that family dynamics need not change or be addressed (Pumariega, 2007). Pumariega notes that residential placement may have the consequence of “exiling” the child from his or her family, and that upon discharge from treatment, there may be no “psychological place” in which the child can return (2007).

Residential treatment is often criticized for excessive use of restraint and seclusion practices (Miller, Hunt, & Georges, 2006). While physical restraint is theoretically used only when youth present a danger to themselves and others, in practice, it is often used for “discipline, coercion, and convenience” (Miller, Hunt, and Georges, 2006). Restraint practices have been criticized for reinforcing aggression and humiliating youth; restraint also may be “counter-therapeutic” for youth from abusive backgrounds and is likely not clinically effective (Miller, Hunt, & Georges, 2006).

While there is a large body of evaluation research on residential programs, it is difficult to assess the overall effectiveness of residential treatment due to methodological problems (Curtis et al., 2001). Many evaluations fail to use control or comparison groups, consist of small, non-randomized samples, and use subjective outcome measures (Bates et al., 1997; Burns et al., 1999). There are great “theoretical and practical differences” across different RTCs and RTFs, which are not adequately addressed by outcome studies (McNeal et.al., 2006). More specifically, there are a multitude of residential treatment programs and philosophies, with differing results. Outcome research

often fails to delineate various treatment models, making it more difficult to evaluate the overall effectiveness of residential treatment (McNeals, et al., 2006). Curtis, et.al., concur, and note that because RTCs and RTFs are often ill-defined in the literature or combined, there is a resulting weakness in the body of research on the effectiveness of residential treatment (2001). Connor, et.al, note that the use of systematic assessments and validated measures are rare in studies of residential placement (2001).

Friedman, et.al. note that "there has been a dearth of accurate information on just how many children go to sleep every night in a residential treatment program…how many children benefit from or are harmed by these programs, or how many programs actually exist" (2006). Another complicating factor is tracking youth upon discharge from residential, due to their often "precarious and transient living situations" (Pottick et al., 2005).

The prevalent criticisms of residential treatment present in the literature reflect the need for a narrative inquiry to assess and explore the manner in which youth experience and make sense of these institutional practices. Research findings on the ramifications of restraint practices reflect the need to understand youth behavior from a contextualized, socio-historical approach. Youth can provide the most valuable insight into the extent to which restraint is "counter-therapeutic", as they are the recipients of such practices. Because research findings on residential treatment are largely constructed from a clinical lens, the next section turns to central tenets of the clinical perspective, including its assumptions, protocols, and potential shortcomings.

The Clinical Perspective

As other authors have noted, the majority of studies on youth in the mental health system have focused primarily on clinical characteristics and treatment outcomes (Curtis, et al., 2001; Fox & Berrick, 2007). The clinical approach to studying these youth is centered on mental health labeling and diagnosis. This approach is most frequently represented by positivist research methods, focusing on the incidence of pathological traits and characteristics, such as externalizing behaviors (Conner, et.al., 2001; Hussey & Guo, 2002; Hair, 2005; Lyons et al., 2001; Young, Dore & Pappenfort, 1983; Friedman & Kutash, 1986). Most notably, research cites impulsivity, aggression, truancy, sexual acting out, interpersonal and academic problems, delayed social development, defiance, and adjustment difficulties as clinically significant in this population (Young, Dore, & Pappenfort, 1983; Friedman & Kutash, 1986). Clinical determinations are made by treatment providers, and often include psychological testing protocols, clinical interviews, and use of the Diagnostic and Statistical Manual (DSM-IV) to make a diagnosis and plan the course of treatment.

While the clinical perspective provides an overview of mental health issues in youth, it neglects to provide context specific, youth-centered perspectives on relevant environments which influence development, such as family situations, neighborhoods, schools, culture, and institutions. Consistent with traditional research on youth violence (Daiute & Fine, 2003), the clinical perspective constructs youth as self-contained individuals suffering from pathology. In their work on youth violence, Daiute & Fine note that youth violence is often presented through a medical perspective, as violence is conceptualized as a “trait or disorder” located within pathological youth (2003). According to Daiute, Stern, & Lelutiu-Weinberger, the medical perspective frames youth

as “a problem to be solved” (2003). Consequently, such perspectives fail to address “the standpoints of youth themselves, who may look at the world around them as problematic” (Daiute & Fine, 2003). In this dissertation, I extend this critique to research on youth-in-care.

The clinical perspective represents the vantage point of treatment providers, a perspective that dominates research and practice, as opposed to exploring the manner in which youth experience treatment. In accordance with the clinical perspective, residential mental health care is comprised of hierarchal power relations. Mental health providers are responsible for determining a diagnosis, developing a course of treatment, ascertaining when youth are ready to be discharged, and facilitating a permanency plan.

As evidenced by the literature on out-of-home care discussed above, the clinical perspective has emerged as a dominant paradigm for understanding youth with emotional and behavioral issues and for understanding mental illness, more broadly conveyed. The clinical perspective and related institutional practices have been constructed as being unquestionably legitimate and authoritative in recent decades (Adame & Leitner, 2008). Consequently, youth are typically positioned as the objects of discourse, and are not invited to construct their own identities, or to give voice to their goals and desires (Fox & Berrick, 2007). Due to its narrow focus on psychopathology and deficit-based portrayals of individual youth with social and behavioral problems, the clinical perspective neglects to consider the complex transactions between youth and context, especially the manner in which institutions “contribute to, rather than contain” problematic youth behavior (Daiute & Fine, 2003). The lack of youth perspectives within clinical literature highlights “the power of cultures to disable” (McDermott & Varenne, 1995). The relative absence of

youth perspectives leaves little room for contesting, revising, or repositioning the pathology-focused youth identities described therein.

The clinical perspective, like the body of research on youth violence "reflects perspectives *on* youth as opposed to critical perspectives *of* youth" (Daiute & Fine, 2003). As a result, this approach tends to silence the voices of youth and neglects to account for their complex and diverse perspectives. Privileging the voices of youth-in-care can yield insight into the experience of treatment, how out-of-home placement is nested in the developmental trajectories of youth, and the manner in which youth construct their own and others' activities in the context of placement.

Youth Perspectives

As noted above, discourse concerning youth-in-care rarely includes the perspectives of youth, themselves. However, in recent years, several qualitative inquiries have been published, mostly addressing the experiences of youth in foster care (Whiting & Lee, 2003) and the juvenile justice system (Abrams, 2005; 2006). Of the qualitative studies on youth in the mental health system, a study conducted by Whiting & Lee focused on the experiences of preadolescent youth currently in foster care (2003). Youth participants discussed the impact of their environments, including the experience of poverty, drugs, violence, and racism, and the confusion and ambivalence they experienced upon entering foster care (Whiting & Lee, 2003). Other retrospective accounts of youth with a history in foster care have been addressed in the literature (Barth, 1988; Festiger, 1983; Best & Watson, 1984), as well as suggestions from foster children on how to improve aspects of care (Johnson, Yokan, & Voss, 1994). Qualitative

inquiries investigating the experiences of youth in the juvenile justice system explore youth perspectives on residential programs for violent offenders (Abrams, 2005; 2006).

A relatively comprehensive review of literature on youth perspectives on the mental health system reviewed almost two dozen qualitative studies on the topic, though the population was limited to children in foster care (Fox & Berrick, 2007). Findings indicate that the majority of youth in the foster care system feel safer in foster care as compared with their biological families. However, a more complex picture emerged as youth discussed significant relationships in their lives. Youth often indicated a desire to reconnect with their birth families. Youth also indicated a desire to participate in their treatment plans and to be involved in making permanency decisions (Fox & Berrick, 2007).

Though several studies on youth perspectives of the mental health system have been published, inquiries focused specifically on youth with a history in residential mental health treatment have been absent. Further, few if any studies have addressed the concerns and perspectives of youth activists with a history in the mental health system, who have devised more comprehensive agendas for addressing perceived shortcomings within the system.

Previous studies have focused on salient issues concerning youth embedded in the mental health system, including personal stories and experiences, suggestions for workers, and concerns about aftercare. This emerging literature is crucial, as it has immediate practical relevance to the lives and experiences of youth in the mental health system. However, there is a need for theoretically grounded, contextualized approaches that focus specifically on youth with a history in restrictive and intensive mental health

treatment settings. Research framed through a socio-historical lens can contribute to the practical efforts of the aforementioned studies and can also challenge assumptions of the clinical model by suggesting a critical shift in conceptualizations of youth and social institutions. Abrams articulates the need for treatment providers to engage clients in treatment, and notes the importance of evaluating youth perspectives of residential treatment practices (2005). It is ideal for treatment to be perceived by youth as participatory, empowering and tailored to their individual needs (Tenney, 2000).

Exploring youth perspectives through narrative inquiry provides a contribution to the current body of literature. The phrases "youth voice" and "youth perspectives" are frequently used in cross-disciplinary research on young people (Daiute & Fine, 2003; Daiute, Stern, & Lelutiu-Weinberger, 2003; Beilenson, 1993; Mandel & Qazibus, 2005; Tenney, 2000). "Youth voice" and "youth perspective" refer to "direct reflection from youth" regarding how they make sense of their lived experiences in the context of the systems and institutions inextricably linked to their developmental trajectories (Daiute & Fine, 2003). Youth may develop critical perspectives on these institutions based on their experiences and personal constructions (Daiute & Fine, 2003), which consist of complexities, tensions and contradictions. Eliciting narratives from youth can unearth their distinctive and complex "reasons for engaging" certain choices and activities (see Jenkins, 2001).

Engaging Youth Perspectives through Narrative

A narrative approach to studying youth-in-care complicates traditional research *on* youth by investigating the diversity of "youth subjectivity and experience" (Daiute & Fine, 2003 p.2). Narrative is a mode of thought which interprets the "rich and

multilayered meanings of historical and personal events" (Bruner, 1985). Personal narratives shed light on the relational nature of lived experiences and the centrality of social interaction in human development. Personal narratives contextualize, and socially and historically situate an individual's lived experiences (Nelson, 2004).

In the study context, narratives collected from individuals engaged in the Youth Movement provide relational, contextualized accounts of power relations in the context of the mental health system, which may "challenge normative perspectives on social arrangements" (Daiute & Fine, 2003). Youth perspectives form "counter-stories" (Bamberg, 2004), which often contest or challenge traditional interpretations about the nature and diversity of youth development, such as the clinical perspective. Socio-historical theory embeds these "counter-stories" in larger cultural, institutional, and historical discourses. This perspective presents a broader focus, and complicates conclusions drawn from dominant clinical models (Daiute & Turniski, 2005). To provide a context for understanding the perspectives of youth activists, I explore the character and dynamics of the Youth Movement.

The Youth Movement in Mental Health

The Youth Movement in New York State was initiated in the early 1990s by individuals with a history in the mental health system. With the mantra, "nothing about us without us", these individuals seek to improve the mental health system (Tenney, Orlando, Dech, Sanchez, 2006). Individuals in the Youth Movement "fight stigma and discrimination", endorse peer support and advocacy, and wish to infuse youth participation across all levels of decision making within the mental health system (Orlando, 2006). The central tenets of the Youth Movement are to include youth voices

at all levels of treatment, to mentor youth in self-advocacy and systems advocacy work, to reframe pathological perspectives of youth by focusing on recovery and resiliency, to encourage self help and peer support, and to stop restraint and seclusion practices.

The Youth Movement draws from the guiding principles of other movements, including the Adult Movement and the Family Movement, and more recently, the disability and human rights movements (Orlando, Tenney, Dech, Sanchez, personal communication). The Adult Movement, which consists of individuals with a history of mental health service use, is sometimes termed the c/s/x (consumer/survivor/ex-patient) Movement (Stricker, 2000). The initiatives of this movement, which closely parallel those of the Youth Movement, include: fighting the stigma of psychiatric labels; questioning and restructuring pathology-based models of mental illness; endorsing individualized treatment practices, peer support and self help initiatives; presenting alternatives to traditional psychiatric practices; questioning psychiatric care and traditional training of therapists; and moving toward recovery-oriented treatment practices (Acuff, 2000). Many activists in the adult movement reframe "recovery" as recovery from oppressive and intrusive mental health treatment practices as opposed to recovery from a mental illness. The c/s/x movement has received attention in scholarly journals (Acuff, 2000; Stricker, 2000; Tenney, 2000; Morrison, 2006). The Family Movement in mental health stresses recovery and resiliency, principles consistent with the Youth Movement (Orlando, personal communication). Although the Youth Movement has been garnering support since the early 1990s, a history of this movement has yet to be addressed in the scholarly literature. Further, little is known about the

manner in which the Youth Movement supports the developmental trajectories of youth with a history in the mental health system.

This dissertation is framed in socio-historical perspective. This approach gives primacy to the dynamic relationships between individuals and the social and institutional contexts that embed their experiences, and provides a new lens for understanding the development of youth-in-care. In this dissertation, I draw from agency theory and theories of narrative inquiry, including standpoint and positioning theories, to analyze youth discourses. I now turn to the central tenets of socio-historical theory.

Socio-historical Theory: Post-Vygotskian Perspectives

Socio-historical theory, rooted in the work of Vygotsky, views social interaction as central to individual development (Vygotsky, 1978). According to Vygotsky, all thought occurs first on the interpersonal plane through social interaction, and then on the intrapersonal plane, as knowledge and experiences are internalized (1978). Social interaction "genetically underlies all higher [mental] functions and their relationships" (Wertsch, 1998). Socio-historical theory proposes that individuals are best understood in relation to the contexts in which their experiences are embedded. The relationship between individuals and socio-historical contexts is dialogical in nature. Individuals are shaped by their environments, while they simultaneously act upon and transform these environments (Stetsenko & Arievitch, 2004). In this perspective, "psychological functions are culturally, historically, and institutionally situated and context specific" (Cole & Wertsch, 1996). In contrast to other theories which consider social interaction, such as social learning theory (Bandura, 1977), socio-historical theory does not dichotomize the individual and social contexts (Stetsenko & Arievitch, 1997). Social

interaction is not simply "added on" as a factor that influences development, but is viewed as inherent in individual development (Rogoff, 1998).

From the Vygotskian perspective, individuals act on the social world through "mediational means", such as cultural tools (Vygotsky, 1978; Wertsch, 1998). Cultural tools and artifacts "fundamentally shape and transform mental processes" (Cole & Wertsch, 1996). Language is one of many cultural tools which enables individuals to mediate the social world. Language is a form of social action "inextricably embedded in networks of social relations" (Ahearn, 2001, p.110). Consistent with this emphasis on social interaction, socio-historical theorists propose a theory of self that is "profoundly social and relational" (Stetsenko & Arievitch, 2004, p.475).

The Dialogical Self

Essentialist perspectives frame the individual as a "solitary, lonely cognizer": contained, unbounded by social life, and "thing-like" (Stetsenko & Arievitch, 2001). The essentialist self, a static conception, is a passive container for cultural ideology; this self is portrayed as a fixed entity, existing within a culture, though not acting on culture in a meaningful way (Skinner, Holland, & Pach, 1998). Such perspectives were disrupted by the social and relational account of the self offered by socio-historical theory (Stetsenko & Arievitch, 2001). Consonant with the primacy of the "interpersonal" plane, individual selves are fashioned through social interaction and social experiences. In this vein, one's self-concept also forms through interactions with others (Tomasello, 1993). Accordingly, Hormuth (1991) asserts:

> The self can be understood as a moderator between person and society, because a person's understanding of self is acquired and develops in social experiences (p. 94).

From this perspective, self and social contexts are inextricably linked and relational (Stetsenko & Arievitch, 2001). Following from this premise, the self cannot be divorced from the contexts in which it is situated. Further, this perspective provides a shift from passive notions of self toward an agentic self; thus, individuals are self-making and play an active role in shaping their identities and engagements in the social world.

Socio-historical perspective constructs the self through this dialogical focus by articulating the meaning and primacy of context. Contexts for the development and activity of the self include social, political, and cultural worlds, from immediate settings, such as the family and one's direct peers, to macrolevel influences, such as cultural ideology and socio-political paradigm shifts (Bronfenbrenner, 1979). Within the scope of the relational assumption, socio-historical theory situates the manner in which individuals "fashion and are fashioned by" such contexts within "historically specific times and places" (Skinner, Holland, & Pach, 1998). Culture and socio-political contexts may invite opportunities for self-development or may provoke struggle within individuals to overcome imposed constraints (Skinner, Holland, & Pach, 1998). Thus, the self is fluid and changing within shifting social contexts and dynamics.

The dialogical perspective of self, which presents a changing, agentic, contextualized self, calls for a shift in unit of analysis (Stetsenko & Arievitch, 1997). Traditional, cognitive perspectives in psychology give primacy to the individual with little consideration for social and relational contexts. Instead, socio-historical perspective

shifts the unit of analysis to the "transactions" between individuals and their social contexts, a dynamic and non-dichotomous conceptualization (Stetsenko & Arievitch, 1997). Individuals act upon and transform the social world, and in turn, are transformed themselves (Stetsenko & Arievitch, 1997). This interaction is exemplified by the "activity-related assumption":

> The individual is regarded as an active participator in achieving and shaping its own developmental course by being involved in a constant inter-*action* with the world (Stetsenko & Arievitch, 1997).

The complex transactions between individuals and sociocultural contexts occur through "symbolic activity [which] creates knowledge and identity" (Daiute & Turniski, 2005, p.227). Symbolic activity can take the form of purposeful engagements in work and social practice (Stetsenko & Arievitch, 2004), and through discourse, itself a principal form of social activity (Daiute & Turniski, 2005). Individual development is shaped through "discursive activities where institutional and personal values and meanings are shared" (Bakhtin, 1986; Leont'ev, 1978; Wertsch, 1991, cited in Daiute & Turniski, 2005), which reflects the primacy of the interpersonal plane (Vygotsky, 1978). Discourse acts as a cultural tool, which fosters social interaction (Vygotsky, 1978). Discourse analysis is a methodology sensitive to the central role of social interaction with others, including peers and powerful individuals and groups, and the inextricable connection between individuals and social and institutional contexts (Daiute & Turniski, 2005). Studying discourse and activity opens a space for evaluating agency and self-making.

The socio-historical perspective of a dialogical self supports the notion that individuals are agents, impacting the social world in complex ways through purposeful activity. In this vein, individuals play an active role in shaping themselves and the social world. I explore the symbolic discourse and activities of youth in the mental health system to address youth negotiations of social and institutional contexts, how young people work to transform these contexts, and how they lead their development in the process.

Agency: Overview

A noteworthy gap in the literature on youth in out-of-home care is the lack of emphasis on youth agency. Research framing youth through the clinical perspective neglects to explore central dynamics between youth and the systemic and institutional practices shaping their experiences. As noted earlier, socio-historical theory grounds developmental processes of individuals within social, cultural, and institutional contexts, constructing the relationship between individuals and society as dialogical in nature. Following from the tenets of socio-historical theory, it is necessary to study the "transactions" between youth and social context and to frame individuals as active agents who affect the direction of their lives, and interact with and transform social structures (Stetsenko & Arievitch, 2004).

In the section that follows, I define and explain agency as a developmental process. I provide a brief account concerning the manner in which explicit discussions of agency have been conspicuously absent in psychological research, as this concept relates to both methodology and developmental theory. I then argue that agency is a central developmental process that is not reducible to social factors alone; while it is essential to

consider agency-in-context, I argue that the concept of human agency should not be abandoned in favor of approaches that diminish personhood by providing exclusively social explanations. In this vein, I reframe agency as a socio-historical concept, reflecting the dialogical relationship between self and society. I turn to a discussion of methodological considerations, including the need to define agency explicitly and to study it in a dynamic and interactive context, utilizing tools and concepts from narrative theory. Finally, I introduce dimensions of agency as analytic categories.

Constructing Agency

Human agency is a concept that is diversely constructed. Broadly, agency is the notion that individuals uniquely make sense of their experiences and intentionally engage, respond, and contribute to the sociocultural environment in complex, unique, and goal-oriented ways (see Jenkins, 2001). Psychological agency holds that individuals are active contributors to the "events in which they participate" (Jenkins, 2001; Chein, 1972; Howard & Conway, 1986) and that individuals "act on behalf of the goals that matter to them" (Sen, cited in Alkire, 2005). This active role includes the ability to co-construct, shape, and transform society. When individuals act in the context of the social world, there is often a "multiplicity of motivations" for their responses and activities (Ahearn, 2001). Additionally, the human agent is not passive in acquiring cultural practices, but is active in "making and remaking culture" (Ratner, 2000). Thus, central to most definitions of agency is the notion of an active, intentional, engaged self. The notion of agency also encompasses the capacity for reflexivity and reflection. Agentic selves apply meaning to social dynamics and situations (Bleiker, 2000). Agency addresses the manner

in which individuals view their position in the social world, and how they respond to the social and cultural contexts that embed their experiences.

Crafting a sociohistorical notion of agency requires the integration of a dialogical or transactional view of self and society, attention to transformative engagements and purposeful activities, and reflexive and reflective qualities. The study of agency must consider individual processes of meaning making and personal evaluations of social interactions and contexts. The process whereby an individual evaluates his or her environment and constructs a personal, goal-oriented agenda for his or her life is central to the notion of human agency. Failing to account for the potential and capacity for human agency overlooks one of the essential components of personhood. Exploring human agency is paramount in cultivating comprehensive theories of human development and in addressing questions of identity development and formation. In this dissertation, I define agency as a socioculturally mediated process, in which individual engage with others and social and institutional practices in a purpose driven, strategic, and goal oriented manner.

Neglecting the Human Agent: A Critique

It has been persuasively argued that the social sciences, and psychology in particular, neglect to acknowledge the role of agency in human life (Martin & Sugarman, 1999; Martin, Sugarman, & Thompson, 2003; Archer, 2001; Jenkins, 2001). This oversight extends to both theory and methodology.

As suggested by Martin et.al., disciplinary psychology has failed to comprehensively address the role of agency in human development, as the complexities of agentic processes are often "reduced to nonagentic determinants" (1999). Notions of

agency are removed in favor of deterministic explanations of human behavior, from explanations in the biological realm, reflected by the study of genetics and neurobiological structures, and in the sociocultural realm, as reflected by the study of parents, peers, and neighborhood influences. Such deterministic explanations are problematic. Defining development by reducing it to biological or cultural determinants essentially removes the human agent from the equation. These factors are studied in a static context, isolated and statistically controlled, and largely disconnected from the complexities of the individual himself or herself (see Martin et.al., 1999). While such factors undoubtedly influence human development, deterministic accounts construct an ineffectual developing person; an individual who is passively shaped and constituted by an array of influences, who never acts upon or transforms himself/herself or the social world through unique, purposeful engagements and activities. Social transformation is, at worst, impossible, and at best, predetermined by the constellation of factors shaping the individual's development. Because agency is a complex developmental process and a defining characteristic of the human condition, accounts which reduce or ignore it fail to address the uniqueness of our personal constructions and meaning making processes and the transformational potential of the agent in shaping his or her own developmental course. The concept of human agency must be embraced in order to provide a space for considering the processes through which individuals construct goals and motivations, resist dominant discourses, and act on behalf of their complex intentions in ways that promote change and development. Further, methods which neglect to consider agency also present challenges for social scientists and practitioners who seek to apply research findings and conclusions. As Martin, et.al. explains, "practitioners and their clients must

deal with problems as they are lived, in complex, changing, and meaning laden contexts" (1999; p. 6). Deterministic explanations which reduce agency and neglect context provide little guidance as practitioners seek to motivate, challenge, and understand. Methods which fail to account for agency overlook the complex interactions between individuals and the social world, creating theoretical limitations along with pragmatic ones.

In recent years, several approaches that undermine the integrity and importance of the human agent have become influential. Specifically, some postmodern perspectives have articulated the death of man and humanity, eliminating agency as a theoretical construct, and hence diminishing notions of individual choice and goal oriented activity by shifting the inquiry to a completely social domain (Gergen, 1994; Gergen, 1997 Lyotard, 1979). For example, Gergen discusses the "social reconstitution of the individual" from unique individualism and selfhood to an understanding of self as distributed in the social and cultural environment (1994, p.735). While considering social context is integral to cultivating persuasive developmental theory, approaches that remove the individual completely neglect core aspects of what it means to be human. Archer explains that attempts to remove humans from social theory has led to the "impoverishment of humanity" within social science research; such accounts diminish the essence of self and personhood, failing to privilege reflexivity and "inner conversations" as important components of the human condition (Archer, 2001). Jenkins (2001) explains precisely why human agency cannot be adequately addressed through studying social factors and contexts alone:

> When Gergen (1994) asks why we are unwilling to explain psychological phenomena, such as individuals' autobiographical accounts of their past experience, in the same social terms that we use to explain manners, dress, or religion, he fails to understand or wishes to deny that one's manner, dress, or religion are not the same as one's *experience of, or reasons for choosing or engaging them*" (Jenkins, 2001, p.6).

Socio-historical theory considers the social contexts embedding the human experience, which is emphasized by postmodern and social constructionist perspectives, but also takes seriously the role of the human agent within such contexts. The capacity for reflexivity and reflection is privileged within sociohistorical constructions of agency. As articulated above, several postmodern positions fail to account for, or intentionally neglect the construction of the self as an agent. I argue that socio-historical perspectives on human agency appropriately redress this shortcoming by reintegrating the human agent into a relational perspective of self and society. While the human agent is framed as intentional, goal-oriented, and capable of dialectical thinking (Jenkins, 2001) and reflexivity (Archer, 2001), I make the caveats and cautions surrounding notions of "free wheeling or unmediated agency" explicit (Skinner, Holland, & Pach, 1998). In socio-historical perspective, human agency is a unique developmental process, but one that is not free from societal constraint and oppression; thus, agency is always a socioculturally mediated process (Ahearn, 2001).

Agency as a Socio-Historical Concept

In this section, I argue that socio-historical theory provides a comprehensive account of agency, which addresses some of the theoretical and methodological

limitations introduced above. Transactions between self and society are studied through the lens of mediated activity (Wertsch, 1998). This provides a framework through which human agency can be studied as a unique developmental process, without reducing it to a composite of factors. The integrity and importance of the human agent in developmental theory is maintained, in contrast to postmodern perspectives. In addition to addressing these limitations, this dialogical framework provides a pragmatic perspective which avoids a romantic portrayal of agency. Humans are agents, capable of unique personal constructions, goal-oriented activities, and meaningful engagements. However, they are not free from constraint and oppression imposed by dominant social discourses and oppressive social practices. Hence, a socio-historical perspective of agency considers human activity in socio-political context, avoiding a romantic portrayal of the agent as unmediated and free to enact agency without tension, resistance, or consequence.

To support the non-reductive account of agency provided by socio-historical theory, central concepts rooted in the work of Vygotsky warrant further attention. The notion of a dialogical self presents a relational view of self-in-society; the unit of analysis shifts to the complex transactions between persons and their social contexts as they act upon and interact meaningfully within the social domain (Stetsenko & Arievitch, 2004). Sociocultural information is constructed through social interaction and is then internalized (Vygotsky, 1978). Vygotsky stresses that internalization of sociocultural information is an active process that occurs through social interaction and meaningful activity (1978). The human agent is active in the "communication, maintenance, and transformation of the culture and its history" (Cross, Smith & Payne, 2002). Meaningful interactions and engagements between persons and social contexts provide a frame for

the synthesis of cultural information, which is constructed, reconstructed, and internalized by the human agent. Our internal synthesis of information derived from social interaction is uniquely our own, and profoundly affects the manner in which we position ourselves within the sociocultural environment. From this perspective, the human agent is privileged in developmental study and the importance of context is also underscored. Such concepts provide a foundation for the expansion of dialogical explorations of human agency.

While presenting the foundation for a dialogical exploration of agency, the emphasis on social context enables theorists to sidestep the potential pitfall of construing agency as an unmediated and unconstrained process. Human agency is co-produced (Giddens, 1979). DesChene explains the role of social context in shaping one's range of activities and possibilities: "People think through their position and act from within a host of structured but also contingent circumstances" (1998, p. 40). Hence, agents act *through* social structure, and human activity must be understood within contexts that mediate and sometimes limit their rights and possibilities (see Giddens, 1979). Agency may be expressed and enacted differently as a function of social restrictiveness and oppression. Westcott (1988) explains:

> One negotiates, constructs and practices human freedom differently at different times and under different circumstances, with varying degrees of success (p. 113).

Westcott speaks to the importance of social context in understanding enactments of agency, and acknowledges that powerful others and social institutions can respond to our agency in diverse ways. Understanding agency requires studying the context of social

interaction, particularly regarding power relations and the issue of constraint. Oppressive circumstances may ultimately impact how agency is expressed, as well as the manner in which it is responded to. As recognized by dialogical portrayals of agency, though the human agent can be constrained and oppressed, he or she can engage in resistance by "creating worlds and selves alternative to those posited by dominant ones" (Skinner, et.al., 1998). This process is central to human agency; it can be deeply creative and represents an element of humanity that can endure, relatively unscathed, despite oppressive circumstances and conditions. The act of self making is important within a socio-historical perspective of agency, as this represents an avenue for agency when sociopolitical contexts literally oppress and silence other forms of agentic activity.

Agency: Methodological Considerations

In her review of current interdisciplinary perspectives of human agency, Ahearn notes the importance of articulating agency in a non-reductionistic manner (2001). Martin, et.al. concur, noting that the concept of agency is often opaque and ill defined in the research (2003). Further, approaches to agency are often reductionistic (Martin, et.al, 2003; Ahearn, 2001). Agency has been reduced to an act of resistance (Goddard, 2000), a rational-choice (Segal, 1991), and has been equated with human freedom (Rovane, 1998). Ahearn notes that such perspectives of agency are inherently problematic, as they fail to adequately consider socio-cultural contexts, which both constrain and provide opportunities for human activity (2001). Sewell (1992) articulates the importance of context when examining enactments of human agency:

> Agency exercised by different persons is far from uniform…agency differs enormously in both kind and extent. What kinds of desires people can have, what

> intentions they can form, and what sorts of creative transpositions they can carry out can vary dramatically from one social world to another depending on the nature of the particular structures that inform these social worlds (p. 20-21).

Human agency is complex and often contradictory, and a comprehensive theory of agency must adequately capture the intentions and motivations of an individual against the landscape of social, cultural, and historical contexts. Ahearn cautions against leaving agency vaguely defined (2001). Because agency is a concept that has been constructed and reconstructed across disciplines, it is essential for researchers to make explicit how agency is defined, and to discuss theoretical assumptions underlying such definitions (Ahearn, 2001). In the current study, I define several agency dimensions consistent with socio-historical perspective and use them as analytic categories. I study agency using the tools of narrative inquiry, including grounding concepts of dominant and contested discourses (Bamberg, 2004; Solis, 2004) and positioning (Davies and Harre, 1994; Harre & Mohaggadam, 2003).

Discursive activities are a central component of agency. Agency is expressed and enacted through discourse, and agentic activities are given meaning through discourse. Agency can represent a "contribution to a larger discourse" (Harre, 1994, p.113). Individuals can contribute to the larger discourse in myriad ways by responding to social norms and discursive constructions. More specifically, this contribution may conform to, add to, disregard, or contest larger discourses (see Jenkins, 2001). Human agents can accept prominent discursive constructions, or oppose these constructions through the creation of "counter-narratives", which contest dominant discourses (Solis, 2004). Counter-narratives represent the agentic function of discourse. Exploring agency through

discourse allows for a dynamic understanding of power relations and social positioning (Bleiker, 2000; Davies & Harre, 1999, Harre, 1994). Discursive approaches embrace the complexities of social dynamics and provide tools for dynamic explorations of agency as well as constraint in social dynamics (Bleiker, 2000). Discourse situates the notion of agency in social interaction, including institutional, social, cultural and historical contexts; hence, studying discourse provides a window into the dynamic, transactional nature of human agency.

I use the tools of narrative inquiry to study agency, as the reasoning behind youth engagements and activities is highlighted through discourse. Youth perspectives are formed in relation to institutional practices, as "cognitive processes flow from these contexts" (Daiute et al., 2003). Because experiences of agency are intertwined in discourse, narrative analysis acts as a vehicle for understanding an individual's personal constructions of social experiences, in addition to highlighting the transformative potential of the agent in shaping himself or herself and social and institutional practices.

Considering the critical vantage point of youth reveals a counter-narrative, which is typically marginalized in research and practice (Polvere, unpublished manuscript). When youth "act on behalf of the goals that matter to them", broader institutional contexts may afford or constrain these enactments of agency (Sen, cited in Alkire, 2005). Investigating psychological agency in the context of social and institutional practices points to relational dynamics typically overshadowed in traditional quantitative inquiries.

Young people form critical perspectives on the mental health system based on their relationships and interactions with powerful individuals, such as treatment providers and direct care staff. Studying agency in socio-historical perspective changes the unit of

analysis to reflect the importance of the interactions between youth and institutional practices, and a narrative approach makes explicit these complex subjectivities. Privileging youth perspectives has clinical implications, as youth can provide insight into treatment practices that foster or hinder positive development and psychological well being (Stricker, 2000). Valuing the perspectives of individuals with a history in treatment is essential for developing a responsive, humane, and effective mental health system (Acuff, 2000).

In contrast to the clinical perspective, investigating experiences of psychological agency through the lens of socio-historical theory provides a relational perspective regarding youth and institutions. Exploring psychological agency in socio-historical perspective challenges the construction of youth as self-contained sites of pathology and shifts to a broader conceptualization of youth as agents who negotiate institutional life with intention and purpose. By shifting the unit of analysis from the individual agent to the relationships and interactions between agents and institutional contexts, the manner in which institutional practices "afford or constrain" human agency becomes salient (see Valsiner, 1997).

Overview of Agency Dimensions: Defining the Analytic Categories

Agency has been defined in diverse ways and has been applied to myriad research questions. For instance, previous research has linked human agency to acts of resistance (Goddard, 2000), dialectical thinking processes (Jenkins, 2001), and free will (Davidson, 1980). I considered the perspectives on agency examined in the theoretical and empirical literature when developing categories for the agency analysis, in addition to locating emergent agency processes across the pilot study data. I developed the following agency

processes as analytic categories: oppositional agency, agency through compliance, transformative/collective agency, agency through dialectical thinking, and agency through active and engaged choices.

Working within a socio-historical frame, I analyzed all agentic enactments in the context of the dialogical relationship between individuals and the socio-cultural contexts which embed their experiences; the analytic categories served to locate the agency process within the specific places and contexts discussed by the participants. In the section that follows, I discuss specific agency processes in theoretical perspective. I provide exemplars from the pilot study to clarify the manner in which I applied these theory-based categories during the data analysis.

Oppositional Agency

Cross disciplinary research has constructed agency as an act of resistance. While dominant social discourses may position and constrain, individuals have potential to be agentic as they construct counter-narratives and alternative selves (Solis, 2004; Skinner, et.al., 1998). This construction of agency has been elaborated upon in feminist studies (Fraser, 1992; Goddard, 2000; DesChene, 1998; Messer-Davidow, 1998; Bartky, 1998). The notion of agency as resistance holds that human agency is engaged when individuals are acting against or opposing societal forces and structures, including the construction of events posited by dominant social discourses or master narratives (see Bamberg, 2004). For instance, feminist studies construct acts of women in the feminist movement through agency as resistance; women actively oppose and resist patriarchal domination (Fraser, 1992; Goddard, 2000). In the present context, youth-in-care resist the institutional rules that constrain their activities and oppose dominant clinical interpretations of their

behaviors, instead offering new, experientially based interpretations (Polvere, unpublished manuscript). In the pilot study, Anthony described how youth are deemed defiant when they are actually working against restrictions inconsistent with their goals and desires (Polvere, 2005):

> You also have to listen to [a youth in residential] and hear what he wants. Hear what he needs. Give suggestions and everything, that's cool, but don't tell him what he's going to get and what he has to do, because when he's not following his treatment plan, it's not because he's oppositional defiant. It's because it's not what he wants. He doesn't want to do that, and you said that's what he's going to do. -Anthony, Age 21

Agentic discourses that are oppositional or resistant are a central agency process to consider when evaluating critical youth narratives. However, in crafting a theory of agency consistent with socio-historical perspective, it is important to maintain the dialogical focus of the individual-in-context. The social world, including practice, structure, ideology, social interaction, and power dynamics, shapes the experiences of the developing person, and may constrain the individual's opportunities for successful resistance, in a literal sense. Skinner, et.al. notes that:

> Resistance should not be romantically portrayed as unleashed creativity and agency, but rather consists of ambiguous activities still subject to domination and tied to identity struggles (1998; p.13).

Hence, acts of resistance are always enacted in contexts which may or may not be amenable to emergent counter-stories and agentic enactments. Des Chene elaborates further by noting that resistance should not be "conflated with heroism nor with victorious outcomes" (1998, p. 42).

While oppositional agency or agency through resistance is an important agency process to evaluate, I intentionally avoid reducing the importance of social context in

favor of romantic constructions of agency as unfettered freedom in this inquiry. Further, as Ahearn warned, agency cannot be reduced to resistance alone, as such accounts may overemphasize the domination of cultural and societal structures, hence simplifying and reducing personal constructions and enactments of agency (2001). Individuals have diverse and complex motivations that are not adequately captured by the notion of agentic resistance alone. However, resistance can be viewed as one of many diverse enactments of human agency. As such, I developed oppositional agency as an analytic category in this dissertation.

Agency as Compliance

In contrast to the notion of agency as an act of resistance, individuals may express agency through compliance. Ahearn notes that agency may occur in the context of compliance with prevailing social, cultural or institutional forces or structures (2001). While defining notions of compliance and conformity as a dimension of human agency may seem contradictory, Jenkins argues that indeed, agentic activity can take this form (2001):

> On this view, psychological agency is the capacity to *conform to*, add to, oppose, or disregard socio-cultural and/or biological stimulation….it is important to note that in this view the 'mundane' commitment to one's culture through ordinary role performances also fully represents agency….conformity represents the individual act of taking the group norm as the guide for personal behavior (italics added p.353; 356).

In my perspective, compliance is agentic when it is strategic and goal oriented. For example, complying to rules that contradict one's immediate goals may still be an agentic

act if doing so brings one closer to his or her agenda in the long term. Exemplars of agency through compliance were present in the data set. When addressing an audience of other youth-in-care during the semi-structured interview protocol, some participants explained to other youth that it is to their benefit to conform to institutional rules regarding residential treatment. Youth engaged acts of compliance purposefully and intentionally, as a form of goal-oriented behavior.

> [*Addressing other youth-in-care*] "Try to behave. Try to listen. I know it's hard when someone's telling you this is what you have to do. But for now, it's what you've got to do. I hated it too, just as much as you do. Probably even more. I went through it and one thing I learned is that if I just listened, so much could have been avoided." – Anthony, Age 21

> "You should just deal with [life in residential] until you can get out….I'd say, just try not to make waves and try to get out of there as soon as you can. Then you can try to move to a group home level, because group homes are better [because group homes are less restrictive]". –Marie, Age 21

In the above exemplars, discourse on conformity and compliance is agentic in nature. Youth viewed compliance as beneficial in the context of care, as it prevents further difficulties and helps youth to obtain the ultimate goal of being placed in less restrictive contexts. The dimension of compliance illustrates the complex nature of agency. While youth-in-care encouraged other youth to utilize dialectical thinking in the context of residential settings, they also encouraged other youth to be compliant so they can successfully navigate residential treatment by minimizing personal struggle. This type of agency has a pragmatic quality and shows acute awareness of the nature and ramifications of institutional constraints and practices. By developing agency through compliance as an analytic category, youth perspectives of institutional care in the context of their overall personal trajectories and goals are made explicit.

Collective/Transformative Agency

When individuals work collaboratively to change institutional structures and practices, another dimension of human agency emerges. I refer to this aspect of agency as collective and transformative agency. Collective and transformative agency is exemplified through the joint activities of individuals working toward common goals. In the study context, collective agency is manifested within the Youth Movement in mental health. Participants work together for the purpose of changing the mental health system through activism. The historical trajectory of the Youth Movement will exemplify a collective form of agency through which societal and institutional structures are transformed.

Collective-transformative agency is consistent with socio-historical theory, as it focuses on the dialogical relationship between human agents and the social world (Stetsenko & Arievitch, 2004). In this context, youth activists transform the social world through purposeful activity (Stetsenko & Arievitch, 2004). Agency as a collective and transformative process has been developed within feminist perspectives. For instance, Stobel suggests that feminists organize collectively as "historical agents" on behalf of socio-political change (1998). Though personal motivations for activism may be diverse, activists engage in a collective opposition to prevailing sociocultural arrangements and power structures (Messer-Davidow, 1998; Schwickart, 1998).

In the context of this dissertation, the Youth Movement is a historical exemplar of collective/transformative agency. Youth affected by the mental health system work collaboratively to create a more empowering, participatory, recovery-focused mental health system. Within the analysis, I constructed a history of the Youth Movement based on the accounts of four youth leaders who initiated this movement in NYS to explore

collective and transformative agency. Additionally, I developed collective-transformative agency as an analytic category to study another agency process engaged by the youth.

In the pilot study data, collective/transformative agency emerged as a central agency process. Youth forum participants discussed the impact of having many youth collaborating on behalf of their goals. Many participants indicated that their identities as change agents developed due to participation in the collective activities of the Youth Movement:

> I love speaking at conferences and doing whatever it takes to make a change. I always tell myself that if I help one person, I've accomplished everything I want to accomplish in my life... So I spoke at so many things it's not even funny. And I just keep talking and talking and talking. And nobody's going to shut me up, because when occasionally when you get that one person who works for an agency, who thinks she's right and I'm wrong, I just talk louder. Go right over her, and skip to the next person. Not to be disrespectful, but because we need to be heard. -Kim, Age 21
>
> I love my job [at Youth Forum] because I get to make a difference. I get to take that extra step. – Tanya, Age 20

I coded for collective and transformative agency to highlight an important aspect of agency in the context of social movements. Statements of collective/transformative agency have a strong presence in the forthcoming narratives about the Youth Movement, including narratives concerning the history of the Movement and narratives surrounding each individual's unique experiences.

Agency through Dialectical Thinking

To privilege the reflexive human experience within the social world, I developed agency through dialectical thinking as an analytic category (Jenkins, 2001). The capacity for dialectical thinking is unique to human development; while human activities are sometimes restricted and constrained in social dynamics, one's personal ability to

creatively construct counter-interpretations and unique perspectives is an act of resilience that warrants discussion within a comprehensive exploration of human agency. Jenkins explains dialectical thinking as "active mental processing" on the part of individuals (2001). Further, Jenkins describes dialectical thinking as the ability to "appreciate the opposite" or cognitively construct an alternative (2001). In this dissertation, I construct dialectical thinking as the act of envisioning a host of different options, scenarios, and interpretations. Rychlak notes that this critical role of imagination is central to human agency (1997).

Jenkins (2001) illustrates the particular importance of dialectical thinking for African-Americans and other marginalized groups:

> Socially oppressed people often must make use of dialectical thinking capacity. For example, for people of color in America, personal and group survival has required that they sustain the recognition that the Euro-American worldview that relegated people of color to inferior status is just *one* (self serving) construction of events. Of course the oppressive nature of the social relations imposed on these people has a powerful effect on their lives and is real in that sense. But it is very important to understand that liberation has been effected to an important degree due to the capacity of people of color first to rise above the present social givens imaginatively and then to work to bring such alternative conceptions into more concrete reality (p. 354).

Dialectical thinking is an agentic personal construction that can serve a protective function for individuals, and can also fuel social change. Holland, Lachicotte, Skinner, &

Cain concur, arguing that reflections on one's social position unleash an imaginative process through which individuals envision different social positions (2001). An agentic response to oppression is to "re-imagine" the world (Parish, 1998). Agency through dialectical thinking was present in the data set:

> It has nothing to do with where you come from. It's how much you're willing to do to make your life better, whether you know what you want or you don't….the state of things is not so much where you are as *how* you are. You know? If you have no faith and see the world and it's a very jaded view, then that makes you jaded. – Tanya, Age 20

This exemplar speaks to the importance of dialectical thinking and personal constructions. Through this category, I highlight the capacity for imaginative and reflective thinking about one's lived experiences as an essential element of personhood and agency. In the context of residential treatment, institutional constraint and restrictiveness is apparent through strict rules, including physical restraint practices. While the capacity for freedom is limited in a very literal manner, individuals can express agency by envisioning different realities and using such perspectives as a site of resilience. Agency through dialectical thinking was also present in the data in the context of participants' abilities to imagine a situation markedly different from the present:

> There's so much that can be done, like I really want to work on getting another youth forum set up for people with developmental disabilities, too…I would really like to get that started. – Marie, Age 21

Advocating for themselves and other marginalized individuals exemplifies the ability for human agents to envision a different, perhaps better life. This agency process is unique and creative for each individual as he or she reconstitutes his or her identity and future possibilities (Hekman, 1998).

Agency through Active/Engaged Choice

Human agency can be enacted in the personal domain, as reflected through dialectical thinking, and in the interpersonal domain, as reflected by activities within collective movements. Additionally, I constructed agency through active and engaged choices as an analytic category. This agency process reflects human agency as an individual act in the context of explicit decision making and goal directed activity not otherwise specified through oppositional or compliant agency. This analytic category is consistent with theories of agency which frame the concept through choice making and goal oriented activities (Martin, et al., 2003). Agency through active and engaged choice is illustrated in the exemplar below.

> Birthdays would go by and if I was even talked to on my birthday it would be "birthdays are just another day, why should you feel special"? It was like, well you know, because it happens to be the day I was born. So I got put back in placement through my own request through CSE (Committee on Special Education). - Anthony, Age 21

This youth was active in initiating continued out-of-home placement due to a lack of support in his home environment. He made and executed a decision on behalf of his goals and intentions. I developed this category, in addition to the aforementioned agency categories, to provide a framework through which agency can be understood as a contextualized developmental process.

Youth Agency in the Context of the Youth Movement

This dissertation highlights the Youth Movement in New York State as a context for understanding agency through the lens of critical youth perspectives on the mental health system. Because their personal lives were deeply affected by out-of-home placement, youth narrate the impact of such environments on youth development. As youth provide critical perspectives on out-of-home placement, these narratives unfold the

dynamic relationships between individuals and the social and institutional contexts that embed their experiences. I study critical youth narratives to engage the dialogical focus posited by socio-historical theory, which evaluates development-in-context.

Agency is a complex and dynamic process, encompassing both individual and collective activities. Through the Youth Movement, youth activists perform individual and collective activities aimed at changing the mental health system. In the context of the Youth Movement, involved youth discuss agency in an individual context, as it relates to their personal goals and objectives, and the manner in which such goals and objectives have changed over time. Further, youth discuss their collective activities within the Youth Movement, as they work collaboratively with other youth in the interest of creating systemic and institutional change.

Narrative Analysis: An Overview

I use narrative analysis to investigate youth agency in dialogical perspective, focusing on the transactions and complex relationships between youth and their environments (Stetsenko & Arievitch, 2004). Narrative analysis provides a theoretical and methodological foundation for the exploration of agency as a dynamic process in the context of the Youth Movement. A key strength of narrative analysis is that it "explains phenomena without reducing them" (Daiute & Lightfoot, 2004). By eliciting narrative texts from youth embedded in the mental health system, I evaluate agentic and critical youth perspectives, which address some of the central limitations of traditional clinical perspectives. In this section, I discuss the central tenets of narrative theory to provide a theoretical foundation for the study of youth agency. I frame narratives as social-relational tools for understanding the development of individuals-in-context (Daiute &

Lightfoot, 2004). Further, I argue that narrative analysis is a methodological tool which allows for a dynamic exploration of the transactions between individuals and social context, as stressed by socio-historical theory.

Because the focus of this study is to explore youth subjectivities, which are often silenced in the predominantly clinical literature on youth-in-care, I discuss the dynamics of dominant and contested discourses and integrate these discourses with concepts articulated within standpoint theory (Bamberg, 2004; Solis, 2004; Harding, 1993). I then relate these concepts to the present study context through a discussion of legitimacy as it relates to the social construction of disability and "cultural competence", and the process through which particular voices are constructed as authoritative and valued, while others are silenced and positioned as illegitimate (McDermott & Varenne, 1995; Tyler, 2006). I finalize this section by linking the social-relational dynamics elucidated by these theories to a discussion of positioning theory, a theoretical and methodological rationale central to understanding youth discourses in interactive contexts (Harre & Gillet, 1994; Harre & Moghaddam, 2003; Harre & Slocum, 2003).

Narrative in the Context of Socio-historical Theory

Socio-historical perspectives frame narratives as an interactive cultural activity (Bamberg, 2004). Narrating is an activity that individuals engage in specific cultural contexts (Daiute & Lightfoot, 2004). According to Mead, language provides a mechanism for the emergence of mind and self, which can be reflected through individual and cultural narratives (1934). Oral histories and stories are also shared within a culture; likewise, groups within a culture exchange and construct narratives which serve social functions as well as avenues for self expression (Nelson, 2003). Narratives provide

contextualized individual accounts that are socio-culturally situated (Nelson, 2003).

Within the context of socio-historical theory, narratives are not simply reflections of a cultural world, but are cultural tools and sites of social interaction. As explained by Daiute & Lightfoot, "narrative discourse, like other discourses, is thus of the world not about it" (2004, p. xi). As narratives are constructed, individuals "perform social actions within particular social contexts" (Stanley & Billig, 2004). Narratives provide an interactive space for personal subjectivities to be expressed and enacted. This perspective on narratives is consistent with socio-historical theory, as the transactions between self and society are studied within the context of embodied activities. Narratives are developed as a cultural tool appropriate for evaluating individuals and society in an interactive focus.

In addition to the cultural significance of narrating, this activity also acts as a site for the construction of personal subjectivities (Daiute & Lightfoot, 2004; Bamberg, 2004). Narratives reveal personal constructions of events, as well as the relationship between individuals and society. Through discourse, individuals "come to endow experience with meaning" (Bruner, 1985, p.12). Narratives are characterized by rich descriptions of human experiences and function to "locate these experiences in time and place" (Bruner, 1985). As individuals construct their subjectivities through narratives, a space emerges which facilitates the exploration of one's social position, and the manner in which this position shapes the individual's perspectives of self and society (Skinner, et.al., 1998). From a socio-historical framework, I conceptualize narratives as illustrative of complex personal subjectivities emerging from "changing socio-historical contexts" (Daiute & Lightfoot, 2004). Because narratives highlight the emergence of personal

constructions and subjectivities, narrating is an agentic process. "Narrative texts", function to contextualize the person and his or her story (Bruner, 1990).

As a methodology, narrative inquiry allows agency processes to be explored in the context of actual social dynamics as opposed to the more static, de-contextualized analyses critiqued by agency theorists (see Martin, et.al., 2003). Narrative inquiry supports a dynamic analysis of agency processes without reducing them. As individuals narrate, these narratives shed light on relationships, reflecting the dynamics of power and positioning in the relational sphere. Narratives are a tool for studying complex social dynamics, as they highlight "multiple voices and contested positions", and the manner in which individuals uniquely make sense of and respond to such interactions and relationships (Skinner et.al., 1998, p.4). Personal and agentic subjectivities constituted through narratives provide "a reflexive tool for revaluing culture and self" (Parish, 1998, p.56). In the context of this dissertation, I utilize narrative inquiry to provide a window into youth perspectives on their social position as they agentically critique and reevaluate the role of institutions in their lives.

Dominant and Contested Discourses

Within the field of narrative analysis, several theorists have discussed the role of dominant or master narratives, which are "frames according to which courses of events can be easily plotted, simply because one's audience is taken to 'know' and accept these courses" (Bamberg, 2004). These dominant discourses permeate cultural knowledge, providing a framework through which individuals process social information. In the study context, I argue that the clinical perspective represents dominant social discourse on mental illness and youth in the mental health system. Because the majority of studies

on youth-in-care reflect information on diagnoses and symptomology, the clinical perspective has emerged as the most prominent and largely accepted framework for understanding the development of placed youth.

Bamberg notes that while dominant discourses provide coherence and "sense of direction" to thought and meaning making, these discourses are problematic in that they potentially marginalize and "constrain the agency of subjects" (2004). Dominant discourses are reflective of cultural expectations and sometimes reduce the range of socially possible actions (Bamberg, 2004; Harre & Mohaggadam, 2003). In the context of this dissertation, I argue that dominant social discourses, which suggest a pathological construction of youth-in-care, ultimately contribute to cultural expectations that limit and constrain who these youth are and who they can become.

In her commentary on dominant discourses, Ahearn (2001) notes an "impersonal" nature which characterizes these discourses, which "leaves no room for tensions, contradictions, or oppositional actions on the part of individuals and collectivities" (p.110). However, human agents can accept prominent discursive constructions, or oppose these constructions through the creation of "counter-narratives" (Solis, 2004). Within the social sciences, interest in counter-narratives has risen from critical perspectives on "power and hegemony" (Bamberg, 2004). Counter-narratives challenge power structures and hegemony through personal, storied accounts that stand in opposition to these dominant discourses (Bamberg, 2004). As individuals construct counter-narratives, they fashion accounts which challenge power relationships and social expectations. Counter-narratives often complicate and restructure dominant constructions, highlighting the manner in which they fail to capture a particular viewpoint

or human experience. As Bamberg suggests, “the diversity and multiplicity of language creates the possibility of resistance because non-hegemonic discourses can be used to destabilize and subvert hegemonic discourses” (2004, p.204).

By engaging counter-narratives, feminist perspectives suggest that research actually becomes more objective and expansive (Harding, 2003). Harding argues that individuals construct reality in multiple ways, from various standpoints, mediated by social context, power, and position (Harding, 1993). She argues that researchers should first engage marginalized individuals to elucidate silenced perspectives; marginalized lives, she argues, often bring forth new perspectives on powerful groups and social norms overlooked by the powerful groups, themselves (Harding, 1993). Therefore, by engaging and privileging multiple perspectives, and particularly, by starting with marginalized lives, the researcher actually becomes more objective and informed compared with traditional positivist methods which fail to question master narratives and related inferences (Harding, 1993).

In the study context, I frame the clinical perspective as a “master narrative” or as dominant discourse (Bamberg, 2004), providing a commonly held construction of the behaviors and identities of youth in out-of-home care. Exploring psychological agency from the perspectives of youth, including the process of meaning making and the enactment of intentional, goal-oriented activity, leads to the construction of a counter-narrative. These alternative stories challenge prominent social constructions (Bamberg, 2004). Eliciting narratives from youth embedded in the mental health system, a marginalized and socially silenced group, can inform the current body of research, which is predominantly in the voices of more powerful groups. Engaging youth to provide

accounts and perspectives of the mental health system can contribute to the construction of counter-narratives, which can bring forth new research questions and implications for practice. I utilize positioning theory as a tool for understanding counter-narratives relative to dominant discourses (Bamberg, 2004). In the next section, I provide an overview of positioning theory and discuss its utility for the study of social dynamics within specific socio-historical contexts.

Positioning Theory: Theoretical and Methodological Rationale

Positioning theory is a way of conceptualizing social relationships through the manner in which individuals position themselves and others in discourse (Harre & Gillet, 1994). "Positioning", a fluid concept, replaces the more static notion of "roles" that individuals possess in social relationships (Harre & Gillet, 1994). The theoretical rationale for positioning theory is that it provides a means for studying human behavior and relational dynamics in an interactive context. As Harre and Mohaggadam explain:

> An important feature of social behavior is the collaborative construction of social reality and the mutual upholding of particular interpretations of the world. By implication then, psychology should also explore collective processes rather than only focusing on isolated individuals in static situations (2003; p.3).

Positioning theory reflects the complex social dynamics underlying discursive exchanges. Discursive positioning allows individuals to perform particular identities and perspectives within social encounters. Because positioning theory highlights the complexity of social relations within specific social contexts, it addresses an important limitation highlighted by Martin, et.al. regarding the study of agency (2003). Traditional research methods in

psychology tend to reduce agency by studying social factors in a static context; in contrast, positioning theory allows researchers to study the emergence of agency processes in social context without reducing them (Wilkinson & Kitzinger, 2003).

The act of positioning can be deployed in an interactive and reflexive context (Davies & Harre, 1999). Interactive positioning occurs when individuals position others through discourse, and reflexive positioning occurs when individuals position themselves (Davies & Harre, 1999). This process is complex and relational, as positions are constructed "relative to other positions in some complementary or reciprocal fashion" (Parrott, 2003; p.31). Of course, individuals involved in a social encounter may have conflicting ideas about the unfolding "storylines", as well as the validity of the perspectives offered and the positions assigned (Harre & Moghaddam, 2003). What often ensues in social exchanges is the act of challenging the manner in which one is positioned and proceeding to reposition oneself, a process Harre & Moghaddam term "metapositioning" (2003). Positioning reflects the continuously changing nature of power relations within the context of social exchanges in a fluid manner.

The manner in which individuals position themselves and others (Harre & Gillet, 1994) highlights perceived power differentials and relational dynamics, as "language and power are…intertwined" (Ahearn, 2001). Through social interaction, power relations are articulated and enacted, with some individuals benefiting more than others (Harre & Mohaggadam, 2003; Harre & Slocum, 2003). Through the process of interactive positioning, identities may be "imposed on persons, both interpersonally and institutionally" (Skinner et.al., 1998). When individuals are positioned in an oppressive

manner, the range of actions that are socially possible become further constrained (Harre & Slocum, 2003).

As it relates to the impact of positioning on power relations, Parrott coined the term "malignant positioning" to denote the process by which an individual becomes constrained and stigmatized in the context of a social encounter, as they are positioned as inferior or incompetent (2003). Parrott notes that malignant positioning results in a person being defined by his or her deficits (2003). This malignant positioning leads to the construction of narratives of marginalization, with implications for the manner in which the individual is perceived by others and perhaps the manner in which the individual sees himself or herself. Parrott applied the notion of malignant positioning to individuals with Alzheimer's Disease and suggests that this deficit-based positioning leads to the construction of a narrative that acts to reaffirm stigmatizing portrayals (2003).

In this dissertation, I apply the notion of malignant positioning to youth with emotional and behavioral diagnoses. Individuals with clinical diagnoses are at a disadvantage in repositioning themselves, as dominant discourse on psychopathology is especially stigmatizing. Wilkinson & Kitzinger note that receiving a clinical mental health diagnosis leads to an "official" and "momentous" positioning (2003, p.165). Malignant positioning can result in a loss of humanity, as the complexity of self and agency is rendered inconsequential. Additionally, I consider the notion of malignant positioning to explore the process by which individuals or institutions develop the legitimacy necessary to powerfully position others. Notions regarding the legitimacy of institutions reflect broader cultural values (Tyler, 2006). Due to its prominence in the

literature, I argue that the clinical perspective on youth in out-of-home care is largely taken to be authoritative and legitimate. McDermott and Varenne refer to this deficit-based approach as "the power of a culture to disable" (1995). Evaluating power relations through the concept of positioning allows for a critical exploration of cultural systems, as notions of disability and mental illness are constructed in particular socio-historical contexts. As McDermott & Varenne suggest, "disabilities are less the property of persons than they are moments in a cultural focus" (1995; p. 324).

When drawing from positioning theory to explore power relations, discourse on emotion becomes salient. Another discursive positioning strategy which leads to individuals being disadvantageously positioned is the challenging and questioning of their emotions (Parrott, 2003). As Parrot explains, "one way of positioning one's opponents is to state what emotions they ought to be feeling and to characterize as inappropriate the emotion they are feeling" (2003; p.29). Further, in the context of a social encounter, individuals may re-label or reinterpret another's emotions. In the study context, youth describe the process by which their emotions are interpreted by clinicians as indicative of psychopathology. By looking closely at power relations through the lens of positioning theory, I present a dynamic analysis of social relations and open a space for the exploration of critical perspectives on institutions and dominant discourses.

Central considerations for the exploration of social dynamics within the framework of positioning theory are notions of addressivity (Bakhtin, 1986) and orientation toward audiences (Parrott, 2003; Harre & Slocum, 2003; Daiute & Lightfoot, 2004; Daiute et.al., 2003). Consistent with his theory of the dialogical quality of narrative, which encompasses the personal and social functions of narrative, Bakhtin

noted the importance of addressivity; to whom one is fashioning a narrative (1986). Addressivity in narrative is a "constitutive feature" and "without it the utterance does not and cannot exist" (Bakhtin, 1986 p. 99). Embedded in narratives are implicit and explicit "audiences" (Daiute, 2001). To fully understand a narrative is to listen for "voices that have in some way influenced the narrators, those that would want to silence them, and those who might be influenced by them" (Daiute & Lightfoot, 2004, p.1). As individuals position themselves and others in discourse, "storylines evolve in imaginary dialogues and conversations based on the multiple vantage points of oneself as well as a host of imaginary others" (Taylor, Bougie, & Caoutte, 2003). The content and tone of narratives change as narrators position themselves relative to various audiences; a methodological tool for exploring the role of audience in the construction of narratives and the positioning of actors within narratives is to make such audiences explicit by asking individuals to specifically orientate their narratives to certain persons or institutions (Daiute, et.al., 2003). By requesting that individuals address certain persons or groups in narrative, such audiences are made explicit. Orienting participants toward explicit audiences clearly delineates to whom the participant is speaking, and the manner in which the participant positions himself or herself relative to this audience, revealing valuable insights into social dynamics and power relationships (Daiute, 2001). By integrating audience into a positioning analysis, I extend the inquiry, facilitating an exploration of youth perspectives on institutions.

The agentic function of discourse is reflected through positioning theory. The manner in which individuals position others in discourse, and how they reflexively position themselves highlights the relational dynamics between individuals (Harre, 1994).

Further, by studying agency in the context of narrative inquiry, I explore how individuals respond to "coercion, persuasion, and social structuration" implemented by powerful social institutions (Giddens, 1979). Human agency encompasses the manner in which individuals respond to the dominant discourse or the "preexisting discursive order" (Harre, 1994). In the study, I analyzed narratives to determine when participants position themselves as agents, instruments of other agents (Bleiker, 2000), or other complex relational configurations. Relying on the tools of narrative inquiry, critical youth perspectives are explored in a dynamic and interpersonal context.

Research Questions

To guide this dissertation, I developed several research questions. These research questions address the pathways and precipitants to restrictive and intensive mental health placements experienced by youth, along with youth trajectories toward agentic activity. The questions also address agency as a theoretical construct as it applies to youth negotiations of mental health treatment as well as the manner in which participants linguistically position themselves and others, with implications for power and agency. Further, the questions address the impact of socio-cultural constructs and dominant discourses on meaning making processes and identity as well as the Youth Movement as a context for agentic activity. This inquiry extends to the applied domain, as I explore implications for clinical practice and future research.

This dissertation is guided by the following questions:

1- What are the central pathways to placement in residential treatment centers and facilities and inpatient facilities? What are the developmental pathways toward agency and activism in the Youth Movement?

2- How do Youth Movement Leaders and youth forum participants experience and enact agency in the context of the Youth Movement?

3- Which conflicts are most salient to youth as they navigate different out-of-home contexts?

4- How are agentic enactments by youth privileged, silenced, or censored by powerful others? How do youth position themselves and others in the context of these social interactions?

5- What do youth-in-care want others to know, and how do they make meaning of their experiences? How can the study of youth agency framed in socio-historical perspective inform future research and mental health practice?

In the next chapter, I detail the methodology used to address these research questions, including information about the study context and design, interview protocols, and coding schemes.

CHAPTER 2: METHODOLOGY

Study Plan

In this dissertation, I utilize a narrative approach to highlight critical youth perspectives on the mental health system. Specifically, I collected narratives to explore the personal trajectories of youth with histories in the mental health system, the history and development of the Youth Movement in mental health, and the diverse insights and experientially-based perspectives youth provide concerning the mental health system.

During the first phase of the research, I interviewed members from three youth forums located in different regions of New York State to explore the developmental trajectories of the youth, including their personal involvement in the mental health system. In the context of the interview, I asked the participants to discuss their lives, elaborating on events they deemed most significant. I then interviewed the participants using the semi-structured interview protocol, during which they were asked specific questions about their experiences in intensive and restrictive out-of-home care settings, including the advice and insights they had to offer to various explicit audiences (see Daiute et al., 2003).

During the second phase of the research, I interviewed four individuals identified as leaders of the Youth Movement individually, to explore their personal trajectories in the mental health system and their personal histories as activists during the initiation of the Youth Movement. I then interviewed the four Youth Movement leaders as a group, during which a history of the Youth Movement was constructed and discussed, along with the mission and goals of the Movement. The Youth Movement leaders provided significant archival documents representative of the work of the Youth Movement during the group interview. These documents were authored by youth. Another central topic

addressed during the group interview was the anticipated future directions of the Youth Movement.

Study Setting

The overall context of the study is the New York State Youth Movement. I recruited participants from youth forums throughout New York State with missions consonant with the principles of the Youth Movement. Specifically, I recruited participants from youth forums in Plattsburgh, New York (Clinton County), White Plains, New York (Westchester County), and Elmira, New York (Chemung County). I conducted all interviews on-site at each youth forum location, which allowed me to observe the dynamics of each group. Interviews with the Youth Movement leaders took place in Albany, New York, the location of the YOUTH POWER! offices. YOUTH POWER! is a new initiative of the Youth Movement.

Study Participants

Participants in the study consisted of twelve youth forum participants and four Youth Movement leaders (n=16). Of the participants, eleven were female and five were male. Nine identified themselves as Caucasian, four identified as African-American, and three identified as Hispanic. Youth forum participants were individuals, aged 16-24, currently involved in advocacy forums for youth with a history in the mental health system. I recruited these participants from four active youth forums in the aforementioned regions of New York State. All participants have a history of placement in restrictive and intensive settings, including residential settings or inpatient hospitalizations. In the present discussion, residential treatment will be operationalized as a dormitory or campus-like setting in which youth with mental health diagnoses reside

full time, receive in-house schooling and mental health treatment, and are monitored by staff 24 hours per day. Most youth interviewed for this study have experience in multiple placements, including both residential and less restrictive settings, such as group homes and foster care. All youth forum participants had experienced placement in residential treatment centers or facilities, or inpatient hospitals; most participants experienced both. The placement histories of these participants are consistent with the literature on youth in restrictive and intensive placements, in that multiple placements and complex histories in the system were evident. Below is a chart listing the age of each participant in addition to the placements each individual experienced. Many participants experienced several placements within each category; for example, many were hospitalized numerous times, experienced multiple placements in residential treatment centers or facilities, or experienced multiple foster home placements.

Table I

Placement Histories

Participants	Foster Care	Group Home	Residential Treatment Center/Facility	Homeless Shelter	Assisted Living/ Apartment	Homeless (Streets)	Psychiatric Hospital	Juvenile Detention	Incarceration/ Prison	Drug Rehabilitation Center
Marie, age 21		X	X			X	X	X	X	
Tanya, age 20	X		X	X	X		X			
Eddie, age 23		X		X	X		X			
Jason, age 20			X		X		X			
Anthony, age 21			X				X		X	
Kim, age 21		X	X				X	X	X	X

Lindsay, age 26			X				X			
Sophie, age 35							X			X
Sara, age 18	X	X	X				X	X		X
Jennifer, age 18							X			
Mike, age 19			X					X		
Diana, age 18	X	X	X					X		
Brian, age 16	X						X			
Zoe, age 23			X				X		X	
Denise, age 28	X						X			
Total	5	5	10	2	3	1	13	5	4	3

Along with youth forum members, the study participants included four individuals who initiated the Youth Movement in New York State, referred to hereafter as Youth Movement leaders (n=4). These individuals were active in forming early youth forums in various regions in New York State and authored documents detailing the objectives of the Youth Movement. These participants previously held or currently hold significant positions in county and state mental health agencies. They continue to be active in the work of the Youth Movement as peer allies and mentors, and they are active in related mental health and disability movements on county, state, and national levels. .

Study Design

I recruited participants for this study by contacting leaders at regional youth forums via email. The purpose of the study was described, and contact information was provided to interested individuals. All youth under the age of 18 were first asked to bring back a signed parental consent form. At the start of each interview, I gave youth under the age of 18 a child assent form, which I explained in detail. I provided all participants

aged 18 or over with a consent form at the start of the interview, which I also explained in detail.

I conducted all interviews at each of the four regional youth forum locations, following the signing of all appropriate consent and assent forms. At the close of each interview, I asked the participants if they had any questions about the research. At all of the sites visited, the participants provided me with a tour and discussed the activities each forum was currently engaged in, including conference presentations, speaking engagements, recreational activities, and support services and outreach for other youth. By conducting the interviews on site, I was able to better understand the additional, contextualized details of each group, its dynamics, goals, and objectives. All of the youth forums I visited were involved in efforts consistent with the overall mission of the Youth Movement.

Interviews

Personal Trajectory Narratives:

I elicited personal trajectory narratives from the participants through an extensive interview. During these interviews, I asked the youth forum members to discuss the events in their lives that they deemed most significant. Participants recounted life events that they viewed as most salient to their development and reflexively commented on these events. I elicited the personal trajectory narratives in an open-ended fashion, by asking guided questions based on the content provided by the participants. Both youth forum members and Youth Movement leaders provided personal trajectory narratives. While the personal trajectory narratives were not based solely on experiences in care,

most participants discussed their personal experiences in the system explicitly. I collected a total of fifteen personal trajectory narratives.

Semi-structured Interviews:

After conducting interviews to elicit the personal trajectory narratives, I met with each youth forum participant again to conduct a semi-structured interview. During the semi-structured interviews, I asked the youth forum participants several questions regarding their specific experiences in the mental health system, including the manner in which the experience of placement impacted their lives. In contrast to the personal trajectory component, which elicited open-ended narratives, I asked specific questions during the semi-structured interview to explicitly address topics regarding the experience of out-of-home care, including the experience of being placed and diagnosed. During the semi-structured interview, I made several audiences explicit to the participants (see Daiute, et al., 2003), such as mental health providers, other youth entering the mental health system, and direct care staff. I asked each participant what they would like each audience to know about their experiences in residential treatment and other placements, and to provide each audience with suggestions for change (see Appendix B). Guided by the notion of addressivity (Bahktin, 1986) and audiences (Daiute, et.al., 2003), this method highlights power dynamics and relationships between youth and individuals in the context of the mental health system. This aspect of the semi-structured interview allowed me to position the participants in an agentic fashion to explicitly investigate youth perspectives in a more dynamic, interpersonal context. I collected eleven semi-structured interview narratives. I did not interview the Youth Movement leaders using

this protocol, but tailored my interviews with the leaders toward their involvement in the initiation of the Youth Movement, as described below.

Youth Movement Leader Individual Interview:

In addition to discussing their developmental trajectories, I asked the Youth Movement leaders to describe their personal involvement in the initiation of the Youth Movement. Specifically, I asked the Youth Movement leaders to describe what precipitated their involvement, and their perspectives on how the Movement transpired. I asked these questions following the personal trajectory protocol described above. The Youth Movement Leader Individual Interviews were then reanalyzed as an integral component of the construction of a history of the Movement. I conducted individual interviews with each of the four Youth Movement leaders (n=4).

Youth Movement Leader Group Interview:

During the group interview, I asked the Youth Movement leaders to discuss the history of the Youth Movement and their personal involvement in the Movement's efforts. I asked the Youth Movement leaders to describe the most significant events in the development of the Movement, including other specific questions about their past and future involvement (see Appendix C). During the Youth Leader Group Interview, the archival documents provided were discussed in the context of the development and history of the Youth Movement. The group interview data provided detailed information regarding systemic issues and conflicts arising throughout the mobilization of the Movement, in addition to information concerning the central goals, objectives, and principles of the Youth Movement. During the group interview, exchanges between the Youth Leaders allowed me to note commonalities and differences in each individual's

ideology and approach to activism. I conducted one in-depth group interview with the four Youth Movement leaders, in addition to follow-up communications.

Archival Data

I collected Archival data from the Youth Movement leaders during the individual and group interviews. These documents include youth developed pamphlets and documents from various points in the history of the Youth Movement. During the Youth Movement Leader Group Interview, the significance of these documents was discussed in historical context. Documents included "Choice thru Voice", "What Helps and What Harms", and several pamphlets, newsletters, and releases provided by the YOUTH POWER! initiative.

Data Analysis

All data were transcribed and subsequently coded. I first analyzed the personal trajectory narratives for script-like qualities (see Daiute & Nelson, 1997) and then coded for agency statements and conflict discourse. I coded the semi-structured interview data for agency statements, conflict discourse, in addition to an analysis of the content. I performed the semi-structured content analysis to note the most frequently addressed institutional care practices, including detailed recommendations for change. Because one of the research questions leading this dissertation addresses the implications of this dissertation for future practice, I included a content analysis, which highlighted youth suggestions for change. Like the personal trajectory narratives, I coded the individual youth leader interviews for initiating events, which shaped the development of the Movement, in addition to the conflicts and tensions that abounded over the course of the Movement's history. I constructed a history of the New York State Youth Movement in

mental health by analyzing data from the individual Youth Movement leader interviews and the group Youth Movement leader interviews in conjunction with the provided archival documents.

Scriptlike Qualities

I surveyed the personal trajectory narratives first for script-like qualities, which indicate general action sequences across narratives, (Daiute & Nelson, 1997) to determine the typical trajectory of restrictive placement for youth in the mental health system. Script-like qualities provide an overview of the central events within the narrative. The analysis of script-like qualities broadly conveys the manner in which out-of-home placement is embedded in each youth's personal trajectory and provides an abbreviated view of each narrative text. According to previous research, youth are often placed in residential treatment after multiple failed placements (McNeal et al., 2006). Further, youth are often referred to residential treatment from non-family settings (Pottick et al, 2005). Assessing the script-like qualities of the life history narratives provides a general picture of the pathways to residential placement, which sometimes includes multiple psychiatric hospitalizations, foster care placements, group home placements, placement in juvenile detention and the criminal justice system, and periods of homelessness. Though previous research notes the common characteristics of placed youth, such as the experience of multiple placements, an overarching goal of this dissertation is to address the pathways to placement as well as each participant's trajectory as it relates to involvement in the Youth Movement. To this end, I analyzed the script-like qualities across the narratives to note similarities and differences in the pathways to placement, starting with general frameworks and then adding detail from the

narratives. This approach is a new contribution to the body of literature, as I linked the precipitants and consequences of initiating and complicating events, noting the processes leading to placement in contrast to simply noting which placements each participant had experienced.

To assess the scriptlike qualities of the narratives, I closely reviewed each personal trajectory narrative several times and recorded the most central events discussed by each participant. These scripts were then evaluated across the data set to examine commonalities across the developmental trajectories (Daiute & Nelson, 1997). One participant's script is provided below:

Table 2

Script Example for Participant 1

Data Subject 1: Marie, age 21

Parents divorced, mother remarried an abusive man
Moved to a new state, farther from grandfather (whom she was close to)
Depression/cutting behavior started; mother responds with punishment
Claimed she was hearing voices, which she later denied- resulted in a hospitalization
Released from hospital, problems adjusting to a new school
More cutting, 2nd hospitalization
Moved in with father/stepmother
Kicked out by father after physically fighting with stepmother
Moved in with grandparents
Started to drink
Sent back to mother, went to an alternative high school
3rd hospitalization
Released from hospital, physical fight with mother and stepfather
4th hospitalization
Sent from hospital to residential facility in a different state
Residential facility- locked down, was forced to run in the heat, significant weight gain from the medication and food
Grandfather passed away
Left residential facility for a group home with 7 other youth
During placement in the group home, three more hospitalizations and a short placement in juvenile detention
Ran away with a friend during the school day

Picked up by another friend and went to a city in California, homeless, stayed in abandoned buildings
Developed pneumonia, went to a hospital (medical) and was sent out of state to another residential facility, forcibly medicated
Residential facility was very restrictive/coercive, tried to convert youth to Mormonism; stayed for 1 ½ years
Left at age 17, moved to an adult group home
Became addicted to drugs
Incarcerated after running a scam for drug money
Detoxed from drugs in jail, was released from jail, put on probation, got a job, moved in with cousin, started doing drugs again
Moved out of cousin's apartment, stayed with a friend, then found a room to rent, got a job
Got involved with Youth Forum
Hopes to enroll in college, become a social worker

By looking at each participant's script, I was able to note events experienced by most or all participants. I then developed diagrams, or visual maps, to provide a representation of each participant's script, which are included in the following chapter. I examined each participant's visual map to determine commonalities across their pathways to placement. From these maps, I determined that the most notable and common central events were placement experiences in residential treatment facilities, placements in inpatient hospitals, and involvement in activism through the Youth Movement. I then created scripts based on these important events to note the precipitants and consequences leading to these placements in addition to precipitants and projected goals following each participant's involvement in the Youth Movement. After constructing these three central scripts (RTF placement, hospitalization, and Youth Movement involvement), I went back to the data set to provide specific excerpts in which participants detailed these events. The excerpted data examples allowed me to present the processes through which these scripts become stories, and also shed light on the

nuances and meaning making processes that each participant uniquely applied when discussing these central events.

Coding Scheme: Agency Statements

I analyzed the personal trajectory narratives, individual youth leader narratives, and semi-structured interviews for statements of agency. As discussed in the previous chapter, I developed the agency codes based on current theoretical perspectives on agency (Ahearn, 2001, Jenkins, 2001) in conjunction with findings from the pilot study data. The agency codes included oppositional agency (Goddard, 2000, DesChene, 1998, Fraser, 1992), agency through compliance (Jenkins, 2001), agency through dialectical thinking (Jenkins, 2001), collective/transformative agency (Stetsenko & Arievitch, 2004), and agency through active/engaged choice (Jenkins, 2001, DesChene, 1998). The table below provides a summary of the agency codes, including definitions of the codes and excerpted data examples.

Table III

Agency Types, Definitions, and Excerpted Examples

Agency Type	Definition	Excerpted Data Example
Oppositional Agency	The agent is acting against or opposing/resisting prevailing social, cultural, and institutional constructions, forces, practices, or structures.	"When [a youth] is not following his treatment plan, it's not because he's oppositional defiant. It's because it's not what he wants. He doesn't want to do that, and you said that's what he's going to do."
Agency through Compliance	The agent intentionally chooses to adhere to prevailing social, cultural, and institutional practices, forces, or structures.	"Try to behave. Try to listen….I went through it and one thing I learned is that if I just listened, so much could have been avoided."
Agency through Dialectical Thinking	The agent cognitively constructs an alternative or	"I really want to work on getting another youth forum

	suggests a solution to the prevailing social practices or problems. This is a projective or reflexive component to agency.	(advocacy group) set up for people with developmental disabilities, too because as little mental health stuff there is, there's even less for people with developmental disabilities."
Collective/Transformative Agency	Agents work collaboratively to change institutional structures and practices.	"The only way things will change is if *we* [youth advocates] change them"
Agency through Active/Engaged Choice	The agent makes choices and executes goal-oriented activities not otherwise captured through compliance or resistance	"I got put back in placement by my own request through CSE."

In addition to the codes listed in the table above, I developed subcodes after a preliminary reading of the data set. I divided oppositional agency into two subcodes: resisting authority and advocating. I divided agency through dialectical thinking into three subcodes: suggesting alternatives/solutions; orientating toward the future; and reflexivity. The table below provides a summary of these subcodes and excerpted data examples.

Table IV

Agency Subcodes: Definitions and Excerpted Examples

Agency Subcodes Table

Agency Subcodes:	**Definition:**	**Excerpted Data Example:**
Resisting Authority (Oppositional Agency)	The agent breaks, resists, or opposes rules set forth by institutions or other authority figures.	"So I was bad. Until I got kicked out of my home. Because I wanted to be with my sister."
Advocating (Oppositional Agency)	The agent advocates for opportunities in line with his or her *personal goals,* which may stand in	"I stopped going to school and they [the school administrators and personnel] started threatening to send me back to residential. So I wrote a long letter to

	contrast with the treatment plan or institutional perspective.	them about why residential was just worthless. I didn't get anything out of it, so why send me back there?"
Suggesting Alternatives and Solutions (Agency through Dialectical Thinking)	The agent suggests *systemic changes* which contrast with current practices.	"Services need to be changed. When they're making your plans, they're doing it based on what they know, not what the child wants. I would sit in meeting after meeting, and they would ask if I agreed, and I'd say no. Because it's not what I thought I needed or wanted. It was what they wanted."
Orientating toward the Future (Agency through Dialectical Thinking)	The agent discusses the manner in which he or she can influence his or her *future* options and opportunities.	"I've got to keep going to track. If I do that, I can probably go to a decent college. Maybe get a scholarship."
Reflexivity (Agency through Dialectical Thinking)	The agent *reflects on past experience*s and makes meaning of these experiences relative to current and future goals or directions.	"I think of what a stronger person it made me. Because I think if I wouldn't have gone through those experiences, then I wouldn't know what I know now and things would not have been the same way."

After the data was coded for agency statements, I re-coded the agency statements for place and context. I developed the Place/context codes to analyze the situational context in which the agentic activity was taking place. I created the Place/context codes for home/family, school (non-residential), group homes/foster care placements, residential placement or juvenile facilities, prison, community settings, and psychiatric hospitals. The purpose of the place/context codes was to analyze if particular situational contexts were noted by the participants as sites in which specific agency dimensions were enacted. Because several of my research question relate to agency and the manner in which it is enacted by youth in various social and institutional contexts, I executed a fine grained agency analysis that is context-sensitive. This coding scheme is consistent with

socio-historical theory, as agentic development and activity are analyzed in an embedded fashion.

After coding each personal trajectory narrative and individual youth leader narrative for place/context and agency statements, I constructed a chart for each participant, listing the frequencies of each agency dimension discussed within specific places and contexts. I then calculated totals for each subcode in addition to each of the larger agency codes. The totals for each of the larger agency codes (oppositional agency, agency through compliance, agency through dialectical thinking, collective and transformative agency, and agency through active/engaged choice) are listed in bold. Below is an example of one participant's agency and place/context chart.

Table V

Agency Coding Table for One Participant

	Place/Context						
Agency Dimensions	Home/Family (P1)	School (Non-Residential) (P2)	Group Home/Foster Care (P3)	Residential Juvenile (P4)	Prison (P5)	Community Setting (P6)	Psychiatric Hospital (P7)
Oppositional Agency Total (A):		**3**		**2**			
Resisting Authority (A1):		2					
Advocating (A2):		1		2			
Agency through Compliance Total (B):				**2**			

Agency through Dialectical Thinking Total (C): *Suggesting Alternatives and Solutions (C1):* *Orientating Toward the Future (C2):* *Reflexivity (C3):*				**1** 1		**4** 2 2	
Collective Transformative Agency Total (D):						**22**	
Agency through Active/Engaged Choice (E)				**2**		**3**	

After an agency and place/context chart was constructed for each individual participant, I constructed a chart with the frequencies of agency statements noted across the entire data set. These findings will be discussed in the Chapter 5.

Coding Scheme: Conflict/Positioning

I analyzed the semi-structured interview data from the first question, in which I asked participants about their experiences in various out-of-home placements, for the significant conflicts identified by the participants. Conflict codes were constructed to analyze notable tensions in each individual's developmental trajectory, relevant to out-of-home placement. After coding for conflict, I drew from positioning theory to understand

the manner in which participants positioned themselves and others, and the matter in which they were positioned by others and responded to this positioning, in the context of the conflicts discussed (see Davies & Harre, 1999). I divided the conflicts into three main areas, including institutional conflicts, developmental conflicts, and reflexive conflicts. Within these areas, I developed specific subcodes. The chart below lists each conflict code, including a definition and excerpted data example:

Table VI:

Conflict Types, Definitions, and Excerpted Examples

Conflict Type:	**Definition**	**Excerpted Data Example:**
Institutional Conflicts		
Regulations/Practices: Medication	The individual discusses conflicts arising due to forced medication, over medication, or lack of communication concerning medication.	"And I changed medications so many times. And nowadays, I see on the t.v. 'did you take this medication? You might have this and you're entitled to money'. A lot of them. They don't test those drugs properly before they give them to people."
Regulations/Practices: Problematic Treatment/ Coercion	The individual discusses coercive treatment practices, which specifically included: being forced into treatment; being lied to about the nature of services; being placed in quiet rooms. The individual discusses treatment practices which they deem unhelpful, limited, and otherwise inconsistent with their goals. This does not including restraint practices.	"You get into an argument and you get put into a padded room. You get put into a padded room if you get in an argument. You swear, you get put into a padded room."
Regulations/Practices: Restraint	The individual discusses conflicts surrounding the use of physical restraints.	"And that didn't go well and the staff literally jumped on him, tackled him to the

		ground and they messed up his collarbone, they attacked him so hard. I think it was broken, because he started screaming after he hit the ground that his shoulder was busted or something. It was horrible."
Regulations/Practices: Poor Educational Services	The individual discusses conflicts arising from poor, developmentally inappropriate educational services.	"My English teacher, he would give us spelling tests like a regular school. Okay, we'll do our spelling test, and next week we'd get the same words to do. Are you serious? Hippo. Dog. Phone. Words you should know by now, why are you giving them to us? You're really giving me the word dog?"
Interpersonal Conflicts Within Institutions: Conflicts with Mental Health Provides	The individual discusses conflicts with therapists, psychologists, social workers, or psychiatrists.	"My psychiatrist at the time, I would meet with him for fifteen minutes, and he would give me pills, and he would tell my mother that I just needed a father figure to yell at me and get me to do it."
Interpersonal Conflicts Within Institutions: Conflicts with Staff	The individual discusses disagreements or general conflicts with direct care staff, residential teachers, or therapeutic foster parents.	"My teachers would irritate me and I would just not respond to them the right way."
Interpersonal Conflicts Within Institutions: Conflicts with Peers	The individual discusses conflicts with peers occurring specifically within an institutional setting.	"The girls in residential were not very nice to me at all."
Transitional Conflicts (Upon Discharge): Lack of or Inappropriate Discharge Plan	The individual discusses conflicts surrounding the lack of a clear discharge plan or a discharge plan that does not meet his or her needs.	"And my residential, being the residential it is, their success isn't based on how good their kids do after they leave, but it's by where their kids go when they leave. So they pressured me to go away to school, even though I wasn't ready."

Transitional Conflicts (Upon Discharge): Lack of Housing Options Following Placement	The individual discusses an absence of housing options following discharge from placement.	"I was released from residential and I didn't have a set place to go."
Developmental Conflicts:		
Autonomy	The individual discusses conflicts arising from a desire to assert his or her independence.	"I wanted to do what I wanted to do, and she was still treating me like I was a little kid."
Interpersonal- Conflicts with Family	The individual discusses family conflicts and problems.	"I was placed out of the home. Me and my brothers all were. Because my mom had to go to rehab."
Interpersonal- Conflicts with Peers	The individual discusses conflicts with peers, not in the context of residential placement	"I had a big fight with my friend and she didn't talk to me for a long time."
Intrapersonal/Reflexive		
Behavior Incongruent with Beliefs/Feelings	The individual discusses internal conflicts resulting from behaving in a manner that conflicts with his or her values.	"I opened my eyes and realized that what I had done was wrong."
Psychological Discomfort	The individual discusses psychological discomfort, including disappointment, depression, anxiety, or mental health symptoms.	"Looking back, I realize that a lot of my issues were around a total lack of control. I had no control over what happens to me and the anxiety that provokes."
Identity Processes	The individual discusses an personal search for identity and sense of self, including a projective desire for future goals and accomplishments.	"I see it as everybody has problems, and I might have had a little bit more than some people, but I'm still a good person and I still can do great things. I have great accomplishments and goals."

Consistent with the agency analysis, I developed an individual chart for each participant based on the data from the first semi-structured interview question regarding placement experiences, to determine frequencies for each conflict code, and finally, a composite chart citing frequencies of conflict codes across the narratives. I coded both

the personal trajectory narratives and the semi-structured interview data for conflicts. Because the semi-structured interviews were based on a different interview protocol for eliciting narratives than the personal trajectory narratives, I analyzed and discussed the data separately. Below is an example of an individual conflict coding chart for the personal trajectory narratives. Like the agency and place/context chart, the totals are listed by subcode, and then in bold for each larger code.

Table VII

Conflict Coding Table for One Participant

	PLACE/CONTEXT						
CONFLICTS	Home/Family (P1)	School (Non-Residential) (P2)	Group Home/Foster Care (P3)	Residential Juvenile (P4)	Prison (P5)	Community Setting (P6)	Psychiatric Hospital (P7)
<u>INSTITUTIONAL</u>: (F)			**4**	**22**			
Regulations/Practices (F1) - Medication (F1-A) - Inappropriate treatment/coercion(F1-B) - Restraint (F1-C) - Poor educational services (F1-D)				 3 5 1			

Interpersonal (w/in institution) (F2) - mental health professionals (F2-A) - staff (F2-B) - peers (F2-C)			2	1 9 3			
Transitional (discharge) (F3) - lack of/inappropriate discharge plan (F3-A) - lack of housing options (F3-B)			2				
DEVELOPMENTAL: (G)	**7**						
Autonomy (G1)							
Interpersonal (G2) - conflicts with family (G2-A) - conflicts with peers (G2-B)	7						
INTRAPERSONAL/REFLEXIVE (H)	**1**			**4**			**3**
Behavior incongruent with beliefs/feelings (H1)							
Psychological discomfort (H2)	1			1			
Identity processes (H3)				3			3

Semi-Structured Interviews: Content Analysis

For questions 2 and 3 from the semi-structured interviews, which inquired about the experience of being placed and diagnosed and what youth would like to change about out-of-home placement, I conducted an analysis of content. Because my research questions inquire about youth suggestions for change to the mental health system, I wanted the analysis to explicitly indicate the responses offered by the youth, and the commonalities and frequencies of the responses given.

To analyze youth responses to the question on the experience of being placed and diagnosed, I provided an overview of each youth's individual response, which I then divided into three analytic categories. These analytic categories emerged from a close analysis of the data. The youth responses were grouped in categories labeled "negative psychosocial ramifications", "therapeutic value", and "questioning diagnostic validity". These categories represent the three central topics that emerged from the data.

To analyze the data from question 3, which addresses what youth would like to change about out-of-home placement, I conducted an analysis of all the ideas offered by the youth, noting the most and least frequent suggestions. A table of frequencies is listed in Chapter 4 and excerpted data examples are provided to contextualize the most frequent suggestions offered by youth.

Semi-Structured Interviews: Explicit Audience Questions

To analyze the data from the explicit audience questions, during which the youth were asked to tailor their responses to audiences of other youth, mental health professionals, and powerful individuals in the mental health system, I conducted a content and agency analysis. To note the specific suggestions offered by youth, I constructed tables summarizing specific youth responses. I also conducted an agency

analysis, using the analytic agency categories described above. I analyzed the agency statements made by the youth as they referenced each particular audience, noting which agency categories were most frequent. I provide excerpted data examples to contextualize the agency statements.

Group Leader Interview Analysis and Archival Document Analysis

To develop a history of the Youth Movement, I analyzed the group leader interview data in addition to the individual youth leader interview data. In the context of the group interview, the youth leaders provided information about the history and timeline of the Youth Movement. They also provided me with documents, such as Power Point presentations, which outlined their construction of this timeline. I relied upon interview data and these documents to construct a history of the Youth Movement, which provides an overall context through which the youth narratives are embedded.

After constructing a history of the Youth Movement, I analyzed the content of the youth leader individual interviews and the youth leader group interviews for initiating events and conflicts that abounded as the Movement developed. By reading the individual and group interview data many times, I pinpointed the events discussed by the youth leaders as being most pivotal and important in the initiation of the Youth Movement. I then analyzed the data for instances of systemic conflicts and tensions that abounded. In Chapter 6, I present a history of the Youth Movement and an overview of initiating events and conflicts, supporting the analysis with excerpted data examples from the individual and group interviews.

In addition to analyzing the content of the individual and group interviews, I reviewed several archival documents provided by the youth leaders. These documents

were authored by youth and represent the goals and initiatives of the Movement. The purpose of the archival analysis was to explore the goals and initiatives of the Youth Movement through the lens of the work created by young people. An overview and summary of the issues presented in these documents will be presented.

In the chapters that follow, the results of the aforementioned analyses are discussed. In Chapter 3, I present the findings of the script analysis. In this chapter, I describe the precipitants and consequences to residential placement and inpatient hospitalization for young people. I also discuss the pathways to youth agency and youth involvement in activism. In addition to providing the script-like details of these events, I also present the storied details that unfolded across the narratives. In Chapter 4, I present an overview of the findings of the explicit audience questions, which were asked in the context of the semi-structured interviews. I present an analysis of the insights offered by youth as they referenced these audiences, which included mental health providers and direct care workers, as well as other youth entering the mental health system. In Chapter 5, I present the findings of the agency and conflict analyses. I describe the contexts in which various agency and conflict statements were made by the participants, and excepted data examples are provided. Finally, in Chapter 6 I detail the findings of the Youth Movement leader interviews, including both the individual and group interviews. I provide a brief history of the Youth Movement, based on the insights of the four leaders interviewed. I then describe the initiating events and conflicts that emerged across the data as being most salient in the context of the development of the Youth Movement.

CHAPTER 3: STUDY FINDINGS:

SITUATING RESTRICTIVE PLACEMENT AND YOUTH AGENCY:

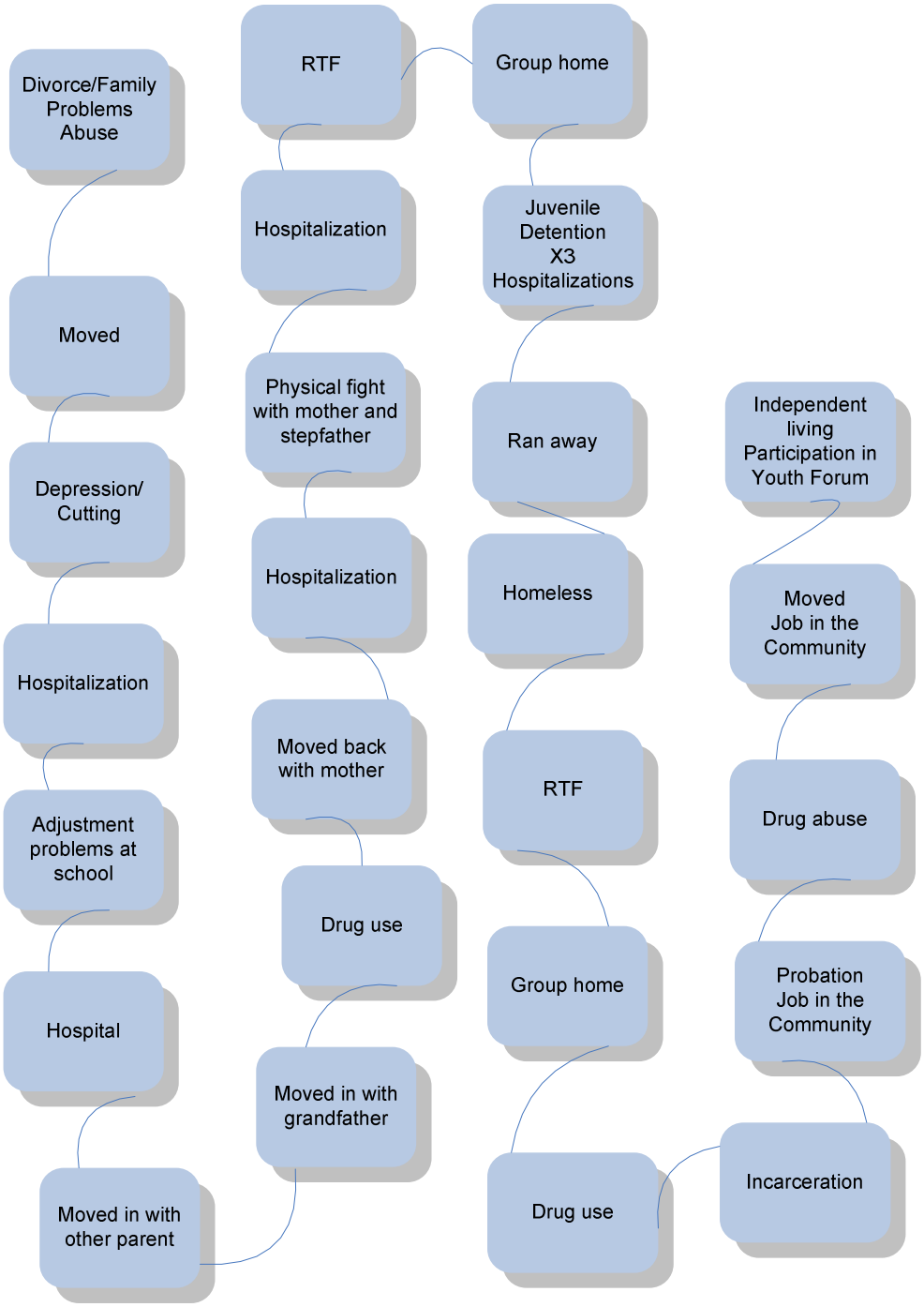
SCRIPTS OF THE PATHWAYS

Though previous research highlights the occurrence of specific events in the lives of youth placed in restrictive and intensive care settings, namely the experiences of childhood abuse, parental incarceration, substance abuse, and poverty (James et.al., 2006; Connor, et.al., 2001), and multiple out-of-home placements (Proah & Tabor, 1987; McNeal, 2006; James, et.al., 2006), there is little information regarding the manner in which these events occur and develop within the lived experiences of a young person. Previous research takes note of these events, but does not link the precipitants and consequences of these experiences in a temporal, storied manner. The purpose of this section is to report the findings of a script analysis, through which I evaluated the central events shaping the lives of youth-in-care. I located specific, pivotal events in the lives of youth which led to out-of-home placement, and ultimately to involvement in the agentic activities of the Youth Movement. This approach makes explicit the pathways and processes leading to placement and agentic youth activities As described by Daiute & Nelson, the scriptlike qualities of a narrative delineate the pathways within the narrative, allowing researchers to look within a narrative for a general outline of major action sequences, and to look across a data set for commonalities as well (1997). Further, by starting with script like qualities, I was able to note such commonalities and to then probe deeper into the narratives to allow the more diverse and complicated stories to emerge from these scripts.

As noted in Chapter 2, I initiated the script analysis by first developing a written script in chart form for each participant, detailing the central events noted in the context of each participant's personal trajectory narrative. I then developed a visual script map

for each participant, linking these events temporally as they occurred in the narratives. Below is an example of one of these visual maps.

Figure 1. Visual Script Map for One Participant



When looking across the participants' visual script maps, three general pathways emerged, which I conceptualize as central, initiating events. These events emerged in each individual's script as notable, personally meaningful experiences, and often represented turning points in the narratives. These events included placement in a residential treatment center or facility, placement in an inpatient hospital, and involvement in the Youth Movement. Youth constructed these events as significant in the context of their personal trajectories. In order to achieve an understanding of each youth's developmental pathway, I noted the events that occurred right before and immediately following placement in residential treatment and inpatient hospitalization. I then analyzed events precipitating each individual's involvement in the Youth Movement, and their discourse concerning projective goals. I discuss the scripts that emerged from my analysis of these pathways below, and I then introduce the more complicated, storied details underscoring these scripts. Finally, I end by including a synopsis of one participant's story to provide a comprehensive exemplar of how these events unfolded in a young woman's life.

Residential Placement: Precipitants and Consequences

When evaluating the content of each individual script, placement in residential treatment centers and facilities proved to be a complex event in the lives of youth, as the precipitants to placement and the consequences following placement were varied and diverse. Though the specific precipitants and consequences of placement are complex and unique to each individual, a general script concerning placement emerged across the narratives. In the chart below, the immediate precipitants and consequences of placement in residential treatment centers and facilities are listed for each participant.

Table VIII

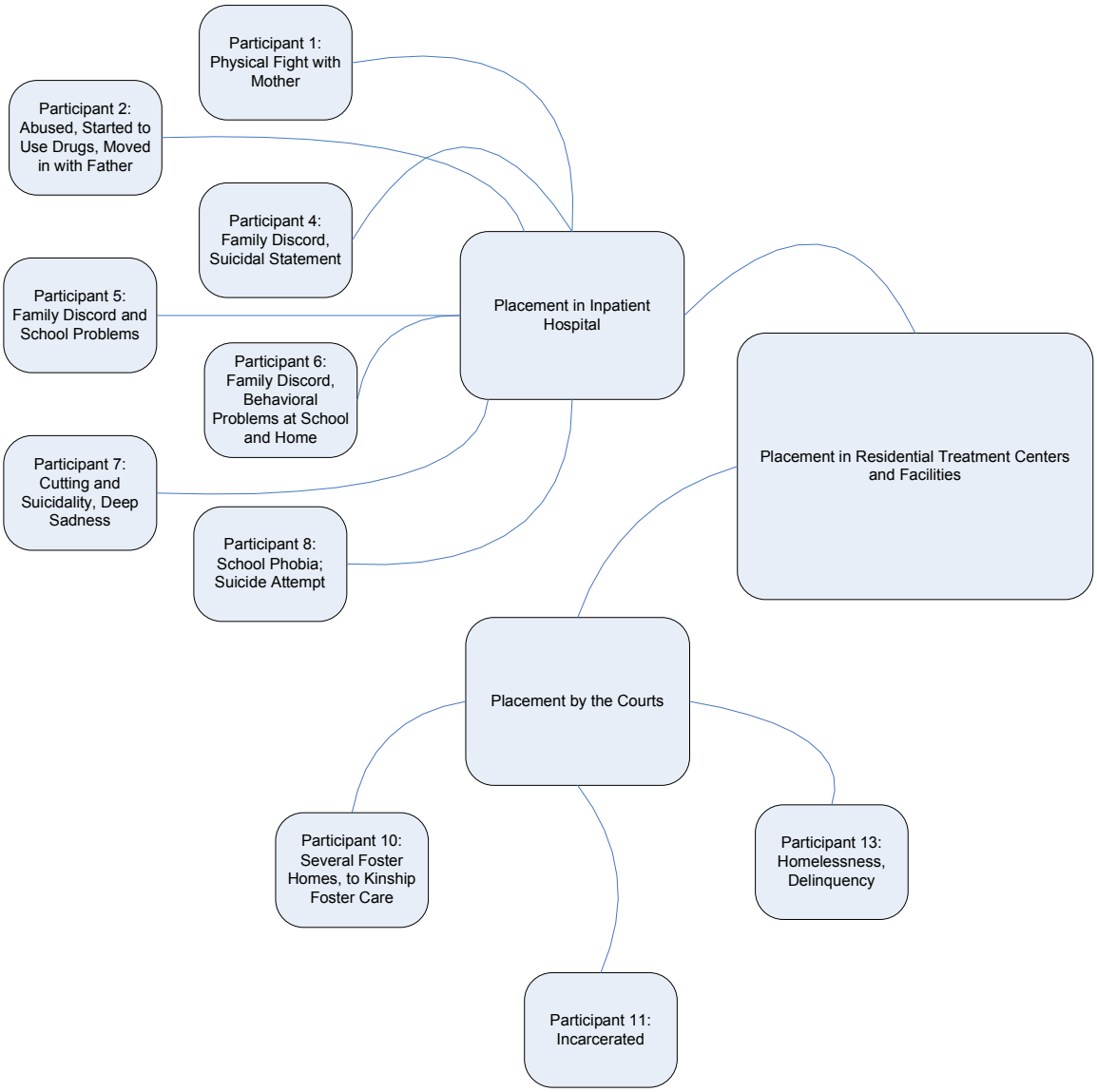
Precipitants and Consequences to RTC/RTF Placement

Precipitants and Consequences to RTC/RTF Placement		
	Precipitating Event:	Consequence:
Marie, age 21	Physical fight with mother lead to hospitalization and RTF placement	From first RTF to a group home, juvenile detention and multiple hospitalizations; from second RTF to a group home, drug problems, and jail
Tanya, age 20	Rape, drug abuse, move with father lead to hospitalization, from the hospital to RTF placement	From RTF to college, dropped out and entered a supportive apartment
Jason, age 20	Family problems, suicidal statement, hospitalization to RTF placement	From RTF back home to a troubled family, then moved to a supportive apartment
Anthony, age 21	After hospitalization, mother gave up custody, sent to an RTF; several moves from home to additional RTF placements	From each RTF, ran away and/or was sent home
Kim, age 21	Discharged from the hospital to an RTF, ran away, sent to another RTF	Ran away from the first RTF, leading to second RTF placement; from that RTF back home
Zoe, age 23	Deep sadness and suicidal gestures led to hospitalization; sent home from the hospital and was referred to an RTC	From RTC back home, job/college, brief incarceration, college and Youth Forum
Lindsay, age 26	School phobia, suicide attempt led to hospitalization, then to an RTC	From RTC, back home; home schooled and outpatient care
Sara, age 18	From kinship foster care to an RTF following court referral	From RTF to a group home
Mike, age 19	Incarcerated; RTF placement from the courts	From RTF back home
Diana, age 18	Homelessness/delinquency; placed in non-secure detention by the courts	From non-secure detention, ran away, was brought back, then released home

**Participants 3, 9, 11, 14, and 15 are not listed, as their intensive/restrictive placement histories did not include placement in an RTC or RTF.

Prior to placement in residential treatment centers or facilities, most of the youth had experienced inpatient hospitalizations. Fewer youth were placed in residential treatment centers and facilities following court mandates. In the figure below, I present a visual representation of the precipitants to placement in residential treatment centers and facilities.

Figure 2. Visual Map of Precipitants to RTC/RTF Placement



As evidenced by the figure, most youth entered residential treatment following inpatient hospitalization. The events precipitating hospitalization for youth included family problems, school problems, and suicide attempts. Fewer youth entered residential treatment following placement by the courts. For those entering residential treatment following court mandates, precipitating events included delinquency, incarceration, and failed foster care placements.

The most general script that emerged regarding the pathway to residential placement was the experience of conflict and turmoil, broadly conveyed. All participants experienced significant problems and conflicts in their lives during this time. The central conflicts most frequently discussed were family and school problems. To note the process by which this general script becomes a story, I provide supportive details from the personal trajectory narratives that relate to the psychological experience of residential placement.

Storied Details: Precipitants to Residential Placement

To understand the pathways leading to residential placement in context, I isolated relevant excerpts from the narratives. The excerpt below was provided by a youth who was placed in a residential treatment facility by the courts following a tumultuous placement history in both foster care and kinship foster care:

> My caseworker called me. Called my cell phone. At first they wanted to put me in respite until me and my aunt and uncle could work out everything. But I didn't want to go to respite. And she said, well, then they're going to terminate their custody. I was mad, but I wasn't. At that point, I didn't care. Cause I was that upset with them for grounding me and all that. At court when I found out I was going out of town, I started screaming and I made a big scene. While I was waiting for a bed, I went to another group home, and I wanted to stay there. But then I ended up going to an RTF. And that was not worth anybody's time. –Sara, age 18

Sara conveyed the emotions she experienced leading up to residential placement, as she noted feeling resigned by the experience of another failed foster care placement and devastated by the prospect of being placed in an RTF far from her hometown. As implied by her last statement, her RTF placement proved to be unhelpful. This exemplar highlights the conflicts experienced by youth prior to placement. For Sara, placement instability led to a sense of resignation, as she noted, "I was mad, but I wasn't. At that point I didn't care." In the narratives, it was evident that for many youth, experiencing placement disruptions and mandated residential placements left them feeling devoid of psychological agency and unable to shape the trajectory of their lives.

Across the narratives, many youth discussed conflict within the context of their families during the time of residential placement. The excerpt below highlights the significance of family conflict for youth:

> So my first residential said that they would take me, but they wouldn't take insurance or anything because at the time I wasn't involved with CSE, so my mom ended up paying cash out of her pocket. She also at this time thought that, she had been saying you're not going to be living with me anymore and you're going to stay there until you're 18. And she never asked them, does he stay here til he's 18, she took the assumption that they're going to take care of me til I'm like 20. –Anthony, age 20

This excerpt exemplifies the storied nature of family conflict in the context of RTF placement. As evidenced above, Anthony perceived that his mother was eager to place him outside of the home and that she did not intend for him to return home during his teenage years. Previous research notes that it is common for youth to experience family turmoil prior to placement, and that upon discharge, there is often no "psychological place" in the family left for youth to reclaim (Pumariega, 2007). Anthony's experience is consistent with this finding.

Storied Details: Consequences to Residential Placement

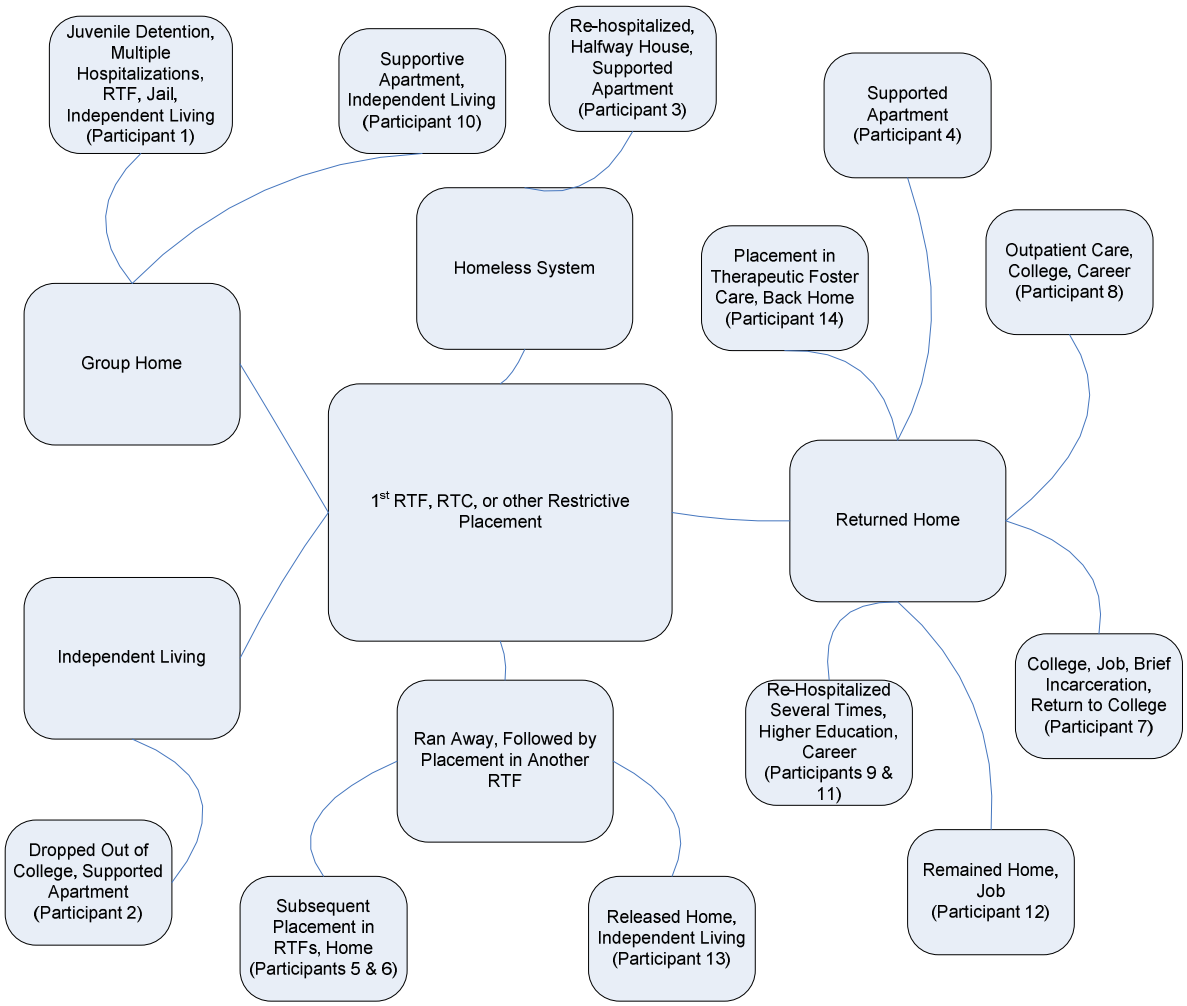
To understand the experience of placement in the context of the lives of young people, I then examined the consequences of residential placement for each participant. Following placement in residential treatment centers and facilities, almost all of the youth experienced multiple subsequent placements. It was rare in this data set to find that youth achieved placement stability immediately following discharge from residential treatment. This finding is consistent with previous research, which notes that youth often experience difficulties following discharge from residential placement. These difficulties include the struggle to find adequate aftercare services (Courtney et.al., 2001), becoming at risk for homelessness and incarceration (Courtney, et.al., 2001; Collins, Paris, & Ward, 2008), and being ill prepared for independent living and workforce placement (Freudlich & Avery, 2006).

Seven of the participants returned home immediately following residential placement. However, most of these youth did not remain home for very long, and were then placed again or voluntarily found new placements. For most, permanency and stability was not immediately attained. Of the participants who returned home following residential placement, one was then placed in therapeutic foster care, three stayed home and pursued school or jobs, with one of the three experiencing a brief incarceration during this period, two were re-hospitalized several times before pursuing school and careers, and one moved into a supported apartment, which is a home-like environment with staff on the premises for assistance.

Six participants were immediately placed again following residential treatment, without returning home at all. One participant entered the adult homeless system for a

time and was later hospitalized, and eventually moved into a supportive apartment. Two individuals entered group homes following residential placement. Group home care is often thought of as a "step down" from residential treatment, as it is a less restrictive group setting. Of the two participants who entered group homes, one had an especially complicated placement history, experiencing placement in juvenile detention, multiple hospitalizations, placement in another residential treatment facility, incarceration, and eventually, independent living. The other individual moved from a group home and then stepped down to a supportive apartment. Following placement in residential treatment, two participants ran away, and were eventually placed in another residential treatment center or facility. Lastly, one participant moved from residential treatment directly to independent living in a supported apartment. The figure below provides a representation of the immediate events following discharge from residential treatment for each participant.

Figure 3. Visual Map of Consequences of RTC/RTF Placement



While the script above details the general trajectories for youth following placement, I now highlight the storied details of the developmental pathways experienced by youth following discharge from residential placement.

As discussed in previous research, for many youth, discharge from residential is a tumultuous experience as it relates to pragmatic concerns, such as transition planning (Courtney, et.al., 2001). Discharge is also a psychological challenge for youth, as they are confronted with significant life changes (Freudlich & Avery, 2006). In the excerpt below, one youth discussed an a family experience that highlights the psychological ramifications of institutionalization:

> So I was getting out of there, and I was happy to get out of there. I couldn't wait. Then I got home, and it was boring. I knew nobody. And I remember the one thing that really stands out, is sitting at the dinner table, with all my family there. Over Thanksgiving dinner. And asking, "Can I go to the bathroom." I was humiliated. Really humiliated, because we had tried to hide this from a lot of people in the family, who were from out of state and everything. – Kim, age 21

In addition to noting the difficulties of this transition, in that moving back home was an isolating experience for her, Kim described in a very literal manner, a residual habit developed in intensive and restrictive placements. These highly structured environments call for youth to ask permission to complete basic, personal tasks. This exemplar further points to the experience of becoming an institutionalized person, and the humiliation that accompanied this realization in the context of a family gathering.

In addition to the adjustment difficulties youth face following discharge from residential placement, many youth discussed experiencing great anxiety upon learning that they were being sent home from residential placement. The following excerpt

further highlights the psychological experience of a pending discharge from residential setting for a youth:

> So I got placed again, and that's when I went upstate. I AWOLed so many times from there. I was trying to prolong my time because I didn't start AWOLing til I found out I was being discharged three months from then. I was there for a year and a half before they told me I was being discharged. And I started AWOLing. I didn't want nothin' to do with home. I was petrified of going home. –Diana, Age 18

For Diana, unresolved family conflicts and returning to a difficult neighborhood made the prospect of leaving care terrifying. This exemplar highlights the psychological states youth experience as they await discharge. Further, this excerpt sheds light on youth perspectives on leaving care and provides insight into one youth's rationale for attempting to run away from placement. Clinical interpretations, which are geared more toward understanding behavior through the lens of psychopathology, may overlook youth perspectives about the meaning of behaviors such as running away. While previous research notes the difficulties of these transitions, storied elements like these shed light on why these transitions are especially difficult for many youth.

As noted above, it was evident across the narratives that most youth continued to struggle following discharge from residential placement. In addition to the challenges youth face upon discharge, I found that many youth experienced highly stressful life events after they left placement. The excerpt below highlights one youth's account of how family difficulties disrupted her progress as she transitioned to a less restrictive setting.

> From there I went back to the group home that I was at before I went out of town. The second one. I was there for nine months, that was supposed to be a step down. So that I could go to independent living. When I was there, I ended up transferring schools, and I was doing really good, I got a

> job. I would have my moments where I would get upset. My mom almost went back to jail while I was there. So I had about a week where I was depressed because I thought she was going to jail. But I mean, for the most part things were good there. And after nine months there was a bed open at independent living, and I moved there. I did really good there for about six months. And then, I wouldn't say six months, it was about three, four months. I did good there. And then things started going downhill. – Sara, age 18

Sara's experience is consistent with many of those described by the youth. She describes how her life was moving in a positive direction and how she was doing well, but how the prospect of her mother's incarceration presented a literal and psychological disruption. It was common for youth to note that positive periods in their lives post-discharge were disrupted by further difficult and traumatic life events.

Pathways to Inpatient Hospitalization

In addition to placement in residential treatment centers and facilities, the experience of inpatient hospitalization emerged as a general script across the narratives. All but two of the participants experienced inpatient hospitalization. As I read each participant's personal trajectory narrative, I found that that the experience of hospitalization was another pivotal event, shaping the course of their lives. To investigate the experience of inpatient hospitalization, I noted precipitants and consequences to hospitalization. The chart below lists these precipitants and consequences for each participant.

Table IX

Precipitants and Consequences to Hospitalization

Precipitants and Consequences to Hospitalization		
	Precipitating Event:	Consequence:
Marie, age 21	Moving/Depression/Cutting; Adjustment Problems at School; Family Conflict;	Transitioned to different homes following hospitalization

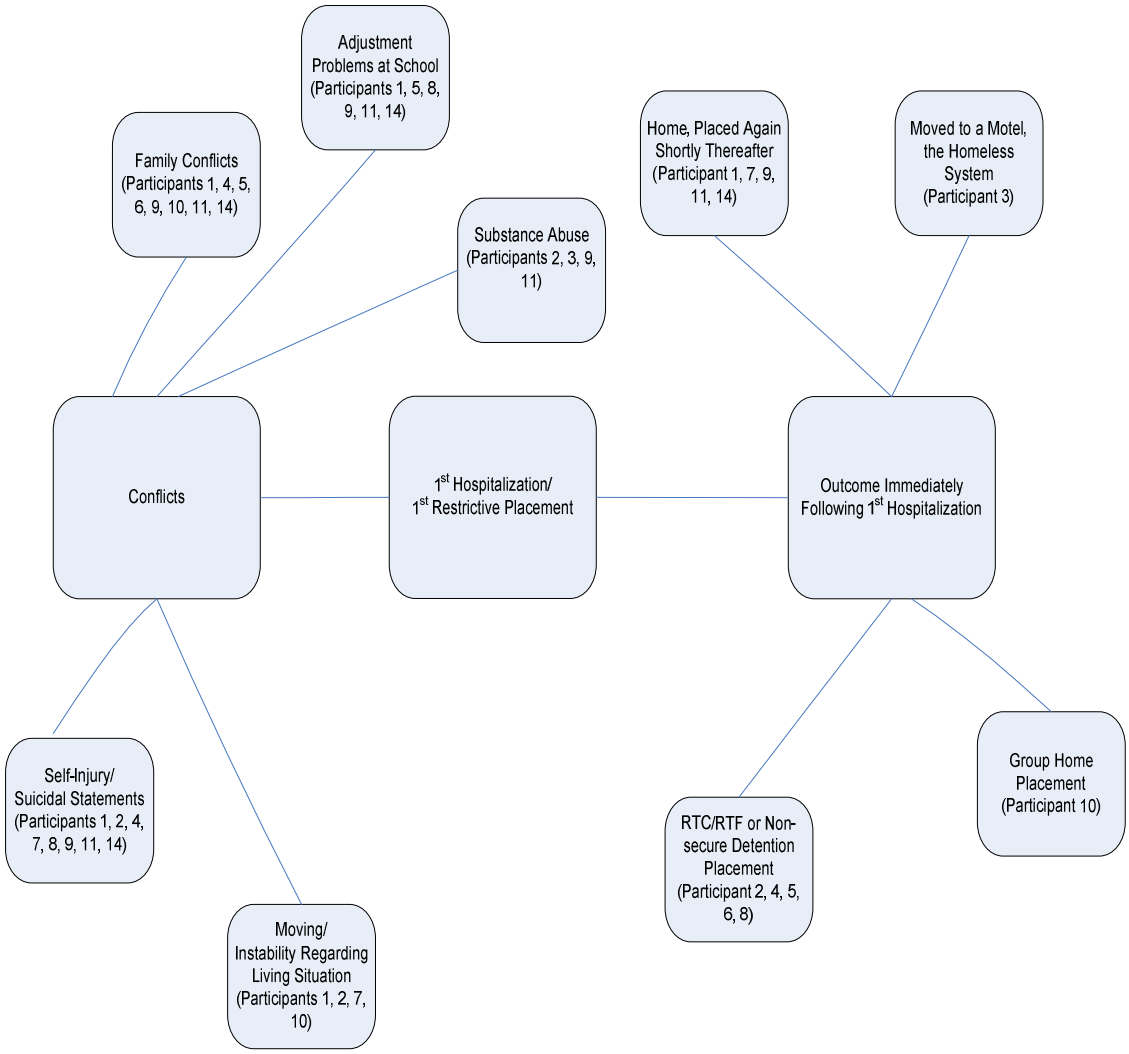
Tanya, age 20	Rape; Drug abuse/self-poisoning; Moved in with abusive father	From the hospital to an RTF
Eddie, age 23	Drug use and symptoms of psychosis	Dropped out of school, moved to a motel and then homeless shelter
Jason, age 20	Family discord and abuse; suicidal statement	Transitioned from the hospital to an RTF
Anthony, age 21	Day treatment for behavioral problems associated with family discord; Diagnosed with ADHD and put on medication	Mother gave up custody; from the hospital to an RTF
Kim, age 21	Drug use and insubordination at home; diagnosed with Bipolar Disorder	Ran away, placed in non-secure detention and after the second hospitalization, placed in an RTF
Zoe, age 23	Diagnosed with Depression and BPD; Cutting	Home briefly, then placed in an RTC
Lindsay, age 26	School phobia and a suicide attempt	Hospital to an RTC
Sophie, age 35	Family discord; drug involvement, dropped out of school, placed in military school, suicide attempt	Home briefly and re-hospitalized; later, from hospital to involvement in activism
Sara, age 18	Following foster placement, several respite home placements; ran away	Hospital to a group home
Jennifer, age 18	Left to raise brother with behavioral problems; cutting, drug use, problems at school	Hospitalized, sent home, re-hospitalized repeatedly; problems worsened when released home from the hospital
Brian, age 16	Family problems, suspensions from school for behavior problems, suicidal statement	From the hospital, drug use and school problems, then referred to therapeutic foster care
Denise, age 28	Experienced abuse, suicide attempt	Re-hospitalized repeatedly, later became involved in activism

**Participants 12 and 13 were never hospitalized, but were referred to an RTF or non-secure detention facility by the court system.

Like the script reflecting placement in residential treatment centers and facilities, the most general script representing the experience of hospitalization describes significant conflicts preceding hospitalization. The most frequently described disruptions centered on family conflicts and abuse, school problems, life changes such as moving, and self-injury and suicidal statements or attempts.

When developing scripts of the narratives, I noted several commonalities regarding the consequences of inpatient hospitalization. Immediately following hospitalization, most youth were then placed in residential treatment centers or facilities. Fewer youth were released home following the hospital, and of those who were released home, all experienced subsequent out-of-home placements. The Figure below is a visual representation on the precipitants and consequences of each participant's first hospitalization.

Figure 4. Precipitants and Consequences to First Hospitalization



Storied Details: Pathways and Consequences to Hospitalization

To explore the stories emerging from the script analysis, I provide excerpts from the personal trajectory narratives relevant to hospitalization. As noted above, the most common script emerging from the narratives involved the experience of family conflict prior to hospitalization, and placement in residential treatment following a youth's release from the hospital. In the excerpt below, one youth narrates details of a physical confrontation she had with her mother and stepfather, which resulted in hospitalization and ultimately in referral to residential treatment:

> I went upstairs and I grabbed some clothes and I was going to run down the street to my friend's house. But [my mom] grabbed me and she threw me down and she hit me with a belt, so I just pushed her and I hit her, and just at that moment my stepfather came home, and he was really a big guy and he beat me really bad. So then they called the ambulance and I went back to the hospital. And I was all bruised up and they said they were gonna notify CPS, cause I was really not in good shape. And I told my mom, and she said, "If they take your brothers away from me, I'm going to kill you". So, but I don't think they ever did notify CPS. And that's when my mom said I could not come home and I didn't know where I was going to go so I was in the mental hospital for about a month. And they said, "You're going to go to this place in New Mexico. A residential." And I was like, what's that? And they happened to actually have a video that showed about the residential, and it seemed cool to me, I thought, oh, I'm gonna like this place, but the video was not like how it really was. Cause this residential was like locked down. –Marie, age 21

This excerpt is representative of the data, as many youth described significant conflicts with family, though these conflicts did not always include physical altercations. The family conflicts preceding hospitalization narrated by youth were often acute. This exemplar is also representative, in that Marie was placed in residential following hospitalization, which I found to be the most common trajectory.

Across the narratives, the experience of being released from the hospital was script like, in that most youth were subsequently referred to residential placement. However, the meaning making processes and psychological experiences associated with hospitalization and discharge from hospitalization were varied. The excerpts below highlight two significantly different hospitalization experiences:

> When I left, I wasn't the same person. For the first time in my life when I was at that hospital, I actually spoke. I actually told my father how I felt. I was like, you make me sick, I think you're a piece of shit. For the first time in my life, I was allowed to say that. Mainly because they would have restrained the hell out of him if he tried anything. And it wasn't as much the environment as it was the power that I felt I had. And that was starting to build inside of me. – Tanya, age 20

For Tanya, the experience of her first hospitalization represented a turning point toward psychological agency and empowerment. This excerpt represented a narrative turn, as it stands in contrast to the tone of her narrative before this event, when Tanya described her experiences in several abusive homes, repeated trauma, substance abuse, and self-harm. For some youth, hospitalization provided a turn toward agency in a similar manner, as they developed future goals and focused on recovery.

The excerpt below presents a stark contrast from Tanya's narrative. Eddie describes his trajectory post-hospitalization, as he became alienated from his family and immersed in the homeless system:

> Okay, I developed the mania, I was hospitalized, my first hospitalization was in a local hospital. And from the hospital my mom was still living nearby. After I got out of the hospital, she really didn't understand mental illness. She was really afraid of what I'd do, what I might not do, so she wasn't going to allow me back into her home. So to this day, I still have some resentment towards that, but I'm starting to understand, to understand her point of view, because I couldn't be trusted. At that time of my life, I couldn't be trusted. You know, I'd say crazy things, do crazy things, so after the hospital, I went back to my mom's house, she wouldn't let me in. I went to a shelter. Actually, she put me in a hotel for a while. Then I went to a shelter. It was a shelter in a nearby city. It was terrible there. I got threats on my life there. – Eddie, age 23

This exemplar is representative of several of the youth narratives, which described the experience of alienation from peers and family following discharge from the hospital. Eddie reflexively notes that he is starting to understand his mother's concerns, though he still experiences feelings of resentment. For Eddie, release from the hospital marked the start of a series of traumatic life changes he experienced in the context of the homeless system.

As noted above, another common event precipitating hospitalization was suicide attempts and suicidal statements. The excerpts below highlight narratives from two

youth who detail their experiences prior to their suicide attempts, and what they were feeling and experiencing at that point in their lives. In the first excerpt, Lindsey describes the process of visiting prospective residential treatment centers, which prompted her suicide attempt:

> But at the last residential I visited, they were incredibly honest! They were really honest people. The place was very sterile and like a jail, and they said, "We restrain people here. We do. If anyone acts up, we restrain them." So after touring that, that was the last place on the list, and it was the most honest, and I knew all the other ones were pretty much the same way, the just weren't as blunt about it. I attempted suicide that night, because I felt if this is all that's out there for me, I don't even want to bother living, if this is what my life is going to be. If I'm this damaged, and unable to fit into a normal setting, that's not like a prison, where it's not even about treatment. You tour these places and it's not about treatment, they're not saying you're going to have this session, and then this session, and we're going to get you back on your feet, and you're going to recover and fit back in the mainstream school, but that's not how they promote things. And the majority of the people there are not there voluntarily, and that wasn't the goal, and that was very clear. –Lindsey, Age 26

Lindsey poignantly describes how visiting frightening and stigmatizing institutions left her with feelings of hopelessness, which caused her to internalize a sense that she was damaged and deficient for being referred to a residential treatment center. Though the script analysis highlights the frequency of suicide attempts across the narratives, excerpts such as this one shed light on how the stigma surrounding mental health problems and out-of-home placement is internalized by youth, who feel pathologized and alienated by the process. I found that the prospect of placement is especially troubling to youth who do not perceive it to be recovery-focused, strength-based, or in line with their goals. This finding has important implications for future practice and research.

The excerpt below highlights conflicts and feelings precipitating suicidal ideation experienced by another youth:

> I was talking to my dad and I told him I felt like I didn't matter to anybody. And I said, I wish I was dead and stuff. And the same night, I had an appointment. I think my mom called them to schedule an appointment immediately. And I went to talk to my therapist that day and I told him the same things I told my dad. He said I needed to go to the hospital to get evaluated and stuff. By a psychological doctor and stuff like that. And I went and I got placed in the hospital. I was having suicidal thoughts and stuff like that, they said. That was the first time I had ever really been away from my mom. That I can remember. And I felt really like I was doing something, like I knew I wasn't doing something wrong, but I felt sort of like I was being punished. –Brian, Age 16

Brian's narrative was representative of several others, in that his suicidal thoughts were precipitated by feelings of alienation. Brian and others described feeling unimportant and disconnected from others. It is also important to note that like many of the youth, Brian experienced hospitalization as a punishment, and that being placed away from home was a stressful time in his life.

As evidenced by the scripted details and excerpted data exemplars, hospitalization was a significant event in the lives of the youth. Though their stories and contexts are different, commonalities, such as the experience of significant conflicts and disruptions emerged across the narratives.

Pathways to Youth Agency: Involvement in the Youth Movement

The third, central turning point that emerged from the scripts was youth participation in activism, including youth forum involvement and participation in activities related to the goals of the Youth Movement. This sample of youth is unique relative to other studies on youth-in-care because of their participation in the Youth Movement. Therefore, it is important to report findings on the pathways leading to involvement in activism in addition to the pathways to placement. When looking across the narratives, I noted that discourse regarding involvement in activism represented a significant agentic shift. While the other details of the scripts represented profound

issues of conflict and trauma, discussions of the Youth Movement presented a narrative turn in which the participants looked forward and discussed their desires and abilities to affect change for future generations. To understand this shift in context, I detail for each participant the precipitants to their involvement in youth forums, their current status as of the interview, and their remarks concerning future goals. The table below summarizes this content.

Table X

Past, Present, and Projective Involvement in the Youth Movement

Participants:	**Precipitants to Youth Forum Involvement**	**Current Status and Involvement**	**Projective: Goals**
Marie, age 21	Found an apartment, got a job	Working, finishing probation, Youth Forum involvement	Plans to enroll in college and become a social worker
Tanya, age 20	Lives in a supportive apartment	Involvement in activism, looking into college, holds a job, leader at Youth Forum	Looking into college and national leadership positions
Eddie, age 23	Living in a halfway house with older people; wanted to socialize with youth his own age who understood	Finding himself again after the trauma of hospitalization; participating in youth forum, writing	Wants to go to college to become an English teacher, have a family
Jason, age 20	Supportive apartment, volunteer work, needed to find acceptance with peers	Volunteer work, Youth Forum involvement, supportive housing; feels accepted at youth forum	Wants to work in law enforcement or emergency management and start college
Anthony, age 21	Moved back home from residential and finished his	Working at Youth Forum as a coordinator	Plans to get married, wants to work in the mental health field

	diploma		
Kim, age 21	Independent living, needed peer support and understanding	Engaged in advocacy, looking for a job, in a difficult living situation (Section 8 housing), is a mother, involved in Youth Forum	Plans to pursue social work or criminal justice
Zoe, age 23	Returned home from the RTC, began college	Became involved in Club Teen Scene, currently in college	Wants to work in the publishing field, have a family
Lindsay, age 26	Returned from the RTC, focused on outpatient mental health, home schooling, involvement in activism	Holds a high level position in the mental health field, a college graduate	To continue working in the field, advancing the mission of YOUTH POWER!, guiding the next generation of advocates
Sophie, age 35	Involved in peer advocacy while still in the hospital, involvement continued upon discharge	Graduate school student and researcher, involved in activism through the adult movement	Continued involvement in activism, conducting research on the survivor movement
Sara, age 18	Moved from supportive housing to independent living; not in school and did not have a job; struggling to get by	Started school again and has a job, involved in Youth Advisory Council	Plans to attend community college for nursing
Jennifer, age 18	Living at home, intermittent hospitalizations	Currently in school and involved in the Youth Advisory Council; works full time	Wants to study and pursue forensic psychology
Mike, age 19	Returned home from RTF	Currently involved in youth advocacy and several mental health committees and agencies, involved in Youth Advisory	Plans to work in the field or in the human resource field

		Council	
Diana, age 18	Returned from non-secure detention, had two children, found about YAC through family services	Currently raises her children, involved in Youth Advisory Council	Hopes to deal with everyday life
Brian, age 16	Returned home from placement	Currently involved in Youth Advisory Council, trying to keep his grades up, has peers he can relate to	Hopes to attend college
Denise, age 28	Experienced multiple hospitalizations-met with a youth forum member before leaving the hospital for the last time	Currently involved in the Youth Movement, deeply engaged in activism, lives independently.	Plans to continue working for change within the Youth Movement and other related movements.

Most participants were still struggling in terms of their living situations until just before or during their early involvement in youth forum. When orientating toward the future, participants discussed goals, most of which centered around future employment opportunities, the desire to start families, and the desire to continue their work as advocates. Across the narratives, youth discussed the benefits of youth forum regarding the development of voice and the ability to connect with peers who were understanding and empathetic, and who shared common goals and desires to implement changes to the mental health system.

I noted scriptlike qualities across the narratives regarding peer relationships in the context of the youth forums. Particularly, many described how relating to other youth with similar experiences in a non-judgmental environment was an empowering experience. In the excerpt below, Marie describes the significance of peer support:

> When I came to Youth Forum, when I first got out of residential my case worker referred me to youth forum and right away I was just like, this is it. This is great. Cause I just saw that it wasn't like a group therapy, it wasn't like that, it was just a place to come together and just throw out your experiences and somebody at the table would be able to say I did that too, and this is what worked for me, and you know, it was just a really open place. –Marie, Age 21

Marie makes a distinction between "group therapy", a concept with a distinctive clinical focus and connotation, and the peer interactions within youth forum. This is an interesting distinction, as many youth described the process of attending mandated group therapy sessions in the context of care, which stand in contrast to peer-run groups such as youth forums. Group therapy was often described by youth as driven by provider or staff agendas, and that these formulated sessions and activities did not foster recovery. In contrast, the youth forums were constructed by youth as sites of resiliency, camaraderie, and acceptance.

In the quote below, a youth provides and example of the support provided by peers in the context of youth forum:

> Let me put it this way, they'll go as far as taking you to the laundromat and giving you a bunch of quarters and telling everyone to bring a thing of laundry, okay, to teach you how to do it right. Okay? Nobody gets made fun of. Granted, I must say we have our little arguments. I must say I've gotten in maybe two of them. But generally we're like a family away from home. Everybody's in a different living situation. Everybody is a different age, everyone has a different mental illness. But, we all have something in common and that's what brings us together, and we're all like a big, happy family. We can all call each other no matter what, no matter what time of the day or night it is. We can say, look I've got a problem, and even if the person doesn't like you, they will come out and they will help you. I love it. People laugh at me, they ask how many friends I have, I have maybe 10 people I hang out with outside of here. But my friends are the 20 people upstairs. That's it. Everybody else will forget you. You're just an acquaintance. Those are really my friends up there. – Kim, Age 21

Kim further describes the power of shared experiences and peer support in the context of youth forum. It was common for youth to describe the unconditional support they experience from peers. The role of peer support is further highlighted in the excerpt below:

> People were nice and they actually accepted me. They didn't label me more or anything. Cause at that time I think I probably couldn't have handled anymore labels. – Jason, Age 20

As Jason's quote implies, many youth with experience in restrictive and intensive out-of-home care settings have been diagnosed with stigmatizing labels, which have a strong impact on their self-concept. Youth forum represented an atmosphere of acceptance. As evidence by the aforementioned quotes, it is apparent that youth forum involvement provides a level of peer support that youth find deeply meaningful and personally helpful. Being that all of the youth interviewed experienced trauma and acute conflicts in their lives, which hindered their development, explicit discussions of the positive value of peer support, which promotes development, is an important finding, with implications for future research and practice.

In addition to discussing the positive impact of peer support and friendship, several youth positioned themselves as agents, capable of helping others and capable of changing the mental health system:

> All these youth that I talk about just now, that they don't want to, they're going to move eventually, because they have no choice. They're just not ready to right now. All that we can do as human beings is to help other people. To help other people, other human beings, to move forward. To get to that spot where they're ready. To move forward. – Anthony, Age 20

As Anthony described his work as a peer leader in the context of youth forum, he noted the ability of youth to change their lives and to influence their futures. Further, he

noted the ability of youth to help others on the journey toward agency and development. This represents a significant finding across the narratives, as many youth constructed themselves as change agents in the context of their own lives, the lives of other youth-in-care, and in the context of the mental health system.

For many of the participants, involvement in the youth forums is associated with stability. Across the narratives, many youth pinpointed youth forum involvement as a turning point, in that their lives and priorities were positively impacted following their participation:

> I started interacting with the Youth Advisory Council (YAC) and it was really fun. It helps a lot and I may have a little less in grades, I have ups and downs. I have some good times with grades and then I have some times when I'm barely making it. But I'm bringing my work up and I'm just trying to do a little bit better. YAC actually helps with that, I mean you want to go see Pat [the advisory council coordinator] and talk to her, see your friends or whatever, whoever's there, and help yourself and the same time as you're doing things that are helping and planning for your future. Doing sports and stuff, doing things that most kids wouldn't do. A lot of it helps you accomplish different things. Different goals that you have, and YAC is a big thing. If you work with it, it works for everyone, I think. You meet good kids, you meet kids who are like you and who have…disabilities, I guess. As people say. And really, it helps a lot. – Brian, Age 16

Like Brian, many youth indicated that during times of personal conflict and turmoil, youth forum acts as a consistent, positive environment. Several youth described how youth forum was comforting during times of change, such as when their living situations were in flux.

Discourse on Future Goals and Plans

Importantly, the scripts develop into stories when comparing the details of each participant's future plans and projections. While some participants have specific goals and time lines in mind, which they were eager to discuss, others seemed to be more vague

about their plans for the future, instead choosing to focus on responding to daily struggles and obstacles.

To illustrate the diversity regarding perspectives on the future, I provide four excerpts from the data. In the first two excerpts, the youth did not orient toward the future in an explicitly agentic manner, but instead discussed more immediate concerns and particular reasons for focusing on the present:

> I hope to deal with everyday life. Not planning it, but taking it as I need to take it, one day at a time. These days I'm taking it five minutes at a time. (laughs) that's literally about what I'm doing, I'm taking my life five minutes at a time for the next week til I'm moved in. Five minutes at a time. I know what I'm doing for five minutes, I have no idea beyond that. – Diana, age 18

For Diana, a single mother of two, immediate concerns are the focus of her attention. At the time of the interview, she was in the process of moving to a new apartment and she was struggling financially. She had no concrete vision of the future beyond her immediate objectives. Tanya expressed similar sentiments as she described her hesitancy to envision a future:

> Anyone who has mental illness, because I talk with a lot of youth, you know, cause it's not, the feelings you get aren't easy, you know, to keep inside sometimes. And yeah, they want so much like we all want so much more, for ourselves, but we don't think we're capable of it. We can't even see, you know, some people can at least say in two years I see myself, or I see myself completing this by the end of the year. I have no vision like that. –Tanya, Age 20

Interestingly, when Tanya described her role as a youth leader, she was explicitly agentic as she discussed her desire to help other youth and to affect systemic change. However, when she discussed her own future goals, she implied that she questions her ability to shape her life. She believes that other youth with histories in the mental health system feel similarly, as she states, "we want so much for ourselves, but we don't believe

we're capable of it". Tanya suggests that traumatic histories prevent youth from envisioning positive futures for themselves and from believing they can achieve their goals. Several of the youth interviewed expressed hesitancy about the future.

Other youth were more comfortable discussing the future in the context of the interview, though as illustrated in the quote below, they provided vague descriptions of what they hope the future will hold:

> I don't know....falling in love and getting married and ending up with the best kids ever and a great job. And I know that's what everybody wants, but not everybody has the awful first years of their lives. Life is generally okay for a lot of people. I don't know. It has to be good. At some point it has to be good. To make up for all that's been so awful. Yeah, that's what I think. –Zoe, Age 21

Zoe describes a general description of what a happy life would look like, and she implies that for life to seem at all fair to her, her later years should make up for the trauma experienced during adolescence. General descriptions like Zoe's were common across the narratives. In contrast to the previous excerpts, Kim provides a more detailed description of her future trajectory:

> I have a lot of plans. I'm determined to go to college and it's happening this year and it's happening one way or another. I either want to work with the police department, or some sort of law enforcement, or I want to be a social worker. So maybe if I take the classes that are split in between the two, maybe I'll end up, I don't know, maybe I'll end up being a parole officer for youth offenders or something, because that ties them both into one. Some people tell me I should be an art therapist or something, because I have a lot of talent. But I know I want to, my main goal is to make sure that things that happened to me don't happen to other people, as much as possible And cops prevent bad things from happening to children and teenagers and social workers are supposed to prevent things from happening to children and teenagers. –Kim, Age 21

Some youth were more descriptive when describing future goals, as seen above. Another representative detail in Kim's quote is a stated desire to pursue a job as a helping

professional. Many of the youth described a desire to help other youth, as they believe they can draw from their own experiences in care to be empathetic and helpful. In the next section, I turn to a synopsis of one participant's story to describe the manner in which the scriptlike events described above fit into the overall context of a young person's life.

Marie's Story

In this chapter, I described the scriptlike qualities of the narratives and then expanded on how these scripts become stories, noting the contextualized details and diverse meaning making processes within particular participants' narratives. To expand upon how the scriptlike conflicts and narrative turns toward agency develop within a complete personal trajectory narrative, I provide a summary of Marie's story.

Marie, a 21-year-old youth forum participant, recounted a narrative of significant turmoil and conflict, intensive mental health system involvement, and ultimately, a shift toward agency and relative stability following her departure from the mental health system and her subsequent involvement in a youth forum. Marie began her story by describing her parents' divorce when she was a baby. She described the events of her life, eventually ending with a discussion of her current situation and goals for the future.

After Marie's parents divorced, she described how she was constantly put in the middle of their arguments, often not understanding who to believe. During early childhood, Marie lived with her mother in her grandparents' home. She was especially close with her grandfather, whom she describes as the person most responsible for raising her. By the time she was seven or eight, Marie's mother remarried a man who Marie described as angry and abusive. Her mother and stepfather had two children together.

Marie described having ongoing conflicts with her mother and stepfather. She felt unimportant to her mother and could not accept her stepfather.

When Marie was thirteen, she was told by her mother that her family would be relocating across the country because her stepfather took a new job. Marie did not want to move away from her grandfather, and this is when she cut herself for the first time. As Marie describes the incident, her intention was to gain attention from her mother; also, she notes that cutting herself was her first "high".

After Marie moved with her family, her mother discovered that she was cutting herself. Her mother grew very angry and wanted to punish Marie for cutting. To avoid punishment, Marie told her mother that she was hearing voices. According to Marie, she never actually heard voices, but said this to avoid punishment. As a result, Marie was hospitalized for the first time. At the hospital, Marie was put on several medications. After a week, she decided to tell the psychiatrist that she felt better and was no longer hearing voices. She was released and went home with her family.

Marie started a new school, which was a highly stressful experience. The school was very large, which Marie was not used to. Because she didn't know anyone in the school and felt overwhelmed by the experience, Marie continued to cut herself. This resulted in her second hospitalization. When she was ready to be discharged from the hospital, Marie decided to move in with her father and stepmother. She had many conflicts with her father and stepmother and continued to struggle. This culminated in a physical fight with her stepmother. After that incident, her father kicked her out and she moved back to her grandparents' home.

When living with her grandparents, Marie continued to cut herself. She also started to experiment with alcohol. This resulted in her third hospitalization. Following discharge from the hospital, Marie moved back in with her mother and stepfather. Though she noted that her grandparents loved her, she said that she was too much for them to handle. Marie started to attend an alternative school. She did not like the school and said that she was given work to complete that was several grade levels below her ability. She was still cutting herself, resulting in her fourth hospitalization.

When she was hospitalized, Marie described how she met a boyfriend. When she was discharged home, her mother was upset about Marie's new boyfriend. This resulted in a physical fight, during which Marie was bruised and bloodied. Marie's mother feared that the other children would be removed from her home, though this did not happen. Marie was hospitalized following the fight, and was told that she would be going to a residential facility out of state; this facility was far away from all of her family members. Marie watched a video about the residential facility and believed she would like it there.

When Marie moved to the residential facility, she found it to be nothing like the video. The residential was locked down, and Marie said she was forced to run laps outside in a sandpit on very hot days. She was overmedicated and ended up gaining a significant amount of weight. At the facility, Marie had many conflicts with her female peers. She described most staff as being uncaring and described how they would abuse their power. While in the facility, Marie's grandfather passed away. Marie was devastated, and she was not allowed to attend his funeral.

Marie was discharged from the residential facility and moved to a group home. She lived in the group home with seven other youth. During her stay at the group home,

Marie was hospitalized several more times. Marie also struggled with compulsive eating. She described how she would sneak in snack food. When a staff member found out, she threatened Marie with punishment. As a result, Marie threw a chair at her, which resulted in a brief placement in juvenile detention.

During her time in the group home, Marie attended another alternative school. She described an incident in which peers dared her to kiss a female classmate during recess. A teacher saw the incident and punished Marie. As a result, Marie threw a desk and ran out of the school with her friend. She met up with another friend who had a car, and the three drove to San Francisco. Marie became homeless and was staying in abandoned buildings. She met a man who bought two bus tickets and went with him to Los Angeles. He left her immediately and she started living with a group of homeless people. She started seeing another man. Marie became very sick with pneumonia. Additionally, she was upset about an altercation she had with her boyfriend. She went to a medical hospital, and staff contacted her family. It was decided that Marie would go to another residential facility.

Marie stayed at the facility for a year and a half. At the facility, Marie said that youth were expected to conform and were urged to convert to Mormonism. Youth were not allowed to have any personal items and were made to follow a highly structured schedule. Marie commented that this facility was not good for her development. After discharge, Marie moved to an adult group home.

Marie's initial time in the group home was positive. She noted how happy she was to have the freedom to go to the supermarket and interact in the community. At the group home, she met a resident's son, who was addicted to heroin. Through her

interactions with this man, she became addicted to drugs. Marie was eventually incarcerated after she and the man were caught running a scam for drug money.

In prison, Marie said that she was able to detox from drugs. She was released from jail and was placed on probation. Though she was not using drugs as frequently as before, she continued to use crack. Marie said that while on drugs, she became involved with several men, which she describes as a mistake. While high, the cousin of one of these men attempted to have sex with her. After this incident, Marie stopped using drugs. Marie was living with her cousin at the time, but then left to stay with a friend. She found a job and was able to save up enough money to get her own apartment.

Marie found out about Youth Forum, a group of young people with experience in the mental health system. She said that she immediately loved the group, since it wasn't like group therapy, and was a place of support and understanding. She decided to become a peer leader and to participate in the youth council. She developed friendships and a strong relationship with support staff. Through her involvement in Youth Forum, Marie developed other ideas, such as initiating a forum for younger youth and a forum for people with developmental disabilities. Marie hopes to enroll in college and become a social worker. She reports feeling generally optimistic about the future.

Understanding Marie's Story

Marie's story sheds light on the findings of the script analysis. As described in this chapter, hospitalization and placement in residential facilities were central events in the lives of these young people. Marie is no exception. For Marie, her first hospitalization marked her entrance into the mental health system. Her first residential placement marked her entrance into intensive and restrictive placement.

Marie's story also elucidates the significant conflicts that many youth with system involvement experience in their lives. Marie described great turmoil in her family life, which ultimately led to increasing alienation. Like many of the youth, Marie's life continued to spiral out of control. Typical of the stories of her peers, Marie experienced multiple placements, including placements within the mental health system, in the justice system, and periods of homelessness. Though she achieved greater stability toward the end of her narrative, most of her story revealed continuous, mounting struggles, conflicts, and negative life events. Marie's involvement in the mental health system did not appear to lead to immediate stability or recovery, and Marie's description of hospitalization and residential placement was decidedly negative. She reported becoming increasingly frustrated in these settings.

Marie's story also reveals a narrative turn toward agency and activism. This narrative turn was evident across the personal trajectory narratives. Like the other youth, Marie described involvement in youth forum as a positive life event. It was through youth forum that she began interacting with youth who have shared experiences. She felt fully accepted into this family like environment, forging friendships with peers and helping relationships with support staff. Her involvement in activism led her to develop ideas for groups that would help other young people. In her narrative, it seemed that youth forum involvement was a significant event which allowed her to see the future with greater hope. Although Marie was not enrolled in school at the time of the interview, she reported having a stable job and that she planned to start school during the next semester. Her ultimate goal, to be a social worker, was shaped in part by her involvement in youth forum. Though it would be shortsighted and too simplistic to say that youth forum

involvement ultimately stabilized Marie, it does seem reasonable to say that it was a turning point that helped her to develop more positively as a young adult.

Further, Marie's descriptions of her involvement in activism were agentic in nature. Marie's story supports the notion that agency is a process that emerges within specific sociohistorical contexts. Marie expressed her agency in ways that were ultimately unsuccessful and problematic throughout much of her narrative, as evidenced by oppositional and resistant behaviors. However, upon becoming involved in activism, Marie enacted agency in ways that contributed to her own growth and development and to social change and transformation as well. Consistent with socio-historical perspective, Marie's narrative supports the notion that agency is a dialogical process.

In closing, the script analysis provided a general skeleton of the pathways to placement and the pathways to activism. Placement in intensive and restrictive settings, such as inpatient hospitalization and residential treatment placements emerged as significant initiating events in the lives of the youth. Further, involvement in youth forums emerged as a significant event in the lives of youth, and represented an agentic turn across the narratives. While the script-like details of these events emerged in the form of common experiences across these pathways, the more storied details highlight the diversities within these trajectories. The youth made meaning of these shared experiences in unique ways, with implications for future research and practice. These implications will be discussed in greater detail in Chapter 7.

In the next chapter, I describe the findings of the residential placement experience questions and the explicit audience questions, which were asked in the context of the semi-structured interviews. I detail youth accounts of residential experiences, including

the conflicts that emerged in treatment and the practices youth define as problematic. Further, I describe the insights provided by youth in regard to the experience and implications of being placed and diagnosed. Finally, I present the findings of the explicit audience questions by describing the agency statements made by the youth, in addition to the specific feedback they offer to mental health providers and other youth entering the mental health system.

CHAPTER 4: RESIDENTIAL EXPERIENCES AND ORIENTATION TOWARD AUDIENCES: ENGAGING YOUTH PERSPECTIVES

In this chapter, I discuss the findings from the semi-structured interviews, which were conducted with youth forum participants. During the semi-structured interviews, I asked the youth specific question about the experience of out-of-home care and I asked them to specifically tailor their responses, insights, and advice to various explicit audiences (see Daiute et.al., 2003). These audiences included clinicians, administrators, policy makers, and other youth entering the system-of-care. This component of the analysis was designed to address research questions 4 and 5, which reference the manner in which youth position themselves and others in discourse, and the manner in which they make sense of their experiences. Further, my goal is to discuss the implications of youth perspectives for future research and practice. To this end, youth were asked to provide concrete details about their experiences in out-of-home care settings that they found most salient.

During the semi-structured interviews, I asked the youth forum participants questions specific to their experiences in residential treatment settings and other placements (see Appendix B). I then made various audiences explicit to the participants, as I asked them to provide advice and insights directly to these audiences. In this chapter, I present the findings from the questions related to residential and other out-of-home placements first, and I then present the findings from the explicit audience questions.

Residential and Other Out-of-Home Placement Findings

While all of the participants specifically discussed their experiences in residential and other out-of-home care placements during the personal trajectory narratives, the purpose of the semi-structured interview was to further elucidate specific placement experiences within particular out-of-home care settings. The first question posed to the

youth forum participants was open ended, as I asked them to discuss their experiences in residential and other out-of-home care placements. The second question refers to the experience of placement and the experience of receiving a mental health diagnosis; I asked the participants about the impact of receiving a mental health diagnosis, specifically referencing the psychosocial aspects. Lastly, the third question referenced their opinions regarding the overall process of mental health diagnosis. The purpose of the last question was to elicit youth perspectives regarding the diagnostic process, which is a key element of the clinical paradigm.

To analyze the findings from the first question on out-of-home placement experiences, I conducted a conflict analysis using the categories discussed in Chapter 2. Because the first question was more open-ended than the last two, and because the findings were quite varied and nuanced, conducting the conflict analysis allowed me to note the most significant and frequent conflicts discussed across placement contexts. I then looked within the coded data for excerpted examples most representative of the content provided by the youth. To analyze the data elicited from the remaining two questions, I developed charts through which I listed summarized responses from each participant. I then noted three central categories of responses that emerged, which I report below.

Placement Experiences and Conflict

After coding each youth's response to the first question, which was to describe experiences across different placements, I developed a chart noting the frequency of each response. The placement types are listed at the top of the chart, and the types of conflicts discussed are summarized in the left hand column. A summary with excerpted data

examples describing each conflict code in detail is provided in Chapter 2. Within this data set, eleven youth participated in the semi-structured interview (n=11). The youth forum leaders are not included in this section, as they were asked different questions in reference to their involvement in the Youth Movement.

Table XI

Responses to Question 1: Describe experiences in different mental health placements.

CONFLICTS	Shelter/ Homeless System	Group Home/Foster Care	Residential Juvenile	Supported /Supportive Housing	Psychiatric Hospital
<u>INSTITUTIONAL</u>: (F)	**4**	**4**	**34**	**5**	**1**
Regulations/Practices (F1)					
- Medication (F1-A)			2		
- Inappropriate treatment/coercion(F1-B)			9		1
- Restraint (F1-C)			1		
- Poor educational services (F1-D)			2		
Interpersonal (w/in institution) (F2)					
- mental health professionals (F2-A)			3		
- staff (F2-B)		1	9	2	
- peers (F2-C)	1	3	4	1	

Transitional (discharge) (F3) - lack of/inappropriate discharge plan (F3-A) - lack of housing options (F3-B)	1 2		4	2	
DEVELOPMENTAL: (G)	**1**	**2**	**4**	**1**	**1**
Autonomy (G1)		2	3	1	
Interpersonal (G2) - conflicts with family (G2-A) - conflicts with peers (G2-B)	1		1		1
INTRAPERSONAL/REFLEXIVE (H)	**0**	**3**	**1**	**3**	**0**
Behavior incongruent with beliefs/feelings (H1)					
Psychological discomfort (H2)		2	1	1	
Identity processes (H3)		1		2	

As indicated by the chart above, the most salient conflicts articulated by youth centered around problematic treatment practices within out-of-home care settings, conflicts with staff, difficulties with transitional or discharge plans, and conflicts with peers. I illustrate these central conflicts with excerpted data examples.

Problematic Treatment Practices

The conflict code labeled "problematic treatment/coercion" encompasses discourse regarding the residential treatment practices that youth deemed harmful. Youth constructed these practices as problematic, in that the protocols were coercive, not fully transparent, unhelpful, lacking important subjective qualities, or otherwise inconsistent with their goals. This conflict code was particularly common in the data as youth discussed their placement experiences. Though this code encompasses a wide array of treatment practices articulated by youth as problematic, the excerpts below are representative of some of the most common concerns expressed.

In response to this question, many youth discussed disappointment with the quality of treatment services they received in the context of residential treatment centers and facilities. Namely, many youth noted that talk therapy was limited, despite the fact that most youth are proponents of talk therapy as opposed to the use of medication alone. In the excerpt below, Tanya describes limited institutional responses to trauma.

> But why wasn't anyone talking to me about my rapes? My sexual abuse? My physical abuse, the verbal and mental abuse, the emotional abuse my dad put me through? Nobody did that. Nobody tried to. And now here I am, what, nine years later? Even more screwed up, because now I have to do it myself and say this is what I have to come to terms with, and I have to do it on my own. And it's not fair, because I was there for you to help me, not just give me a pretty place to live, but to help me (pause) be able to live. To help me learn how to live. It's like just putting a band aid, when somebody has gangrene, you don't just put a band aid on it. You've gotta clean it out, you've gotta take care of it, and it just doesn't happen. –Tanya, age 20

Like many youth in residential treatment settings, Tanya discussed an acutely traumatic childhood, as she experienced horrific physical, emotional, and sexual abuse. Residential treatment is constructed as a clinical treatment approach for youth with emotional and behavioral difficulties. However, Tanya and other youth discussed a lack of appropriate therapeutic interventions to the traumatic histories that disrupted their

development. Tanya expressed a desire to address her traumatic background and to work on recovery, but did not perceive that there were outlets to do so. She notes that currently, "I have to do it on my own", as she resided in a supportive apartment at the time of this interview. In this less restrictive context, therapeutic services must be accessed on her own, whereas residential treatment was meant to be an intensive setting through which services were readily available. Beyond the pragmatic difficulties of accessing services experienced by many youth following discharge from residential, Tanya implies that there are psychological ramifications resulting from the lack of therapeutic intervention when she states, "here I am….even more screwed up", as these issues were never addressed in treatment.

Several youth described negative consequences of out-of-home placement, such as the worsening of behavioral problems. In the excerpt below, Anthony highlights difficulties youth experience in the context of their families as a result of placement.

> There are a lot of kids, in my opinion, at least 75% of youth who go in placement who come out worse than when they went in there. Because they come out with problems that other people brought in there, they never got their problems fixed, they've never got any treatment for their problems, and now they're back out there with a whole bunch of stuff, they have no parents because their parents have just completely disappeared, even if you got back to your family, you've been cut off from your family. Your family is 3, 4 years down the road, you're still 5 years back. And after that, it's really hard to get back into your family. So a group home, a residential, whatever, placements, they need to live up to what they say. They say they're going to help you, we're going to make things better, well, they need to be held accountable for that. –Anthony, Age 21

Previous research has argued that the institutional nature of residential settings contributes to hostility on the part of youth, as these settings focus on "behavioral containment" as opposed to recovery (Friman, et.al., 1996; James et.al., 2006; Pumariega, 2007). This finding is reinforced by Anthony's statement, as he notes that youth often

reside in residential placement without avenues for effective treatment, and that youth become “worse than when they went in there”, as they are confronted with a host of new risk factors. In this vein, several youth referenced how hostile interactions with staff led them to develop more anger and frustration. Further, Anthony and others reference an important consideration when looking at the process of discharge from residential treatment- the obstacles associated with rejoining one’s family. Anthony’s statement, “it’s really hard to get back into your family”, echoes Pumariega’s assertion that there is often “no psychological place” within the family for the child to reclaim (2007).

Conflicts with Staff

In addition to the many references to inadequate and problematic treatment practices in the context of residential treatment, youth frequently referenced conflicts with direct care staff when discussing their experiences in various out-of-home placement settings. Due to the nature of residential treatment settings, youth are in a position where they must interact with direct care staff 24 hours a day in a highly structured setting. When discussing their experiences in residential treatment, a disturbing finding emerged regarding youth perspectives of direct care staff. The participants frequently referenced problematic, conflict-ridden relationships between direct-care staff and youth, ranging from frustrating and hostile interactions to actions on the part of direct care staff that can easily be considered abusive. At this juncture, it is important to note a caveat. Though the majority of dialogues referring to relationships with direct care staff were decidedly negative, some youth described the healing nature of relationships with staff members who do indeed care about them. Some youth noted that years later, they are still in contact with staff who cared about them.

In the excerpt below, Jason notes a sentiment echoed widely by other youth in this study. By his estimation, direct care staff were not trained properly and knew little about the traumatic backgrounds and mental health histories of youth-in-care. Within many agencies, to qualify for a position as a direct care staff member, individuals need only a GED and driver's license, and receive little formal training.

> See, a lot of them weren't, they just weren't trained properly. That was (pause) like I told you the last time, they didn't know about my PTSD until about four years ago. (pause) And meanwhile, I was in placement from, let's see…about four years. And every time I'd have a panic attack or a flashback or something, they'd threaten me with ACU, the acute care unit. And it's not fun. So they didn't know what was going on, so I was like, one time I just got so pissed off. I was like, do you think I make this stuff up? Do you think I want to have nightmares about being beaten? I mean, Jesus! What the hell is the matter with these people! Is all you're getting paid for is to restrain people? You guys need better training. And they do. –Jason, age 20

Like many youth in out-of-home care, Jason has a history of severe physical abuse and neglect. In the excerpt above, he mentions his diagnosis of post-traumatic stress disorder and the panic attacks and flashbacks he experienced. Jason notes that he was threatened by staff who interpreted his panic attacks as inappropriate or "acting out" behavior. When he asks, "is all you're getting paid for is to restrain people?" Jason represents the voices of a number of the youth I interviewed, who expressed similar sentiments. While residential treatment is constructed as a therapeutic environment, power assertion on the part of direct-care workers actually contributes to negative emotion and hostility on the part of youth, who constructed staff behavior as unjust and abusive. This dynamic can be further elucidated by positioning theory (see Davies & Harre, 1999). Because direct care staff are in a position of power and authority as rule enforcers, and because youth are positioned as residents with emotional and behavioral problems, a dynamic is created through which power assertion on the part of staff

becomes legitimized, and through which reactions and perspectives of youth are constructed as further evidence of psychopathology. This process is highlighted in Parrot's work on "malignant positioning"; he notes that when individuals are viewed in a stigmatizing, deficit-based manner, their voices become silenced and marginalized (2003).

In the excerpt below, Anthony further highlights conflicts with direct care staff, and the problematic institutional dynamics that result:

> I was in two different residential treatment facilities, but they had totally different results. It's not so much the placement itself, but the people who work there. You can have the greatest system, but if you have a bunch of people who are just arrogant, mean, who are just not good with youth or kids, it's really not going to work. And that's what really happened, you had a lot of staff who were not trained, and they would challenge you all the time, and they would start arguments and fights, and say, okay, now you're punished. You're on restriction or you can't go home or something. And it takes away from actual treatment being done. –Anthony, Age 21

Anthony articulated the manner in which staff influence the outcomes of placement for youth. He underscored how the mission of an institution hinges on the individuals working to carry it out. In Anthony's experience, direct care staff were untrained and used power assertion with youth. By his estimation, these negative encounters undermine the therapeutic value of residential placement. Concerns about power assertion and the use of coercion by direct care staff are reflected in the literature (Miller, et.al., 2006, Surgeon General's report, 1999). It is important to reiterate that during the interviews, youth frequently discussed counter-therapeutic actions on the part of direct care staff. This code had one of the highest frequencies across the data elicited from the question regarding experiences in treatment.

Conflicts with Peers

When responding to the question on experiences across different out-of-home care settings, several youth referenced conflicts with peers. When analyzing the data, I found that youth descriptions of peer conflict contrasted with their descriptions of conflicts with direct care staff and mental health providers in interesting ways. Whereas youth discussions of conflict with staff and providers were almost uniformly negative in connotation, youth perspectives regarding conflict with peers in the context of out-of-home placement settings were more varied. Below, I provide two excerpts from the interviews which reference peer conflict in different ways.

In the excerpt below, Eddie discussed being frightened and suspicious of his peers in the context of a homeless shelter.

> Before I entered an actual group home, because I was never in a residential, I lived in a shelter for sometime. I don't know, should I go into that? I think it's really important that I share my experiences in the shelter, because it was really tough for me. Being kicked out, well I wasn't exactly kicked out of my house, but I knew it was definitely time for me to leave and really branch out on my own. When I was in the shelter, I actually stayed in this particular one, and I got numerous death threats, I didn't have much money on me, I didn't have much clothes with me, I just had what I brought from my Mom's house, and you would really have to just sleep with your belongings under your pillow. There was a locker on either side of your bed, but people would steal on a consistent basis, so you would have to watch your stuff. –Eddie, Age 23

For Eddie, staying in the homeless shelter was a frightening experience that stood in stark contrast with his previous living arrangement, where he resided with his mother in a comfortable home. Eddie narrated the need for hypervigilence in this environment, as other residents threatened to harm him and because stealing was common. Eddie's concerns were echoed by other youth, who described feeling afraid of other young people in care, particularly those who exhibited violent behavior. One's home or residence is

typically constructed as a place of refuge, but for many youth-in-care, out-of-home placement settings elicit feelings of fear and extreme discomfort.

In contrast with Eddie's narrative, the excerpt below illustrates the developmentally significant and beneficial outcome of peer conflict for youth-in-care.

> A lot of people don't agree with me on this one, but living with a group of kids around your age, I think is helpful. To see when they get mad, or upset, you can in a group home setting. That's what you look like in the community. And how ridiculous it looks. I learned a lot from the other kids that were there. And they all have different advice to give you, to bring to the table. – Sara, Age 18

When discussing her experiences in a group home, Sara noted the significance of interacting with youth her age, even when those interactions are tense. Sara discussed the reflexive quality of peer interactions; through observing other people, she learned "how ridiculous" emotional outbursts looked. She further noted that peer interaction is vital and developmentally important, as youth have valuable insights and advice to share with one another. While youth discussed negative peer interactions, such as fighting and other altercations, they also highlighted the inherent value of peer conflict and interaction for development.

Problematic Transition/Discharge Plans

Lastly, several youth discussed difficulties surrounding discharge from residential treatment settings. It has been widely documented in the literature that youth generally experience poor outcomes following discharge from residential treatment, in that they are at risk of becoming victims of violence (Courtney, et.al, 2001), and at risk of becoming immersed in the homeless and justice systems (Courtney, et.al., 2001; Collins, et.al, 2008). In the excerpt below, Tanya describes how residential placement neglects to prepare youth for discharge from residential settings.

> The lack of transition, there is no transition process going into the residential or leaving. There was no, you know, basic daily living skills I had known because I had raised myself, pretty much. But then there's like opening a checking account, balancing a checkbook, how to apply for Medicaid, how to apply for benefits, where, how do you find a therapist, these are things that people need to know, and they don't. How to build a resume. Just the basic things you would receive if you were living at "home" that you weren't prepared for, and don't have the knowledge of. Then you leave your residential and you're like, huh? And you end up back in the system somehow. Whether it's through mental health or the judicial system. –Tanya, Age 20

Tanya contrasted the skills a youth would acquire when residing at home as opposed to residential treatment settings. She described how youth leaving care are often deficient in life skills, such as money management and how to find medical or mental health providers. Tanya's description aptly describes an unintended negative consequence of institutionalization, in that youth lack the skills necessary to successfully transition to community living. This "transition gap" has been frequently addressed in the mental health literature and is often targeted as an initiative within government agencies (Stephanie Orlando, personal communication). Further, Tanya notes that many youth "end up back in the system somehow", an assertion that is also supported in the literature (Courtney, et.al, 2001). The term "transinstitutionalization" was coined in reference to adult inpatients who, following widespread deinstitutionalization initiatives, ended up back in the mental health system (Guy, 1985; Talbot, 1979). This notion can be appropriately extended to youth-in-care, who face similar challenges of inappropriate and poorly planned transition goals, and who lack the skills necessary to succeed upon transition. Many youth discussed problems with transition, as it relates to the psychological adjustment of moving from residential placement, and to more tangible difficulties, such as problems applying SSI and securing stable, appropriate housing.

Psychosocial Impact of Placement and Diagnosis

Following the question on general placement experiences, I asked youth to discuss the psychosocial impact of being placed and diagnosed. Specifically, I asked how placement and diagnosis affected how youth see themselves and how they believe others perceive them. When analyzing youth responses to this question, I found that the responses fit within three dominant analytic categories, which I labeled negative psychosocial ramifications, therapeutic values, and questioning diagnostic validity and protocols. In the chart below, I provide a summary of each youth's response to this question, and the category or categories that describe the response.

Table XII

Responses to Question 2: Discuss the experience of being placed and diagnosed

Question: Discuss the experience of being placed and diagnosed. How did it impact you? How did it impact the way other people saw you?		
Participant	**Response**	**Category**
Marie, age 21	Multiple diagnoses were given. "I don't think other people saw me. People forgot about me." Lost touch with friends and community and family. "It was hard to transition out of".	Negative Psychosocial Ramifications
Tanya, age 20	First diagnosed in residential. Received peer counseling in the hospital which was very helpful. Lack of therapy and appropriate treatment in residential. Medication was relied upon too heavily.	Therapeutic Value; Questioning Diagnostic Validity and Protocols
Eddie, age 23	Diagnosed at first with drug induced psychosis and then schizoaffective disorder. Friends and family were shocked;"life threw me a curveball".	Negative Psychosocial Ramifications
Jason, age 20	Initially, the school psychologist thought he was antisocial for not playing with the other children and for only interacting with adults. He was placed in special ed for this, which he thought was inappropriate. Later diagnosed with PTSD, schizoaffective.	Negative Psychosocial Ramifications; Questioning Diagnostic Validity and Protocols
Anthony, age 21	Felt lied to. Was told the medication was to calm him down as opposed to being told about mental illnesses.	Questioning Diagnostic

	Believed he developed disabilities because of being in care. Led to depression.	Validity and Protocols
Zoe, age 23	Being diagnosed was helpful because it explained what was happening. Was called borderline, then they took it away and gave depression/anxiety diagnoses. Feels ashamed when others hear about her diagnosis.	Therapeutic Value; Negative Psychosocial Ramifications
Sara, age 18	At first, they didn't diagnose her. She was diagnosed at age 14, but she believed family problems were constructed into a mental health diagnosis. The diagnosis was changed multiple times.	Questioning Diagnostic Validity and Protocols
Jennifer, age 18	It was a positive thing. Made her feel like she wasn't going insane. There was a way to fix it. There is a stigma associated with being labeled.	Therapeutic Value; Negative Psychosocial Ramifications
Mike, age 19	Given three diagnoses, was eventually changed to not have bipolar disorder, even though he was medicated for it.	Questioning Diagnostic Validity and Protocols
Diana, age 18	Diagnosed with ADHD and bipolar. Friends stopped talking to her.	Negative Psychosocial Ramifications
Brian, age 16	Traumatic to be away from family.	Negative Psychosocial Ramifications

In the first category of responses, youth discussed the negative psychosocial ramifications of placement and diagnosis, including becoming alienated from family and friends. In the second category, youth questioned the validity of clinical diagnoses and related medication protocols. Youth described being misdiagnosed or over-medicated. In the third category, youth discussed the therapeutic and healing properties of receiving an accurate diagnosis, such as the ability to become informed about effective treatment protocols. In the section that follows, I describe in detail each response category, elaborating with excerpted data examples.

Negative Psychosocial Ramifications- Stigma and Alienation

When discussing the experience of being placed and diagnosed, youth described in depth the negative psychosocial ramifications resulting from having a mental health diagnosis and from out-of-home placement. The psychosocial ramifications discussed centered on alienation and feelings of disconnection from peers and family, along with the far reaching consequences of stigma.

When youth experience numerous out-of-home placements, it is difficult to initiate and maintain relationships. In the excerpt below, Marie narrated the psychological experience of invisibility, as she lost connections with others through the course of her numerous out-of-home placements.

> I don't think other people *saw* me. People forgot about me. I moved around so much I didn't really have friends, anymore. The friends that I had when I went to placement, they didn't know me that long. They just said, oh, she went to placement and I wasn't allowed to write them or call them from my next placement, so I just lost touch with them. My family mostly didn't pay any mind anymore. I talked to my mom, sometimes my dad, but you know, my family didn't care too much, they just thought I was crazy. They thought I was bad. (long pause) It was hard to transition out of it. –Marie, age 21

Like Marie, several youth discussed the negative impact of placement as it relates to the establishment and maintenance of secure and stable attachments with others. Compounding this problem is the stigma associated with receiving a mental health diagnosis. As Marie notes, her family thought she was "crazy" and "bad". She notes that her parents positioned her as a problem and looked at her as being beyond help. Marie notes that it was "hard to transition out of". The trajectory of youth in out-of-home care stands in stark contrast with youth with no history of system involvement; while most youth establish social networks with peers and family that remain fairly consistent, youth-in-care often lack stable relationships and a sense of permanence.

The youth also discussed the negative impact of having a mental health diagnosis as it relates to peer relationships. Diana described her experience with peers prior to being diagnosed and after receiving a diagnosis:

> I was diagnosed as ADD and ADHD, also bipolar. Before I was diagnosed, I had a lot of friends….I was really popular with friends, I had so many friends it wasn't funny. My friends could have covered the front lawn out here. I had a lot of friends. No more friends. –Diana, age 18

Diana concretely described the alienation she attributes largely to having a mental health diagnosis. The youth frequently narrated instances of peer alienation following diagnosis and placement. Several youth described the experience of being perceived as "crazy" by former friends and described feelings of shame in disclosing their mental health problems to peers.

Interestingly, Tanya discussed the role of stigma that accompanies being labeled as mentally ill. Tanya's excerpt further illustrates the notion of "malignant positioning" described by Parrott (2003).

> Because you're diagnosed with a mental illness, you lose all your human rights, whether it's to happiness, whether it's anger, being sad, you're not supposed to have them, and if you do have them we're gonna give you a pill for it because it means you're having an episode. And that's just not fair. – Tanya, age 20

Tanya described how individuals labeled as mentally ill are positioned in a manner which limits their humanity. This excerpt is representative of the data set, as it was common for youth to discuss their perceptions of being positioned as crazy and damaged. The stigma surrounding mental illness leads to a "malignant positioning" that renders the emotional experience of labeled youth illegitimate (2003). According to the findings, emotional experiences and reactions become constructed as indicative of

psychopathology as opposed to being a normative human experience. Jennifer spoke about the manner in which being labeled as mentally ill colors one's social interactions.

> People definitely respond to you differently though [when you have a mental health diagnosis]. They take a little more caution when they speak to you. They're more careful with their words. They're a little more worried too, kind of. Like they, I don't know, they're more cautious. They watch what they say to you, they watch your movements a little more carefully. – Jennifer, age 18

As Jennifer and other youth noted, the stigma of labels impacts the manner in which others respond to them. She perceived that others become cautious and vigilant when interacting with her as a result of her diagnosis.

Questioning Diagnostic Validity and Protocols

In addition to discourse on the negative psychosocial ramifications of placement and diagnosis, youth frequently questioned the validity of clinical diagnostic procedures. The youth described receiving multiple, often inconsistent diagnoses, being placed on medication for disorders they were later determined not to have, and the manner in which normal childhood behaviors were misconstrued as mental illnesses.

Sara described the manner in which her experiences with clinicians and clinical diagnostic procedures caused her to become skeptical about the legitimacy of these determinations.

> The first time was weird because my mom brought me to get a diagnosis. And they wouldn't give me one. So when I did get [a diagnosis], I was fourteen, and I didn't believe them. Because before, they said that there was nothing wrong. And that's when I had been taken out of my mom's house, so I felt like just because there were problems with the family, they were going to diagnose me. And I've had several different diagnoses. Since then. I kind of feel like they don't know what they're talking about. Because I've had so many. I was diagnosed with bipolar first, and then they changed it and said it's PTSD, and they just keep changing it. –Sara, age 18

Sara remarked that "just because there were problems with the family, they were going to diagnose me". This highlights a central challenge to the clinical paradigm. As noted in the literature, most youth-in-care have a history of significant family conflicts (James, et.al, 2006). Sara and other youth described becoming scapegoats or the "identified persons" with psychopathology (see Rober, 2008). Sara noted that there was less of a focus on the difficult situations that she was experiencing. Clinical constructions of psychopathology often fail to adequately consider the manner in which a youth's context contributes to behavioral difficulties. Critical youth perspectives highlight the manner in which situational contexts shape behavior and experiences. Further, Sara, like many youth, noted that she received several different diagnoses over the course of her placement history, causing her continued skepticism about the legitimacy of the diagnostic process. These sentiments are echoed in Mike's excerpt.

> It was funny because like I said, they had misdiagnosed me. They said I had OCD, which was true. (laughs) ADHD, and bipolar. So they were giving me medication at that point for all of them. Which comes out to be that, we found a way where I can control my ADHD and OCD, but bipolar was misdiagnosed. I've never had that. They had sent me all the way up to Rochester to figure that out. And I was on this medication for almost six, seven months at the time. It didn't work out too well and I was not a happy camper when I got back and found out. –Mike, age 19

Mike indicated his frustration with having been misdiagnosed, as he had been taking medication for a period of time which he may not have needed. Misdiagnosis can be a problem for all clients of mental health services due to vague diagnostic criteria and insufficient assessment protocols. Because a common clinical protocol in the context of residential settings is to medicate, misdiagnosis is particularly troubling.

When questioning the validity of mental health labels and clinical protocols, many youth questioned the social construction of psychopathology more broadly, as indicated in Anthony's excerpt.

> That's why I can literally say that sometimes people go in group homes, and they come out ten times worse. Because I wasn't depressed before I went into a group home. I was never depressed, I was just hyper. But my whole thing was, it wasn't like I was hyper in school and never finishing my work. I was finishing my work so quickly that I had nothing to do. And I would sit there for a half hour twiddling my thumbs, and it's only a matter of time before someone gets up and starts doing something to keep them entertained. – Anthony, Age 21

Anthony, like many youth, indicated that he developed further difficulties as a result of traumatic elements of out-of-home placement. Further, he counter-narrates the notion that hyperactivity is cause for clinical concern. He implies that for children, it is developmentally appropriate to become bored with laborious lessons at school and to eventually venture off task. Like Sara, Anthony's critical perspective highlights the importance of considering a youth's context and environment when interpreting behavior, as opposed to relying on the clinical paradigm alone.

Therapeutic Value of Diagnosis

Although this category was less frequently represented, as compared with the aforementioned categories, several youth discussed the therapeutic or healing properties of receiving a mental health diagnosis.

Youth who perceived mental health diagnoses to be helpful found relief in understanding and being able to name what they were experiencing. Jennifer described this process.

> When I was first diagnosed, it was a good thing for me. It was a breath of fresh air. Because I knew there was something wrong with me, and it runs in my family, but I didn't know if was going insane. Or if I was just, I don't know. It

> felt good to know what was wrong with me and that there was a way to take care of it. –Jennifer, Age 18

For Jennifer, receiving a diagnosis provided relief, in that it gave her a sense of agency as it relates to treatment. She notes that by knowing "what was wrong with [her]" she likewise knew "there was a way to take care of it". This excerpt is especially important to consider. Though the majority of youth in this sample highlighted the negative ramifications of labeling, a consideration for future research and practice should be how to construct clinical diagnoses in a manner that is recovery-focused and agency promoting. This finding will be discussed in greater depth in the final chapter.

Like Jennifer, Zoe discussed the psychological relief associated with receiving a diagnosis. However, she also pointed out her continuing personal struggle regarding her beliefs about mental illness.

> I was really glad to be diagnosed, because it gave a name. It wasn't just, why can't you stop crying, it was like, okay, this is what's happening to her brain. This is why she can't stop crying. So it made it a lot easier, especially with my family, because it wasn't just a mystery of what was going on, it was actually a thing that was happening that science believes in and somehow that makes it real. I still have days where I don't believe in any of this shit. I don't believe it exists all the time. – Zoe, Age 23

Zoe noted that she and her family took comfort in subscribing to a clinical explanation for the emotional pain she was experiencing. She discussed the social construction of mental illness, noting that because "science believes in [it]…somehow that makes it real". While she noted the helpful qualities of clinical diagnosis, she continues to question this construction of her experiences.

For the next question, youth were asked to articulate their views on mental health labeling. In contrast with the question above on labeling and placement, which was a more personalized, experiential question, I asked this question to explore youth

perspectives on the clinical paradigm and mental health labeling more broadly. Most youth answered this question generally, discussing the overall process of labeling. Some youth, however, referenced their own experiences with labeling to support their opinions. Youth discussed the negative social ramifications and the negative psychosocial impact of labels, the therapeutic value of receiving a diagnosis, and perspectives which reflected on both the negative ramifications and the therapeutic value of this practice. The chart below summarizes each participant's response to this question.

Table XIII

Responses to Question 3: What do you think about the process of mental health labeling

Question: What do you think about the process of mental health labeling?		
Participants	**Response**	**Category**
Marie, age 21	Labels are stigmatizing. Youth with mental health diagnoses are over medicated, and medication is often a first course of action for youth-in-care. Behavioral problems are often the results of environmental contexts, not mental heath issues.	Negative Psychosocial Ramifications
Tanya, age 20	A proper diagnosis can be helpful and part of the healing process. No one has a "clean bill of mental health" and these symptoms can be normal. Youth with labels "lose the privilege" to experience normal emotions of youth. Therapists and professionals should do more research to unearth the problems (i.e. abuse).	Therapeutic Value; Negative Psychosocial Ramifications
Jason, age 20	He didn't have a voice in the process.	Negative Psychosocial Ramifications
Anthony, age 21	This is a negative process overall. It comes from a human need to categorize. There is stigma associated with mental illness- perception of a "kid shaking back and forth in a chair". The public isn't given information to understand mental illness.	Negative Psychosocial Ramifications
Zoe, age 23	She doesn't always believe in mental illness. Others often don't understand. Discussed stigma around mental illness.	Negative Psychosocial Ramifications
Sara, age 18	Doesn't like labeling. Can help you to find help for yourself, but the diagnosis would often change. Youth may use diagnoses as an excuse.	Negative Psychosocial Ramifications

Jennifer, age 18	Sometimes diagnoses are made too quickly. They should really sit down with youth to figure out the problems.	Negative Psychosocial Ramifications
Mike, age 19	Can be helpful, if you find the right services.	Therapeutic Value
Diana, age 18	Labels are just names. There is stigma surrounding labels and surrounding people who are on SSI.	Negative Psychosocial Ramifications
Brian, age 16	Labels lead to stereotypes and faulty assumptions. You should take the youth's perspective into regard. Youth should be treated like they have a say.	Negative Psychosocial Ramifications

Youth responses to the practice of mental health labeling were overwhelmingly negative. Though two youth discussed the therapeutic value of labeling in a broad sense, the majority of the youth discussed labeling in a decidedly negative way, especially highlighting the experience of stigma and marginalization that results from being diagnosed.

Though less common across the narratives, some youth discussed positive aspects of diagnoses. When responding to this question, Tanya highlighted what she perceives to be the therapeutic or healing quality of receiving a mental health diagnosis. Like Jennifer and Sara's responses to the question on placement and diagnosis, Tanya highlights the importance of having a reference point for understanding what she was experiencing

> I don't present myself like, hey I've got PTSD, how about you? But I think if you're diagnosed properly it can really be helpful. I always knew something was hella off with me. I didn't think like normal kids do. I never felt like normal kids do. And for me, the trauma kept, trauma would happen, then more trauma would happen, and so it was just impacting, it was really bad, and my whole thing was I wanted to know what was wrong with me. I wanted to be happy, but why was it that I couldn't be happy? Why do I self sabotage? And things like that, and if you're diagnosed properly, not so much given, if you're diagnosed properly, like when I found out I had PTSD and I looked up what it was I was like, wow, this explains a lot. And I think it can be a really big part of the healing process and the understanding of who you are process. – Tanya, age 20

Tanya acknowledged experiencing personal distress that she describes as non-normative: “I don’t think like normal kids do”. In this excerpt, she categorized her experiences as abnormal and narrated what she considers to be maladaptive about her behavior. Because of her personal experiences with receiving a diagnosis, Tanya acknowledged the therapeutic value for others, in that they may gain insight into their experiences and enhance their self-understanding.

Consistent with socio-historical theory, several youth noted that context must be considered to adequately understand behavior, in contrast with constructions that behavior and mental health problems are self-contained. In the excerpt below, Marie challenges the clinical paradigm, arguing that youth are medicated too quickly. She argues that the pathology of the institution itself contributes to problematic youth behaviors.

> I don’t agree with [labeling], I don’t agree with mental health, a lot of it, in the first place. I don’t think medication should be the first thing you try to do to somebody. When you don’t know somebody. I think in certain extreme cases it might be necessary, but in most cases it’s really not, and I think placing a kid with 100 other kids that are, that might be even worse off than you, you kind of like start taking on some of their stuff too, cause I never did drugs, than I started doing drugs in my group home, because all the other kids did. And sometimes you’d have to act out just to get attention. Because you’re living with 12, sometimes more, other people. And you just want a parent’s attention. You want to have that normal parent, but you don’t get that so you just try to get some attention from the staff. In a way. –Marie, age 21

Marie articulated the importance of considering the role of the institution in shaping behavior, especially noting the role of contagion effects in the context of residential placement. She states that youth “start taking on some of [other youths’] stuff too”. The role of contagion effects in the context of residential placement has been discussed in the literature (Surgeon General's report, 1999). Interestingly, Marie offered

an explanation for behavioral problems and contagion effects when she pointed to the non-normative developmental trajectories of youth-in-care: “you just want to have that normal parent, but you don’t get that”. Marie constructed acting out as an attention-seeking behavior, as youth long for attachment and attention from staff, who in some cases are the only adult figures in their lives. This excerpt is particularly significant, as it provides a critical perspective which stands in opposition with clinical constructions. As opposed to looking at problematic behaviors as rooted in psychopathology of youth, themselves, Marie suggested that the dynamics within institutions actually contribute to this behavior. Youth also complicated notions of behavioral problems by articulating the unmet psychological and attachment needs of youth-in-care, and how this void may contribute to acting out.

Also consistent with socio-historical concepts, Sara noted the didactic, interactional dynamics that result from the use of mental health labels.

> I don’t like [labels] because then some kids might use it as an excuse. For their behavior. I think if you have a mental illness, then you have one, it doesn’t matter what it is. You have a mental illness. Because some kids will be like, I have bipolar, that’s why I act like this. And there a lot of other people who have bipolar who don’t act like that. So I don’t agree with it, I never have. –Sara, Age 18

Sara noted that youth with diagnoses may “use it as an excuse” to justify poor behavior. She questioned the notion that all problematic behaviors are rooted in mental illness, as she noted that many individuals with diagnoses do not display problematic behaviors. Sara’s critical perspective sheds light on the impact labels have on social interaction. Diagnoses can shape the manner in which youth interpret their own behaviors, and the manner in which others interpret their behaviors. Sara further argued that labels lead to self-justification.

When discussing the use of mental health labels, some youth focused on what they perceived to be a natural desire to understand human behavior.

> I think that getting a label or diagnosed is a negative thing overall. However, I've accepted it. And I've had a choice to accept it or not to accept it, it was my choice. But I thought about it, because I wanted to think about it outside of me. But on a general scale of humanity. And I got to a point where I just figured, human beings need to have names. They need to categorize everything….if we don't have a name for something or a way to categorize it, we won't be able to understand it. – Anthony, Age 21

When reflecting on the process of mental health diagnosis, Anthony noted that people need categories to understand complexity. He also described his agency in this process as he notes, "I've had a choice to accept it or not accept it". Anthony positioned himself as an agent in this process, as opposed to constructing himself as a passive recipient of a mental health diagnosis.

As youth discussed their perspectives on mental health labeling, the role of stigma was frequently addressed. Zoe discussed a recent personal experience, when a boy she was dating inquired about her mental health.

> I told him I get my money because my mom was sick and I get money from disability, that my mom was sick and that I'm kind of sick and he was like, "what, you got like mental stuff going on", and then I felt really bad, and I was like, "yeah, I actually do". And it didn't seem to really matter, but having to admit it, I just didn't want to. And I have scars on my arms and I have a watch that helps a lot, but when people ask me what happened I haven't come up with a good lie yet. I don't want to have to say I was really sad as a kid and I cut myself all up to make myself feel better. Because people think that's weird. And I don't know that it's ever really going to be accepted anywhere. There's always going to be that thought that mentally ill people are violent. – Zoe, Age 23

Zoe described the sense of shame she feels as a result of her diagnosis and mental health problems and further elaborates on her perceived need to "come up with a good lie", because of the stigma of mental illness. She noted that individuals with mental health diagnoses are affected by stigma, including constructions that they are abnormal,

"weird", and "violent". She touched on the psychosocial ramifications of stigma in the context of a social interaction, and the manner in which stigma infiltrates and shapes one's sense of self.

Lastly, some youth discussed the role of power dynamics in the context of clinical diagnostic procedures.

> I think it would do good and it would do a lot better for people if it worked by more, like if the kids who had the problems, if they tried to give their side of how they feel. It would be better. Normally you go to an appointment, and they say how are you doing, stuff like that, and they don't really ask you, I mean once in a while they have to ask you do you think you're being treated fair, stuff like that, but they don't really ask your input on how they can change how they treat you. - Brian, Age 16

Brian introduced the importance of youth voice and youth participation in the clinical process. He implied that clinicians, who occupy an inherently powerful role, dictate the therapeutic conversation. In Brian's view, clinicians should inquire about a youth's perspective of the institutional context and dynamics, which he sees as especially important. Once again, this critical perspective indicates that the clinical paradigm, which takes the individuals as the object of inquiry, may neglect to consider the role of context and the importance of the individual's perception of his or her environment.

Positioning Youth as Agents: Explicit Audience Questions

For the latter part of the semi-structured interviews, I positioned the youth as agents, as I asked them to discuss their perspectives on changing the system and to address various audiences as they contributed feedback and insights. By asking the youth for their feedback on what should change in the mental health system and by asking them to address salient audiences with this content, I positioned the youth authoritatively, as questions of this nature implicitly suggest that the youth indeed have important insights

to share. Embedding agentic youth positioning in the interview context is a practice consistent with socio-historical theory, in that agency processes occur within the dynamics of social interactions. Just as youth can position themselves as agents as they narrate, interviewers can position participants as agents through the questions asked. Hence, agency is not simply a property or characteristic existing within an individual, but it occurs and is performed in the context of social interactions.

Specifically, I asked the youth to describe what they would change about out-of-home placement, what advice they would offer a youth about to enter residential treatment, and what they would like various audiences, including direct care workers, mental health providers, policy makers, and others, to know about their experiences. To analyze the data elicited through these questions, I coded the narratives for agency statements. I also analyzed the content provided by the youth to determine commonalities across the narratives regarding suggestions for change. Because my research questions inquire about both agency processes and critical youth perspectives on the mental health system, it was important to conduct an analysis that addressed both concerns. In the section that follows, I describe the results of the analysis for each question.

Changing the Mental health System

The youth were asked to describe what they would like to change about the mental health system. Responses ranged from concrete treatment suggestions, such as eliminating restraint practices and reducing the use of medication, to changing the manner in which mental illness and out-of-home placement is viewed by others. The

chart below lists the topics discussed by each participant and a summary of each youth's complete response.

Table XIV

Responses to Question 4: What would you change about out-of-home placement

Question: What would you change about out-of-home placement?		
Participant	**Topics Addressed**	**Summary of Youth Response**
Marie, age 21	- Stop overmedicating youth - Provide more therapy - Age-appropriate education - RTFs should be smaller - Place youth with similar, appropriate peer groups - Youth rights and participation - More contact with family and community	Medication should not be a first resort. Youth should be educated about medication. Therapy should be more frequent. Education should be age appropriate. Residentials should be smaller to prevent contagion effects and youth should be with other youth who they relate to better. Youth should be able to have music, art supplies, etc. More contact with the "outside world" is needed. Youth should be placed close to home and should be able to go to normal high schools whenever possible. More home visits.
Tanya, age 20	- Age-appropriate education - Accurate diagnosis - Teach youth life skills and coping skills - Well-trained, caring staff - Transition/discharge planning	The educational piece; expectations should be higher and education should be age appropriate. Clinical diagnosis should be accurate. Teaching youth coping skills and life skills and relationship skills. Mental health professionals should care about youth. Better housing transitions. With SSI, the system should not cripple youth who age out.
Eddie, age 23	- Place youth with similar, appropriate peer groups - Well-trained, caring staff	Allow people of the same age to live together. Staff should be patient.
Jason, age 20	- Well-trained, caring staff - Youth rights and participation	Staff should be better trained. Respect what youth want for themselves and allow true participation in treatment planning, not just a "smokescreen". Youth should be listened to. Hear a youth's story. Physical contact- allow hugs.

Anthony, age 21	- Well-trained, caring staff - Stop restraint - Youth rights and participation	Need for staff training. Training in better communication skills. If communication is better, restraints won't be necessary. Background checks. Older staff, not college students. Compassionate staff make a big difference. Need to hire staff who really care and want to help. Youth should be involved at all levels.
Zoe, age 23	- Well-trained, caring staff - Stop restraint - Provide more therapy - Stop overmedicating youth - Place youth with similar, appropriate peer groups	Staff need more training and they need to actually care about the youth. Restraint practices need to stop, particularly men restraining women. Treatment needs to be given and there should be less reliance on medication. Similar youth should be placed together and not placed with the most severe cases.
Sara, age 18	- More contact with family and community - Youth rights and participation	Seeing family more. Family visits should not be taken away as a punishment. Youth should be involved.
Jennifer, age 18	- Addressing stigma - Better communication between placements and school/family - Stop overmedicating youth	Would like to change labeling and stigma. There should be more communication between schools and the hospital. The hospital should be in better communication with the family. Placements should foster communication between youth and families, not hinder it. Medication does not fix everything. It was difficult to know if medications were working because youth are often on five or six and once.
Mike, age 19	- Accurate diagnosis - Addressing stigma - Educating others about mental illness	Staff should not jump to conclusions. Use programs that are helpful to youth. Be flexible and have different options for youth. There should be less stigma around mental illness. There is little education about mental health in the schools.
Diana, age 18	- Stop restraint - Addressing stigma - Youth rights and participation	Restraints. Restraints can re-traumatize youth. Stigma should be addressed. Youth know what they need.
Brian, age 16	- Youth rights and participation	How youth are treated. Placement

	- Well-trained, caring staff - Addressing stigma	should not feel like punishment. Youth should be allowed to have feelings. Have guidelines, but don't be excessively harsh. Don't treat youth like they're younger than they are. In school, don't make it obvious to everyone that a youth has a disability. Stigma occurs in the schools and youth with mental health problems are treated like they're "nothing". Youth learn from what they see, how they're treated. Youth should have a say in what goes on in their lives. Stigma should be addressed. Youth should be given more respect.

The chart below provides a summary of the topics addressed by youth, ranging from the most to least frequent (n=11).

Table XV

Responses to Question 5: What would you change about out-of-home placement

Question: What would you change about out-of-home placement? Topics Addressed:	
Most Frequent	**Least Frequent**
Youth Rights and Participation (6)	Age-Appropriate Education (2)
Well-Trained, Caring Staff (6)	Provide more Therapy (2)
Addressing Stigma (4)	More Contact with Family and Community (2)
Place Youth with Similar, Appropriate Peer Groups (3)	Accurate Diagnosis (2)
Stop Overmedicating Youth (3)	Transition/Discharge Planning (1)
Stop Restraint Practices (3)	Better Communication Between Placements and School/Family (1)
	Educating Others about Mental Illness (1)
	Teach Youth Life Skills and Coping Skills (1)
	RTFs Should Be Smaller (1)

As indicated in the chart above, youth most frequently cited their desire for greater youth participation and youth rights, the need for placements to hire well-trained, caring staff, the importance of addressing stigma, placing youth with similar and appropriate peer groups, and their beliefs about stopping over medication and restraint practices. Excerpts demonstrating youth feedback on selected topics are provided below.

Youth Participation and Rights

One of the most frequent topics discussed by youth was the need for greater, authentic youth participation and youth rights. The participants frequently described the importance of youth agency in the context of treatment. In the excerpt below, Jason highlighted his response to being denied a voice in his treatment plan.

> What was going to be done [with my treatment plan] was already preconceived. They acted like, they had staff there, and my therapist and psychiatrist, they had them all there and asked what I thought, but it was just a smokescreen, because they were going to do what they were going to do no matter what I said. Either way. It didn't make a difference. –Jason, age 20

Jason noted that when staff members asked for his feedback, it was "a smokescreen", as his insights were not valued in the decision making process. When residential treatment contexts deny youth the right to participate in goal-setting, it does not foster the sense, within youth, that they can influence the course of their lives and development in a purpose-driven manner. Brian's excerpt reinforces this finding:

> Let [youth] have a say in how they want things to work. Not like, this is what you're doing and this is how you have to do things. I understand rules, guidelines, but to an extent you have to have a little bit of freedom. You can't just feel like you're imprisoned and things. Like you don't have any say in what goes on in your life. –Brian, age 16

As Brian indicated, youth should "have a say" in their treatment. Brian described the psychological ramifications of denying youth a voice, as he started to feel "imprisoned" and unable to shape the events in his life.

As youth described the importance of involvement and participation, it reinforced the implications of agency for successful treatment. When youth feel involved and at the center of decision-making processes, agency and purpose are fostered.

Over-medication and Restraint Practices

Youth described instances of over-medication and inappropriate restraint practices in the context of residential treatment. This topic was raised repeatedly by the youth across the personal trajectory narratives and the semi-structured interview responses.

The youth described what they perceived to be the overuse and over-reliance of medication as a treatment protocol in the context of residential placement. Jennifer described her personal experience with medication:

> You can only treat so much with medication….I was on tons of medication. And I couldn't really tell you which ones worked and didn't work because I was never on just one medication. I was always on five or six. -Jennifer, Age 18

By Jennifer's estimation, over-medication is a troubling treatment protocol, as it becomes difficult to know "which ones worked and didn't work". In the following excerpt, Marie also questioned the overuse of medication:

> They should try to get kids off medication instead of putting them on more and more. I would not use that as a first option I would give more therapy, because we didn't get a lot of therapy, you get no time with the psychiatrist. If a kid did have to be on medication, I'd educate them about the medication. –Marie

Marie indicated that medication was often the first treatment option and that it was relied upon instead of therapy, which she perceived to be more helpful to youth-in-care. Like many other youth interviewed for this dissertation, Marie indicated that

although medication was widely prescribed, youth typically had little time to discuss the medication with staff psychiatrists. She suggested that youth should be fully informed about medication, as she believed she was not provided with this information.

Restraint practices were also discussed by youth as they indicated what they would like to change about out-of-home placement. In the context of the Youth Movement, a central initiative is to reduce and ultimately eliminate restraint practices.

Interestingly, as youth discussed the use of restraints in residential facilities, female participants referenced gender and the experience of restraints for young women, particularly:

> And I don't believe in restraints. They used human bodies as restraints, the staff performed restraints, especially the men. I never was [restrained], but a 20 year old college guy [restraining females]...that doesn't seem right. –Zoe, age 23

Zoe indicated that male staff restraining female residents is especially inappropriate. Diana articulated the manner in which restraint practices re-traumatize youth, particularly female youth with a history of sexual abuse.

> If I could change at least one thing, it would be no restraints. I hated being restrained, I really, really did. It made me feel like I had no control. Again, it brings me back to rape. In a rape, you feel powerless. You can't control what's going on, you can control what's happening, you can't help it. In a restraint you feel the same way. You can't control that you're being restrained, you can't control that you're being held down to the ground. Especially for a lot of people, rape victims mostly, if you're tackled to the ground and held against your will, why are you going to be restrained and held down to the ground just to bring back memories of being raped? When I got restrained, that was the first thing I said, "Please don't rape me." –Diana, age 18

It is especially troubling that out-of-home placements for youth with traumatic histories, which are designed to be therapeutic, actually cause youth to relive and re-experience trauma. It has been noted in the literature that restraint practices are counter-therapeutic (Miller et.al., 2006). Diana's excerpt reinforces why restraint practices are

especially traumatic to youth with abusive histories. From a psychological perspective, the feeling of being "powerless" and out-of-control does not foster a sense of agency, nor does it foster mental health and wellness, particularly in youth with histories of acute trauma.

During the semi-structured interview, I asked the youth to provide advice to a young person about to enter residential treatment for the first time. I made other youth entering the mental health system an explicit audience in the interview context in order to position the youth as agents, and to determine youth perspectives on how other young people should approach placement. I analyzed responses to this explicit audience question by utilizing the agency codes to determine the types of agency expressed by the youth when addressing particular groups, and if the agency statements differed as a function of the audience being addressed. Below is a summary of each youth's response to this question, in addition to the frequency of agency statements made by each youth.

Table XVI

Explicit Audience Responses: Addressing Other Youth

Question: What advice would you offer a young person about to enter residential treatment?		
Marie, age 21	"Deal with it" or it will be worse. Just try to get out as soon as possible. Plan for when you turn 18.	Agency through Compliance (1)
Tanya, age 20	"Take it for what you can get." "This is your shot to do what you need to do to get yourself together." Set goals but still be a kid.	Agency through Active/Engaged Choice (1)
Eddie, age 23	Listen to the service providers, be goal oriented. Think about what you want for your future and how to achieve it. Know who you are and where you are going.	Agency through Active/Engaged Choice (1)
Jason, age 20	Know your rights. Know who can advocate for you. Staff aren't allowed to do whatever they want to you. Youth should be educated about their rights by a law	Agency through Active/Engaged Choice (2)

	guardian.	Agency through Dialectical Thinking (2)
Anthony, age 21	Tell them the truth. It will likely be bad. Be open minded. Expect to be scared and lonely at first. Try to behave and listen. Advocate for your education and keep your family involved because it is easy to lose touch completely. Be open to change.	Agency through Active/Engaged Choice (4) Agency through Compliance (1)
Zoe, age 23	Don't go if you can avoid it, if not, obey the rules and get out. Residential should not be based on rules and compliance.	Agency through Compliance (2) Agency through Dialectical Thinking (1)
Sara, age 18	It's going to be difficult to be away from your family, but do what you have to do to get out. Advocate for yourself if you don't think treatment is helpful. Speak to someone who is helpful.	Agency through Compliance (1) Agency through Active/Engaged Choice (1)
Jennifer, age 18	Be open to treatment. Be willing to get help. Try not to cling to other patients and focus on yourself. Become immersed in the routines because it will help. It will be very difficult at first.	Agency through Active/Engaged Choice (2)
Mike, age 19	Do research and know what to expect. Advocate for your education.	Agency through Active/Engaged Choice (1)
Diana, age 18	Hold on, be prepared. Don't run away and do what you have to do to get home.	Agency through Compliance (1)
Brian, age 16	Do what is expected of you. Don't be influenced by others who do the wrong thing. It doesn't matter what other people say, it matters how you feel about it.	Agency through Active/Engaged Choice (2) Agency through Dialectical Thinking (1)

Upon conducting the agency analysis, I found that when tailoring their advice to other youth entering the mental health system, the agency statement most frequently made by youth was agency through active/engaged choice, followed by agency through

compliance. The chart below indicates the agency statements expressed by youth, and the frequency of each agency statement across the data set.

Table XVII

Agency Statements- Advising a Youth Entering Care

Agency Statements:	**Frequencies:**
Agency through Active/Engaged Choice	14
Agency through Compliance	6
Agency through Dialectical Thinking	4
Collective/Transformative Agency	0
Oppositional Agency	0

An interesting finding emerged, in that agency through active, engaged choice statements were especially prominent in the responses to this question. Agency through active, engaged choice is a coding category that reflects intentional choices and goal-oriented activities, not otherwise captured through notions of compliance or resistance. When the youth positioned themselves to provide advice to other youth entering the mental health system, they spoke in detail about the need to be goal-oriented and strategic in the context of out-of-home placement. I provide excerpts of statements reflecting agency through active, engaged choice below. In addition to this coding category, the youth also expressed statements reflecting agency through compliance, as they instructed other youth to go along with the rules of the institution for the purpose of getting out quickly. Expressions of compliance were agentic, as the participants did not encourage other youth to subscribe to and accept the rules of the institution, but to use compliance as a strategy, in that it will expedite discharge from placement. Also present in the data were statements reflecting agency through dialectical thinking, as youth discussed how placement should be and their vision for change as they oriented toward other young people. Interestingly, the youth did not make agency statements regarding oppositional

or resistant agency, nor did they make agency statements reflecting collective and transformative agency.

Agency Statements Reflecting Active/Engaged Choice

When tailoring their responses to other youth entering the mental health system, youth made statements reflecting agency through active, engaged choice; as youth offered advice to other young people, they encouraged these youth to be goal-oriented and strategic in their approach to residential placement. Some of the strategies offered referenced the need for youth to be open minded and informed about their rights.

When the participants encouraged other youth entering the mental health system to be goal-oriented and purposeful in their response to placement, they often urged these youth to be open, in addition to using other strategies. Jennifer underscores the importance of being open to treatment:

> I would definitely tell them to be open to treatment. I would tell them not to cling to the other patients or try to get too close with other patients. That sounds horrible, but I know when I was hospitalized first, one of the times when I was in there for a while, I would get really close to these people and then they would leave, or this would go wrong with them and then, I don't know. I would definitely tell them to open themselves up and be willing to get the help. – Jennifer, age 18

According to Jennifer, a youth's willingness to accept help is essential. She also urged youth to focus on themselves and their personal well being in the context of placement. Anthony also discussed the importance of being open:

> So I tell them, first thing, be open. Be very, very open minded, as open minded as you can be. Don't be afraid to be scared. Because no matter what you do, you're going to be scared. And it's okay. You're going to be scared for about the first month. And it will get lower and lower. You'll be lonely too. But know there's people there for you. Every kid who's there, every person who's there felt lonely just like you feel. Talk to them. Make some friends. The quicker you make

> friends, the quicker you'll forget that you're alone, and the quicker you'll forget that you're sad. –Anthony, age 21

As Anthony tailored his response to youth entering the mental health system, he was especially sensitive in his remarks, as he referenced the normal, yet difficult emotions that youth-in-care will likely experience. He provided pragmatic advice to youth regarding strategies to use to make the traumatic elements of placement a bit easier, such as forming friendships and approaching placement with the expectation that it will be difficult. For Anthony, being open minded has protective value for youth.

While Jennifer, Anthony, and others urged youth to be open minded, Jason found it most important for youth to seek knowledge about their rights and resources before entering placement.

> Know your rights. Know what [staff] can and can't do, because nobody taught me that. I mean, I found out later. Know who your law guardian is. Know who your attorney is. Know who will be your caseworker, who will be in charge of your case, know all that because you never know when you might need it. – Jason, age 20

Jason's approach, while different in connotation from Jennifer and Anthony's statements, also referenced the need for goal-oriented and purposeful behaviors and strategies on the part of youth entering care. Jason indicated that youth should be prepared, as he personally experienced significant problems with residential treatment staff and questioned the appropriateness of his treatment and discharge plans. Jason's narrative highlighted the need for youth to be vigilant upon entering care. Several other youth offered similar advice, as they would like other youth to benefit from their experience-based insights.

Agency Statements Reflecting Compliance

Following agency through active/engaged choice, the second most frequent agency code was agency through compliance. As youth offered advice to other youth entering out-of-home care, they frequently encouraged compliance. Responses regarding compliance were agentic in nature, as the youth discussed the role of compliance in obtaining the ultimate goal of discharge from residential placement. Compliance was constructed by youth as purpose-driven and strategic:

> I would say obey the rules and get the hell out. And I know that's not the answer, but that's what I had to do. There was no other way to get out…That's the only way to get out, to follow all the rules, and that's not how it should work. –Zoe, age 23

According to Zoe, there was "no other way to get out" than obeying the rules. She indicated that she did not agree with the many rules and regulations she experienced in residential treatment, and that placements should not work in this manner. However, Zoe framed compliance as the only means for release from a placement that she found unhelpful. Diana expressed similar sentiments:

> Seeing how my residential didn't change any, I'd give them advice to hold on! (laughs) Don't AWOL, don't do what you don't have to do. Hang in there, do what you know you have to do to get home…I hung in there, not that I wanted to, but I had no choice. You get used to it. –Diana, age 18

Diana noted that youth should avoid behavior and activities that might prolong their time in placement. Both Diana and Zoe noted that they did not want to be compliant. However, compliance represented a means to an end, which was discharge from residential placement. They advised other youth to be compliant based on their experiences in treatment.

Anthony's excerpt also endorsed compliance, though he also speaks to his, and other youth's psychological responses to care.

> Try to behave. Try to listen. I know it's hard when someone's telling you this is what you've got to do. But for now, it's what you've got to do. I hated it too. Just as much as you hate it, probably even more. I went through it and one thing I learned is that if I just listened, so much could have been avoided. – Anthony, age 21

Anthony noted that compliance is tremendously difficult, especially when the rules stand in contrast with a youth's own goals and desires. However, he noted that through compliance, "so much could have been avoided". Compliance is strategic in nature, as it can protect youth-in-care from some of the conflictual and stressful elements of placement.

In summary, when addressing other youth, the responses were strategic, proactive, and activity-based. The youth offered other youth entering placement cognitive and behavioral strategies for navigating out-of-home care that were based on their own experiences and insights. It is particularly interesting that the most frequent types of agency expressed were agency through active, engaged choice and agency through compliance. When addressing other youth, the majority of the participants provided concrete, pragmatic, and goal-oriented suggestions. When advising other youth to be compliant and to follow the rules, the participants highlighted the complexity of out-of-home care. Youth constructed compliance as a strategy for discharge as opposed to seeing it as a process that emerged resulting from sincere agreement with the premise of the rules and treatment protocols. This finding has implications for future research and practice, as residential treatment placements often conflate behavioral compliance with recovery. By analyzing critical youth perspectives, I found that youth construct the meaning of compliance and recovery with greater complexity.

Insights Offered to Various Audiences

In addition to making an audience of other youth entering the mental health system explicit to the participants, I also asked them what they would like various audiences, such as direct care workers, mental health providers, policy makers, and others to know about their experiences and insights. I framed these explicit audiences broadly, allowing the youth to highlight the audiences they found most salient and important to address. The table below provides a summary of the audiences addressed by the youth, and the responses and advice they provided:

Table XVIII

Addressing Various Explicit Audiences: Information about Placement

Question: What would you like various audiences to know?	
Audience Identified:	**Response:**
Direct Care Workers:	Direct care workers: should not be there just to have a job. They were often college students and they should only be there if they care about helping someone. Listen to youth, be trained, understand where the youth are coming from.
Direct Care Workers and Mental Health Professionals	Need for communication. Listen to youth and hear what they want and need. Show youth respect. Take the needs of youth seriously and listen to them. Youth can tell if you really care or not. Residential was "medication and a place to live", not treatment.
Psychiatrists:	Psychiatrists on the "inside" don't see the youth enough and "did not care one way or another" and youth have no options. Don't make youth believe they can't function without medication.
Mental Health Professionals:	Professionals should actually care about youth and give them the services they need. You should approach youth and speak to them directly instead of communicating behind their backs. You can figure out what the problems are by speaking to the youth. Medication doesn't solve everything and shouldn't be a first resort. "Sometimes you need to talk, not take a pill."

	The system made her feel handicapped. Mental health providers should work collaboratively with youth and should avoid jumping to conclusions. Listen to a youth's story. Get to know the youth better and ask the right questions. Listen to youth and let them talk to you. Make youth comfortable so they will share with you. Youth need to be heard. Don't make assumptions based on labels. Placements shouldn't feel punitive.
Families:	Families should be supportive and if they are not aware of mental health issues, they should become educated.
Educators/School Personnel	Schools should have more training on mental illnesses to understand how to address them. Medication should be dispensed at schools more privately.

The youth most frequently tailored their responses to direct care workers and mental health professionals. As evidenced in the chart above, a strong commonality across the responses underscored the youth's view that powerful individuals need to communicate appropriately with young people, principally by listening to them. Further, the youth noted that these audiences should avoid positioning them in a manner that is stigmatizing and dehumanizing, that these audiences should be appropriately trained, and that individuals working in these institutions should genuinely care about the youth.

To understand youth agency in this context, I conducted an agency analysis, coding the responses specific to this particular question. The figure below provides the frequencies of various agency statements coded in data.

Table XIX

Agency Statements: Addressing Various Explicit Audiences

Agency Statements:	**Frequencies:**
Agency through Dialectical Thinking	14

Oppositional Agency	3
Agency through Active/Engaged Choice	1
Collective/Transformative Agency	1
Agency through Compliance	0

Overwhelmingly, the youth highlighted agency through dialectical thinking when referencing these various audiences. Other agency statements included oppositional agency, collective and transformative agency, and agency through compliance. Agency through dialectical thinking is a cognitive aspect of agency through which individuals construct alternatives or offer solutions to current social practices (see Jenkins, 2001). As discussed above, when youth addressed an audience of other youth entering the mental health system, they most frequently made agency statements reflecting active, engaged choice and compliance. However, when addressing audiences of individuals inherently more powerful than themselves, youth made agency statements consistent with dialectical thinking, as they highlighted what they perceived to be problematic about care, and then offered solutions and alternatives.

When offering advice and insights to various audiences, the youth provided direct feedback concerning what should be changed in the context of out-of-home care, specifically referencing what these audiences should know and what they should do differently. Diana referenced psychiatrists and mental health providers:

> [They should] let us talk to them. Like shrinks, they want to put you in a bed and hypnotize you to make you talk about what they want you to talk about. If I want to talk, I want to talk about what I want to talk about. –Diana, age 18

Diana noted that mental health providers and psychiatrists should take cues from youth regarding what needs to be addressed in treatment. She discussed an inherent power difference through which providers are positioned authoritatively and youth are

positioned in a manner which leads them to feel disempowered when she notes that providers "make you talk about what they want you to talk about". She counter-narrates this clinical relationship by implying that youth know what they need to talk about in treatment and should have the space to express themselves.

When referencing direct care workers, Marie notes the importance of caring about youth and genuinely wanting to help them to improve their lives.

> Just that, if that's not what you really want to do, to help somebody, then you need to find another job. If you're not interested in improving people's sense of themselves, improving how they feel, just to be somebody that can, somebody that will listen to them, and care, then I don't think you should be in mental health. –Marie, Age 21

This sentiment was expressed repeatedly by the youth. The youth noted that it is very apparent to them when workers genuinely care and when they did not. They also emphasized the importance of training and education for direct care staff.

Jason and others noted that direct care staff and mental health providers should listen to youth and learn about their backgrounds to better understand what youth are facing.

> Well, I think that a kid's story is probably everything. And if they actually sat down, not just the psychiatrist and the social workers, but the everyday staff who are there seven days a week, would just sit the kid down and be like, look, what have you been through? What's going on? To just get an idea of what happened to that kid. What that kid's been through in his life. You know what I mean, just get an idea. And their whole thing was 'no physical contact'. That's a lot of crap. Because the one thing that might change a kid's day is getting the hug. Say the kid found out his mother got put in jail, or some kind of tragedy happened, and the kid goes off. Well, gee. He's upset. And he doesn't know how to express his anger. The one thing, instead of grabbing the kid up and throwing him on the floor…give him a hug. Let him get out his anger, and his frustration. His sadness. Let him get it out. It might be the one thing that will change a kid's day. It might be the one thing that will change a kid's life. –Jason, Age 20

In addition to noting the importance of listening to youth and understanding their perspectives, Jason questioned institutional rules that ban hugging. He noted the contradiction within the institutional response, as direct care workers are permitted to physically restrain youth, a practice that many youth found traumatizing, but that they were not allowed to engage with youth in a normative way. Jason humanized the experiences of youth-in-care, noting that these youth often experience tragedy and trauma, and he normalized their emotional responses. This excerpt reflects the manner in which youth-in-care are "malignantly positioned", as their emotional responses to trauma are constructed in a stigmatizing manner, and are responded to in kind (Parrott, 2003). Jason notes that hugs and the development of caring relationships between youth and staff can "change a kid's life".

In conclusion, as youth addressed various explicit audiences, I noted strong commonalities in terms of the advice and insights offered, as youth described the importance of listening to their perspectives and promoted youth participation and empowerment. The youth further underscored the need for powerful individuals in the mental health system to receive appropriate training and to genuinely care about helping young people. They questioned institutional protocols and offered strength-based alternatives. Through the explicit audience questions, I positioned the youth in an agentic manner, consistent with the socio-historical notion of agency as an engaged process embedded in social interactions, as they were specifically asked to provide advice and to offer insights. When addressing these audiences, namely mental health providers and direct care staff, the youth indeed positioned themselves as agents, and "re-positioned"

these powerful audiences by highlighting practices they deem problematic and by offering solutions and suggestions.

In the next chapter, I describe the findings of the agency and conflict analyses. After presenting an overview of the frequencies found in the context of these analyses, I present a number of excerpted data examples. I detail the agency and conflict statements in a context-sensitive manner, noting the statements made by youth when describing life in residential placement, the community, and other applicable settings.

CHAPTER 5: ENACTMENTS OF AGENCY AND EXPERIENCES OF CONFLICT AS A FUNCTION OF CONTEXT

In this chapter, I present the findings from the agency and conflict analysis of the personal trajectory narratives. I coded the personal trajectory narratives using the agency and conflict codes described in Chapter 2, and also coded for the particular institutional contexts in which agency and conflict occurrences were described.

After I coded the personal trajectory narratives for agency statements, I found that oppositional agency was most frequently discussed in the context of residential placement, non-residential school environments, and home with one's family. Agency through compliance was most frequently discussed in the context of residential facilities, followed by psychiatric hospitals. Agency through dialectical thinking was most frequently discussed in the context of community settings and residential placement. Interestingly, collective and transformative agency was only discussed in community contexts. Lastly, agency through active and engaged choice was most frequently discussed in the context of the community, residential placement, and non-residential school environments. Excerpted data examples of these agency processes are provided below, and presented in the context in which they were discussed by the youth. The table below represents the total frequencies of the agency statements for the fifteen personal trajectory narratives.

Table XX

Agency Frequencies: Personal Trajectory Narratives

Frequency of Agency Statements

	Place/Context						
Agency Dimensions	Home/Family (P1)	School (Non-Residential) (P2)	Group Home/Foster Care (P3)	Residential Juvenile (P4)	Prison (P5)	Community Setting (P6)	Psychiatric Hospital (P7)
n= (number of participants making these statements)	7	8	2	8	1	2	4
Oppositional Agency Total (A):	**16**	**19**	**9**	**27**	**1**	**3**	**10**
Resisting Authority (A1):	16	17	8	18		3	9
Advocating (A2):		2	1	9	1		1
Total n=	0	1	0	5	0	1	1
Agency through Compliance Total (B):	**0**	**1**	**0**	**7**	**0**	**1**	**2**
Total n=	1	1	2	6	0	11	3
Agency through Dialectical Thinking Total (C):	**1**	**1**	**3**	**12**	**0**	**52**	**6**
Suggesting Alternatives and Solutions (C1):			2	5		8	1
Orientating Toward the Future (C2):				1		15	
Reflexivity (C3):	1	1	1	6		29	5
Total n=	0	0	0	0	0	9	0
Collective Transformative Agency Total (D):	**0**	**0**	**0**	**0**	**0**	**72**	**0**

Total n=	3	4	2	4	0	11	1
Agency through Active/Engaged Choice (E)	**3**	**7**	**2**	**7**	**0**	**34**	**1**

Oppositional Agency

Oppositional agency, an agency process through which youth oppose or resist dominant institutional practices, was most frequently coded in the context of residential placement. Youth frequently described situations that occurred in the context residential treatment that were inconsistent with their goals or principles. In response, the youth positioned themselves as agents in the narratives by discussing the manner in which they resisted actions performed by individuals or institutional practices. Interestingly, when discussing oppositional agency, the youth provided insight into the meaning of their resistance. Youth perspectives on their behavior stand in contrast to clinical portrayals of resistance, which often conflate resistant or oppositional activity with behavioral disturbances.

Oppositional Agency: Residential Placement Context

In the excerpt below, Diana described a practice she observed in the context of a non-secure detention facility. As per her description, youth were not allowed to leave the premises unless cleared by staff. Diana describes how a female resident left the facility without permission, was sexually assaulted while alone in the community, and was pressured into allowing male staff members to perform a rape test kit upon her return.

> 14 years old and she got raped, and then you're going to put her in a room with a man to get tested for rape? How can you do that? I ended up getting restrained that night because they wouldn't let her go and she was crying, please don't make me, please don't make me, I'm not doing it, I can't, and she didn't want to come out and say, I was raped. She didn't want to do it. –Diana, age 18

Diana, herself a victim of sexual abuse, described how indignant she was about the treatment of her peer. Diana's decision to protest what she perceived to be an inhumane violation of her peer's privacy, which I construct as an agentic act of resistance, was suppressed by staff through the use of physical force, as Diana reported being restrained. In the narrative, Diana described her visceral response to the events that transpired and her deep seated sense that her peer's rights and dignity were cast aside. Critical youth perspectives like this one highlight accounts that are rarely privileged in the clinically-oriented literature. From a clinical perspective, resistant or oppositional acts by youth are thought to be indicative of psychopathology; however, Diana's account provides critical insight into why youth may express resistance, and why they believe it is important to resist institutional practices which violate their rights.

Across the narratives, youth often described the intense anger and frustration they experienced in the context of residential placement. The participants noted that hostile and difficult interactions with staff and the nature of this highly structured environment were often what evoked their anger and frustration. The excerpt below is representative of the experiences described by a number of youth. Kim describes her response to receiving age-inappropriate school work to complete day after day.

> And you're giving me second grade work to do! So I was getting mad and I started acting up. Again. To express my anger towards, why are you doing this to me? -Kim, age 21

Like many of the youth, Kim noted that activities within residential placement served to frustrate her and to make her believe that her goals were being thwarted. Kim noted that she "started acting up", interpreting her behavior as an expression of the anger she was experiencing due to her frustrating schooling environment. For Kim, acting up was a means of resisting and expressing her frustration. This finding lends significant support to the argument for looking more critically at a youth's perspective of institutions. While the overarching goal of residential placement is for youth to heal and function well, the treatment setting itself may bring about anger and frustration that is counter-therapeutic. While many youth described similar experiences, they rarely described having an outlet or opportunity to make their feelings known or to change elements of treatment that they found counterproductive.

The youth often described disappointment with the mental health services received in the context of residential treatment. Some youth expressed the view that therapy, which they perceived as a helpful avenue, was too infrequent. Other youth noted that therapeutic services were inadequate. Through discourse, the youth expressed oppositional agency statements when referencing mental health services in residential placement. In the excerpt below, Lindsay described why she refused to make a connection with her therapist.

> I really wanted to be around, I wanted a counselor who understood struggle. And I didn't feel she did. I felt she was a privileged woman who just expected people to like her because she looked cute or something. And I felt like, I can't relate to you, and therefore I don't want to share with you. This was something deeply personal and I felt like, you're only a social worker, you're a social worker you're not even a counselor. I thought I was going to get counseling here.– Lindsay, age 26

Lindsay noted that she felt unable to connect with her therapist, who was "a privileged woman". In this context, Lindsay framed her resistance as resulting from her inability to trust a woman who she perceived to be out of touch with struggle. Like the other examples, this construction of events highlighted the unique ways in which youth make sense of their environments and experiences. Youth perspectives and explanations of resistant agency processes complicate clinical interpretations. Across the narratives, the youth repeatedly positioned their oppositional behavior as a reaction to practices that they found unhelpful, unfair, and unjust.

Oppositional Agency: Family/Home Context

In addition to the context of residential placement, the youth frequently expressed oppositional agency statements in the context of their homes and families. Like the exemplars above, which highlighted youth perspectives on residential placement, the youth positioned their resistant or oppositional behavior as a response to difficult and oppressive circumstances.

In the excerpt below, Tanya describes how she refused to return home, which resulted in her father filing for a PINS (parent in need of services) petition. When youth receive PINS petitions, their behavior becomes monitored by the juvenile justice system, which typically entails being assigned to a probation officer.

> Because my dad wouldn't, he wouldn't be there during the day, but he'd come in at like 1 in the morning and he'd drag me out of bed and just beat me for no reason. So I stopped going home and I had a PINS petition put out on me. Cause I wasn't, cause I refused to go there. -Tanya, age 20

Tanya noted that indeed, she did refuse to return home. However, she explained that she was resistant to returning home due to the abuse she was experiencing at the

hands of her father. The excerpt below is similar, in that oppositional behavior is constructed by youth as a need to escape from a toxic environment.

> I was off on my own course. For whatever various reasons. And I liked going out and coming back, I liked having, being, and it was all escapism. It was clearly all to get out of wherever I was. –Sophie, age 35

Sophie noted that running away and resisting the authority of her parents was "escapism"; a way to remove herself from an environment that she felt overwhelmed by. Once again, youth identified how their social experiences and context directly influenced their behavior.

Oppositional Agency: School Context

Lastly, youth discussed oppositional or resistant agency processes in the context of school. Diana described being asked by a teacher to complete age-inappropriate schoolwork.

> [My teachers were] ignorant. They'd tell us we were ignorant every day. Youth today are ignorant, youth are ignorant. Youth don't care about this because youth today are ignorant. Dude, you're asking me to spell 'dog' for a spelling test. (laughs) How ignorant am I, you know? How ignorant can people get? Do you know how to spell 'dog'? Am I one-year-old? That's pretty much what you're asking, can you spell 'dog', am I one? Yeah, I can spell dog. I'm supposed to be in the 12th grade, I should be graduated this year. I'm looking at him like you're really giving me the word dog to spell. I learned that in the second grade. Here I am in 12th grade and you're giving me dog. I did, I told him, I said, you tell us everyday how ignorant the youth of today are. But how ignorant are our teachers today? -Diana, age 18

Diana described her anger at being positioned by her teacher as ignorant. In response, she positioned her teacher as ignorant. This excerpt is representative, in that youth frequently explained that their oppositional behavior at school was a response to practices that were inconsistent with their goals, or in this case, to interactions that positioned them in an inferior and demeaning manner.

Agency through Compliance

Agency through compliance is an agency process through which youth comply or act in accordance with rules and practices for an intentional or goal-oriented reason. In the data, I coded agency through compliance most frequently in the context of residential placement and inpatient hospitals.

Agency through Compliance: Residential Placement Context

In the context of residential placement, youth frequently described how compliant behavior was conflated with recovery by mental health professionals and staff. Because the primary goal for many youth was to be discharged from residential treatment, compliance was an agentic act that would bring them closer to this goal.

Zoe noted how she made a point to be "really good" so she could be discharged from placement:

> And I didn't even know when I was getting out, but I knew how it worked from being in the hospital, you know, if you're good, they're like, "oh, she seems fine let's let her go". And I was like, I want to get the hell out of this place, and so I was really, really, really good. Which seemed to them like I was getting better. –Zoe, age 23

Zoe noted that being "good" made it seem that she was "getting better" to those in charge of her treatment placement. However, Zoe used compliance as a strategy to expedite discharge. She did not view her compliance as an outcome of effective mental health treatment. Lindsay provided a very similar explanation in her excerpt below:

> While I was there, I kept moving from...there was a level system there. And I would always get perfect on everything. Because I just wanted to get out of there. People talk about playing the game to get out, and that's what I was doing. Very much, that's what I did. And it was very easy, because most of the stuff they wanted us to work on, I never had a problem with! –Lindsay, age 26

Like Zoe, Lindsay was "playing the game to get out". She further noted that the behaviors staff stressed in placement, such as completing chores and following a routine, were never actually difficult or problematic for her. Lindsay wanted to work on her difficulties with anxiety while she was in residential treatment. However, she did not believe that appropriate therapeutic services were readily available or helpful. Lindsay went on to note the following:

> I'm one of those people who watches the mistakes other people make and don't make them. So I always managed to avoid getting restrained. But I watched many people being restrained. I lived in fear of it and functioned in a way where I never challenged anything, I would just do everything the way I was supposed to. As I said, I wasn't getting any form of treatment around it, but behavior was never an issue. So if I saw someone getting restrained for challenging something, then I didn't challenge it. I just did it. Because I was more of the quiet, the staff treated me...I don't think I had any privilege, but I do think that...I kept quiet. I kept my mouth shut. I just wanted to get out of there. So I never really got restrained. – Lindsay, age 26

Lindsay further explained her compliance as being rooted in a fear of restraint. In this sense, compliance was agentic in that it served a protective function in the context of residential placement. This finding has significant implications for understanding agency-in-context. In residential placement, institutional practices like physical restraint literally constrain youth agency. To avoid restraint, many youth engaged compliance, which was one of the only opportunities they had to act on behalf of their goals of achieving discharge.

Agency through Compliance: Hospital Context

In addition to residential placement, the participants frequently described the agency process of compliance in the context of inpatient hospitals.

> It was total, it was such bullshit. But the principal made it so I was able to acclimate into that, and then at some point I became institutionalized and I

> understood this was the way it went and I became a very successful patient. – Sophie, age 35

Sophie described her disdain for the inpatient hospital and its rules. However, she noted that she became "institutionalized" and a "very successful patient". Like the excerpts regarding residential placement, compliance with institutional rules served an important protective function for young people in the context of inpatient hospitals. Interestingly, Sophie makes explicit her view that the structure and functioning of the institution caused her to become an "institutionalized" person.

Agency through Dialectical Thinking

The youth most frequently described agency through dialectical thinking in the context of the community, following placement in intensive and restrictive settings. Agency through dialectical thinking reflects a process through which youth cognitively construct alternatives or solutions to social and institutional practices. I developed subcodes for agency through dialectical thinking, which included suggesting solutions or alternatives, orientating toward the future, and reflexivity.

Agency through Dialectical Thinking: Community Context

As the youth discussed their perspectives and experiences in the context of community settings, where they resided following restrictive and intensive out-of-home placements, they often provided a reflexive perspective, discussing what they learned over the course of their lives, and how these perspectives shape their current and future behaviors and goals. In the excerpt below, Anthony discusses the manner in which his perspective on his past has progressed over time.

> I never, for a long time I felt like I had been gypped of my childhood. And it was only about two years ago that I realized, get over it. You can enjoy your life still,

> just because you didn't have your childhood doesn't mean your life is over. You know, so I enjoy my life. – Anthony, age 21

Anthony noted that his negative feelings about the time he lost during his long stays in residential treatment affected him for a long time, though now he actively strives to enjoy the present and looks toward the future with hope and optimism. Like Anthony, Eddie noted how he is currently trying to recapture characteristics of his inner life that were compromised during his difficult placement history.

> And you know, I'm trying to get back into school, I'm working, so things like that. The surface things, I'm really trying to work on, but underneath, the inner Eddie, I'm still trying to work on getting that, I have a sense of humor but, getting that, making people laugh again. –Eddie, age 23

Like Anthony and Eddie, many of the youth described their attempts to come to terms with their placement experiences and to approach the future with hope and agency. It was also common for youth to make statements that reflect their beliefs that the difficult events in their lives shaped who they are.

> Well, I think that everything happens for a reason. I might not know what the reason is now, but hopefully I'll find out in the future or something. But I think that all the abuse and all the crap I had to go through is what helped me be who I am right now. And I probably wouldn't change a thing, because I might not be as good a man if I had the chance to do it over. If I had said no to all this stuff. What was going to happen was going to happen, regardless. Being that it did happen, I'm not the type that's going to sit and say, oh poor me. I believe that this happened for a reason and that I'm stronger for it. -Jason, age 20

Jason's excerpt reflected his thoughts on fate and agency in an interesting way. While he notes a belief that external events were somewhat out of his control, "what was going to happen was going to happen, regardless", he also noted that these events strengthened his character and his ability to orientate toward the future with strength and agency.

Agency through Dialectical Thinking: Residential Placement Context

In the context of residential treatment, youth often reflected on the process of agency through dialectical thinking, as they described how harmful placement experiences led them to turn toward advocacy.

> Restraint, though, is a major issue for me because I hated living in that environment. I felt it was…there was nothing there geared towards treatment. It was more traumatizing to be there than anything else. I got nothing out of it except for a passion for advocacy to make sure no one else ended up there. That no one else like me ended up there. –Lindsay, age 26

Lindsay noted that her traumatic experiences in care did not foster improvement or recovery at all, but rather fueled within her a desire to work for change in the hope that other youth would not be subjected to such experiences.

Collective/Transformative Agency

Collective and transformative agency is a code I developed to capture discourse reflecting youth engagements in collaborative tasks aimed toward institutional and systemic change. Interestingly, collective and transformative statements were made exclusively in the context of community living, as the youth became involved in activism after they left restrictive and intensive placements. For the youth, their involvement in activism was largely fueled by their desire for change, having experienced practices that they believed to be harmful and unjust. Further, the experience of meeting and working collaboratively with other youth for change seemed to strengthen their commitment to the goals of the Youth Movement.

Collective/Transformative Agency: Community Context

Like many of the youth, Tanya discussed her frequent conference presentations and speaking engagements, through which she offers her experience-based insights on

changing the mental health system to service providers. Further, she works as a youth leader in her particular youth forum by mentoring other youth.

> I get up, come to work, I do public speaking, I was in D.C. all last week with the national youth panel, it's through the department of labor, so that's pretty much, and I do and here at youth forum we work with young adults ages 16-24 and I love my job because I get to make a difference. I get to take that extra step. But I'm not a pushover either. And the youth, I'll pick a handful of youth to really really work with, I love all the youth forum members, but I'll select those few that have that angst about life, those are the ones I personally like, because it's that now or never stage right there, if it doesn't happen right now it's not gonna happen, so you've got to give it everything you've got, I feel good to say it's worth, once I've really focused in on them, things have turned out really good. Tanya, age 20

As Tanya discussed her involvement in the efforts of the Youth Movement, she made explicit her belief that she can indeed "make a difference" by mentoring other youth and by speaking to them about her own experiences and insights.

As I visited the various youth forum locations, several participants discussed with me the projects their groups were currently working on. Jennifer, for example, noted her group's community advocacy in the context of promoting communication between the inpatient hospitals where youth are temporarily placed and the schools in the community where youth will return upon leaving the hospital.

> We're putting on a mental health forum January 23rd, I believe. And that's going to be about communication between the hospitals and the schools. We attend Families Together NYS, where we present to make people more aware of things. We do a lot in the community. –Jennifer, age 18

Mike discussed his involvement through a youth forum where he works as a youth advocate. Mike and several other participants advocate for other young people by accompanying them to treatment planning meetings to ensure that their voices are being heard.

> I check up with them, periodically for about a month and a half, two months. And then after that they get my business card and a couple of my other coworkers business cards up there, just in case something happens, so they have somebody they can reach out to and talk to if they don't want to talk to their parents or if they don't want to talk to their mental health provider, or therapist, whoever, teacher, friend, they have us to talk to. Mike, age 19

Across the narratives, as youth discussed collective and transformative agency processes, they explicitly referred to systems advocacy and their work toward institutional change as well as their work advocating for and mentoring other youth affected by the mental health system. When referring to collective and transformative agency processes, I noted a specific agentic turn in the narratives, as the youth both implicitly and explicitly noted their perceived abilities to work for change regarding other youth and the mental health system.

Agency through Active/Engaged Choice

Agency through active and engaged choice is a coding category I developed to refine the coding scheme. While I readily found agency statements across the data for the aforementioned agency codes, I noticed that there were still specific agency statements within the narratives that were not reflected in the coding scheme. I developed agency through active and engaged choice as a coding category to represent agency statements reflecting goal oriented activities and choices not otherwise captured through notions of compliance or resistance. I found that youth made statements reflecting agency through active and engaged choice most frequently in the context of residential placement and community contexts.

Agency through Active/Engaged Choice: Residential Placement Context

When noting specific goal oriented activities in the context of residential treatment, the youth often referenced initiating agentic activities that were consistent with

their goals and intentions. Lindsay, for example, discussed the process through which she began learning about her rights in the context of out-of-home care.

> So eventually I started reading about my rights. Because I ran out of stuff to read. And reading isn't...I wish I enjoyed reading more. But I would read a lot about my rights and what I was entitled to and whatnot. -Lindsay, age 26

Lindsay took initiative to learn about her rights in the context of residential treatment to strengthen her ability to advocate for herself and others. This exemplified the notion of agency through active/engaged choice.

Agency through Active/Engaged Choice: Community Context

As the youth referenced the agency process of active and engaged choice in the context of the community, they referenced taking initiative in their lives to seek helpful treatment services, schooling, and employment. In the excerpt below, Lindsay discusses approaching her mental health as an active agent.

> But that whole year I really, really focused my attention on my mental health. I was really going to a lot of counseling, I had a case manager, we had a lot of social groups where you were interacting with a lot of other people who were into the case management. And my counselor got me into an anxiety and phobia group...that was for all adults. – Lindsay, age 26

As Lindsay noted, following discharge from residential treatment, she approached mental health treatment with a sense of agency and empowerment. She actively sought out services that were helpful and effective. Kim also described actively pursuing employment opportunities and housing options.

> So instead of wasting my time sitting around, I run around trying to get into school, trying to get a job, every day. I spend hours on the computer, looking at papers, reading signs, for a job and an apartment. –Kim, age 21

As exemplified in these excerpts, many youth noted that upon discharge from restrictive and intensive care settings, they acted with agency to pursue opportunities for themselves that were consistent with their short and long term goals.

In closing, through the agency analysis, I found that the agency processes expressed by youth were diverse and complex, and that the manner in which they expressed these agency processes was inextricably linked to the particular social and institutional contexts in which they were embedded. The contexts discussed, which vary greatly in terms of restrictiveness and opportunities, shaped the agency and meaning making processes expressed by the youth. These findings are consistent with the tenets of socio-historical theory, which note the dialectical relationship between individuals and the social world, and the notion that agency processes unfold within specific contexts.

Conflict Findings

Theorists in developmental psychology continue to note the developmental significance of conflict (Collins & Laursen, 1992). Conflict, as it is constructed in developmental psychology, may promote or hinder development in complex ways. To better understand agency processes enacted by youth, and the meaning making processes youth apply to understanding their lives, I coded the personal trajectory narratives for discourse on conflicts. I divided the conflict codes into three principal domains: institutional conflicts, developmental conflicts, and intrapersonal/reflexive conflicts. Institutional conflicts consisted of the conflicts youth described in regard to problems with staff and other individuals within treatment contexts, and institutional protocols that were linked to conflict. Developmental conflicts consisted of conflicts narrated by youth which are typically constructed as normative, such as conflicts with peers and parents

regarding relationships and autonomy during the adolescent years. Finally, intrapersonal/reflexive conflicts consisted of conflicts youth described as taking place psychologically, such as the search for identity or the dissonance they experienced when their beliefs and actions were incongruent. Like the agency codes, I noted instances of conflict discourse across the narratives, also coding for the specific place or context in which the conflict was discussed, including the context of home and family, residential placement, psychiatric hospitals, community settings, and others. I was particularly interested in studying conflict in context, as it is consistent with socio-historical theory. Development must be understood as unfolding from interactions between individuals and the social contexts that embed their experiences. The chart below details the various conflict codes and the contexts in which they were discussed, and provides the frequencies of the various conflict types across the personal trajectory narratives.

Table XXI

Conflict Frequencies for the Personal Trajectory Narratives

	PLACE/CONTEXT						
CONFLICTS	Home/Family (P1)	School (Non-Residential) (P2)	Group Home/Foster Care (P3)	Residential Juvenile (P4)	Prison (P5)	Community Setting (P6)	Psychiatric Hospital (P7)
INSTITUTIONAL: (F)	**4**	**13**	**25**	**118**	**0**	**15**	**59**
Regulations/Practices (F1)							
Medication (F1-A)	2			8		1	9
Inappropriate treatment/coercion(F1-B)			4	26			16
Restraint (F1-C)				14			6
Poor educational services (F1-D)			1	8			2
Interpersonal (w/in institution) (F2)							
mental health professionals (F2-A)	2		2	11		11	12
staff (F2-B)		8	12	30			7
peers (F2-C)		5	3	14		2	5
Transitional (discharge) (F3)							
lack of/inappropriate discharge plan (F3-A)			2	4		1	2
lack of housing options (F3-B)			1	3			
DEVELOPMENTAL: (G)	**77**	**23**	**3**	**3**	**0**	**5**	**1**

Autonomy (G1)	2		3				
Interpersonal (G2)							
conflicts with family (G2-A)	75			3			
conflicts with peers (G2-B)		23				5	1
INTRAPERSONAL/REFLEXIVE (H)	**26**	**10**	**1**	**18**	**0**	**40**	**26**
Behavior incongruent with beliefs/feelings (H1)	1	2		1			
Psychological discomfort (H2)	25	6	1	14		16	17
Identity processes (H3)		2		3		24	9

To contextualize the nature of the conflicts narrated by youth, and the manner in which these conflicts are influenced by social and institutional contexts, I provide excerpted data examples below.

Institutional Conflicts- Overview of Findings

Institutional conflicts, one of the central coding categories, included the conflicts youth discussed regarding medication and treatment protocols, restraint practices, educational services, conflicts with professionals and peers, and conflicts arising from transition planning. I found that institutional conflicts were most frequently described by youth as occurring in the contexts of residential placements, psychiatric hospitals, and group care or foster homes. Because of the nature of this code, which focuses largely on institutional practices, I expected the aforementioned contexts to receive the highest frequencies. However, it is interesting to note the nature of the institutional conflicts most frequently discussed within the placement contexts. Within the context of

residential placement, youth most frequently narrated conflicts with direct care staff, peers, and mental health professionals. Within the context of psychiatric hospitals, youth most frequently narrated conflicts arising from what they deemed to be inappropriate or coercive treatment protocols, conflicts with mental health professionals, and conflicts concerning the use of medication. Institutional conflicts in the context of group homes and foster care most frequently centered on problems with staff.

Residential Placement- Conflicts with Staff

As youth discussed conflicts in the context of residential treatment settings, they most frequently referenced hostile encounters with direct care staff. These findings are consistent with the findings from the semi-structured interviews, during which youth also frequently described abusive interactions with direct-care staff. In the excerpt below, Kim discussed her experience being restrained by staff for "refusing to follow a routine".

> So one day, I was listening to a song on the radio, and I was just sitting there crying. And staff was like, it's time to go to the next activity. I was like, no, I'm not going. They call it refusing. Refusing to follow a routine. So what turned out to be a simple little thing, where you could've just gave me my time out when I was ready to move, but no. The guy tackled me and I hit my head on the floor. So then there goes your improper restraining. Where they don't train you right for that. So that was a big thing, I had a big ass knot on my head. And they wouldn't take me down to the nurse. So I still refused to go, and I was kicking and screaming, until I got tired and fell asleep. I was really flipping out. And they put you in rooms where no one can hear you kicking and screaming. They don't care. They just have to sit outside and make sure you don't hurt yourself. They can close the door and talk and they don't care. You know, it makes their time go by before they leave and go home. –Kim, age 21

Kim described an incident of "improper restraining" and described her strong belief that staff do not care about youth in residential placement. While restraint practices are only supposed to be used to prevent youth from hurting themselves and others, excerpts like these suggest that staff members use physical force to enforce

institutional rules and routines. This findings is consistent with studies that note how restraint is often used improperly (Miller, Hunt, & Georges, 2006). It is the opinion of activists in the Youth Movement that restraint and seclusion should be banned outright in the context of residential placement. In addition to discussions of the improper use of force by direct care staff, the youth also described interactions in which staff seemed to be provoking them. It was common for youth to note, as they described conflicts with direct care staff, that the majority of staff members seemed not to care about helping them.

Residential Placement- Conflicts with Peers

The youth also frequently described conflicts with peers in the context of residential placement. Many youth noted that their interactions with peers were often intimidating and unpleasant. In the excerpt below, Kim described why she had difficulty getting along with other girls in placement.

> And I really didn't get along with the girls at that point. They were always jealous that I was the only one getting visitors. My aunt, no matter what, would always drive up to Albany every weekend. And I would get some outside passes. –Kim, age 21

Kim perceived jealousy on the part of her peers in care who did not have frequent family visits and interactions. In the excerpt below, Lindsay described her reaction to provocation by her peers.

> I really had my mind focused on getting out of there. So I let a lot of things slide. It was really difficult for a lot of girls to start anything serious with me and I managed to avoid that, but it was always an issue. –Lindsay, age 26

Lindsay avoided confrontations with her peers, as she did not want any events to lengthen her stay in residential placement; however, she notes that conflicts and provocations were "always an issue".

Residential Placement- Conflicts with Mental Health Providers

The youth also frequently noted conflicts with mental health providers, such as therapists and psychiatrists, in the context of residential placement. When referencing conflicts with psychiatrists in the context of care, the youth frequently noted being denied adequate time during appointments. The youth also perceived that the psychiatrists in placement did not take seriously their concerns about psychotropic medication. The youth often contrasted their experiences with psychiatrists in residential treatment with their experiences with psychiatrists in the community, noting that psychiatrists in the community were more professional and open to hearing their perspectives. In the excerpt below, Marie describes her limited interactions with the psychiatrist.

> Yeah, I would tell the psychiatrist. We'd see the psychiatrist for maybe five minutes, once a month. And I would be like, I'd try to tell them, I can't be taking 300 mg of Seroquel in the morning, and then I get in trouble because I fall asleep in group. Seroquel's a tranquilizer, and they didn't care. They did not care. And they said, oh, well, that's a side effect, that's supposed to wear off in a few weeks. That's not true. Seroquel is gonna make you tired. They didn't really care. I guess they figured the more medication we were on, the less likely we were to do something crazy. So, that was, I didn't like that at all that's something I always talk about at conferences and stuff, that people should have the option. And medication should not be the first resort. – Marie, age 21

Marie made an interesting interpretation when she stated, "I guess they figured the more medication we were on, the less likely we were to do something crazy." It was common across the data set for youth to make such interpretations, noting that medication and other institutional practices seemed to be directed at containment and control as opposed to treatment and recovery. Further, Marie's quote reflected the common perception by youth that there were few opportunities to discuss medication. Zoe discussed her negative feelings toward her therapist in care.

> I had a counselor that I hated, she was a stupid, stupid lady. And you weren't allowed to switch, you had to stay with this stupid lady and trust her. And you were required to talk to them and if you didn't talk to them there was something really wrong! And she had no idea what the hell was going on in my life. –Zoe, age 23

Like many of the youth, Zoe did not feel a connection with her therapist and hence, would not open up to her. Zoe also noted that the institution did not allow her to switch therapists. Interestingly, in the community, individuals seeking mental health treatment have the opportunity to find therapists and psychiatrists with whom they feel comfortable. In the context of residential placement, many youth described being denied a voice in selecting their treatment providers.

Hospital- Coercive Treatment Conflicts

As I coded the personal trajectory narratives for conflicts, I found that the youth most frequently described conflicts surrounding inappropriate and coercive treatment practices when they described experiences in inpatient hospitals. The conflicts described by youth ranged from safety concerns, being denied a voice in treatment, and improper restraint and medication practices. Jennifer described an inpatient setting which made her feel unsafe.

> I got sent to this one hospital, I believe, before they closed down. And that was a really bad clinic. It was horrible. There wasn't any control. There were a lot of things going on that nobody cared about, that nobody was watching. There were lots of fights there was lots of sex and things like that. Because nobody watched and nobody really cared up there. –Jennifer, age 18

Jennifer notes that "nobody watched" and "nobody really cared" to keep the youth safe in the hospital. Youth are typically referred for inpatient hospitalization when they are in imminent danger of harm, yet several youth made similar statements about the lack of supervision and safety in this context.

Sophie referenced how she was denied choices in the context of inpatient, citing a number of examples.

> That was the gist of it, and it just went on forever and ever, and family therapy was always a horrible night, they would up my medication after, like if I was having family therapy they gave extra medication, before I went in, and they would say you have to take this, and I would be all dulled out. And my question was always, when am I getting out, when am I getting out? Well, you can't get out until you do this, you can't get out until you do that. So everything then becomes suspect. You can't be overweight, anything you do is not allowed, so part of my discharge plan was that I had to lose twenty pounds before I could get out, really bizarre, because they said I had an eating disorder that I didn't acknowledge, and that until I acknowledged it I wouldn't be okay, and just stupid shit like that. And just absolutely no choice of being able to do anything. No choice of where you went. –Sophie, age 35

Sophie noted that she was over medicated prior to family therapy so she would be "all dulled out". She also noted her perception that the treatment team continuously added goals that she had to achieve prior to being released, even though she questioned the validity of these goals, such as losing weight. Most importantly, she noted her perception that she had "absolutely no choice of being able to do anything". Conflicts with the treatment team about treatment protocols completely diminished her sense of agency as it relates to recovery and release from the hospital. This finding suggests an interesting link between conflict, power relations, and agency.

When describing conflicts in the context of inpatient hospitals, Denise described an incident during which she was made to take psychotropic medication as a means of restraint.

> They made me take thorazine because some stupid bitch of a staff person called a code on me because I didn't want to do my chore. And I wasn't talking to her or responding to her, so she must have gotten scared and she called a code on me. So there were all these people coming at me, and I was like, what? I'm not wiling out, I'm not yelling, I'm not even talking to anyone. And the nurse comes up to me and she says we won't restrain you if you drink this. It was thorazine. So I drank it and they took me to a "quiet room" which is in a whole other separate

> building and I remember that it was 1 or 2 in the afternoon and the next thing I remember was waking up on the floor on this mat in this room and they had had the door locked but they could see me and I remember I woke up when they opened the door, and that's when they gave me, helped me get up and I remember that I fainted and they had to help me back up again after that. And they had to feed me because I hadn't eaten since lunch it was 6, 7 in the evening. That's how much thorazine they gave me. That knocked me out, I was high as a kite all day the next day. I sat in the corner all day. –Denise, age 28

Denise noted that she was not acting out or behaving violently, but because she wasn't responding to a staff member, the situation escalated and she was made to take thorazine, a psychotropic drug. Denise's account is particularly disturbing as it relates to feelings of agency and control. Her options were to ingest medication or to be physically restrained, both of which she found to be completely inappropriate and unwarranted responses.

Hospital- Conflicts Mental Health Providers

The youth also described conflicts they experienced with mental health providers in the context of inpatient hospitals. In the excerpt below, Jennifer described her interactions with therapists during her placement in an inpatient hospital.

> I think it had a lot to do with the relationship I had with my therapist. Family services changed my therapist around a lot, and did this and did that. I didn't feel comfortable just randomly talking to someone about what was going on in my life. At the one hospital I had the same counselor for about three or four years. So I got really close to her. That therapist didn't talk to me like I was stupid. A lot of the therapists I had tended to talk down to me or talk to me like a little kid, like you would to a dog, maybe. Well, I was treated with respect, but I was definitely treated as if I were a child. And I got a lot of, 'she's just trying to be difficult'. She just cuts herself for rebellion. She's doing this for attention. –Jennifer, age 18

Jennifer contrasted her interactions with previous therapists and finally with a therapist with whom she developed a positive relationship. Jennifer noted that her previous therapists positioned her in a childlike and demeaning manner, undermining the

validity of her feelings and experiences. In contrast, the therapist with whom she did get along treated her with respect and validated her experiences. Based on youth accounts, their comfort with therapists strongly influenced how engaged they became in treatment.

Hospital- Conflicts Regarding Medication

The youth also described conflicts they experienced in inpatient hospitals concerning the issue of medication. In the excerpt below, Zoe noted her strong negative reaction to a powerful psychotropic medication, and how she felt forced to take medication in spite of the horrible side effects she was experiencing.

> And they also gave me a lot of medicine...they gave me thorazine, I don't even know what it was, and I was like on the floor, and they still made me go to class and stuff every day. But I couldn't get off of the floor and I was throwing up for like three days. And they punished me for it! And the punishments consisted of, you don't get your points for the day, for doing everything you're supposed to do, so I wasn't allowed to go out on outings, but it was okay because I was really sick. But I was actually punished for being so sick because they were forcing me to take this medicine. And they finally decided they weren't going to give it to me anymore, which was nice. –Zoe, age 23

In Zoe's example, she described being stripped of agency as it relates to determining the course of her treatment, as she was actually punished for being medically unable to follow her routines. Once again, this narrative represents a lack of opportunities for agentic involvement in treatment planning in the context of intensive and restrictive settings.

Sophie also discussed the experience of being over medicated in an inpatient hospital.

> So the thorazine...thorozine is nasty. (pause). It was just like having a straight jacket on, like everything still went on except you couldn't, I couldn't move, I couldn't function on it, I could barely keep my eyes open. It was that level of overmedication. And complete improper use. And everybody else was on it also, so it was just like this dulling of, because it's easier to control people when

> they're medicated, and that's a big part of the institutionalization piece of it. – Sophie, age 35

Sophie made explicit her perception that improper use of medication was actually a means of institutional control. She noted that "it's easier to control people when they're medicated". Once again, like many of the participants, Sophie described improper use of mental health interventions that appear to be aimed at control and coercion as opposed to recovery and empowerment.

Group Home/Foster Care- Conflicts with Staff

As youth described conflicts in the context of group homes and foster care placements, they most frequently referenced problems with group home staff and foster parents. The youth described how they had few if any opportunities to voice their concerns and feelings.

In the excerpt below, Sara, who experienced multiple foster home placements prior to her placement in a group home and residential facility, noted how the experience of multiple placements hinders development.

> I was moved around constantly and I don't think that's very stable for any person. I think that if they're going to go to a foster home, and that foster parent is going to take you in, then they should take the time to get to know you and realize everybody has problems instead of just kicking you out. –Sara, age 18

Sara noted that multiple placements do not foster positive development and suggested that foster parents should be more understanding of a youth's background rather than immediately removing foster children from their homes. In the excerpt below, Brian concurred with the notion that foster parents should foster communication with youth.

> They didn't really listen to what I had to say, so if I got in trouble they didn't really want to listen, they would just send me to my room. I understand being

> frustrated, but at times, when I came home from school maybe send me to my room, but talk about it later.–Brian, age 16

Both Brian and Sara noted the importance of having opportunities to voice their concerns and to forge relationships with foster parents. They both indicated that by listening to youth-in-care, foster parents can better understand why youth may be struggling and other important factors and situations that impact their lives.

Developmental Conflicts: Findings

Within the developmental domain, which encompasses conflicts arising from the desire for autonomy and other interpersonal conflicts, youth most frequently noted that conflicts of this nature occurred within the context of home and family and non-residential schools. In the context of home and family, youth most frequently described conflicts with their parents, and in the context of non-residential schools, youth most frequently narrated instances of conflict with peers.

Home/Family- Family Conflicts

When discussing their home lives, the youth referenced numerous family conflicts, typically pertaining to their relationships with parents or parental figures. Across the narratives, the youth frequently referenced being identified by their families as the central cause of family conflict and turmoil.

> There aren't really any clinics, therapists or psychiatrists where I lived and my mom refused to travel anywhere to get therapy for me, because any place that remotely would take me without charging so much would want family therapy. Because immediately they saw that it wasn't so much just me, that it was a family issue. My mom denied all that, and just said it was me.–Anthony, age 21

Anthony's narrative reflects the notion that he was the "identified person" (Guy, 1985) in the family with a problem. While he noted that mental health providers constructed the problem as a family issue, his mother continued to believe that he was the

sole cause. Like many of the youth interviewed, Jason described growing up in an unsafe family environment where he experienced physical abuse from his mother's boyfriend.

> My mother did a lot of drugs when she was pregnant with me, which is pretty much what caused this but she won't take responsibility for it. And my mother's boyfriend, there was a lot of abuse involved, as far as I'm concerned, I'm talking about some serious beatings. Or worse. –Jason, age 20

It was common for the youth to describe significant family conflicts during early childhood, which precipitated their placement in restrictive and intensive out-of-home settings. Further, this finding is consistent with the findings of the script analysis, which found family conflict to be a significant precursor to involvement in the mental health system.

Non-Residential School- Peer Conflicts

In the context of schools, the youth most frequently discussed conflicts with peers. Across the data, the youth consistently discussed feeling isolated and alienated from their peers, often because of their mental health backgrounds.

> And I wasn't really liking high school. Cause there were some people I had known from middle school the first time around that thought I was crazy, cause when I first went, I thought I could tell my friends I was in the mental hospital. But they didn't understand. – Marie, age 21

While Marie was hoping to find supportive and understanding friends following her release from an inpatient hospital, she actually experienced stigma and alienation, which ultimately made her life more stressful and isolating. Like Marie and several other youth, Zoe described moving when she was young, and how the move was a highly stressful event in her life.

> We ended up here, in the middle of nowhere, with the most racist, prejudiced, super ultra conservative people, and I wasn't from here, I didn't understand anything about hunting...it was a really really awful move because I was

> comfortable with my life where we lived before, and I loved it there. So it was really bad, and I had like meet all these new kids and it just sucked. –Zoe, age 23

For Zoe, the significant change in lifestyle following her family's move was highly stressful, leading her to feel more alone.

Intrapersonal/Reflexive Conflicts: Findings

Lastly, in the interpersonal/reflexive domain, which encompasses internal conflicts, such as psychological discomfort and the search for identity, conflicts were most frequently described in the context of community settings, psychiatric hospitals, and home and family. In psychiatric hospitals and home and family settings, youth most frequently described psychological discomfort, whereas youth most frequently noted conflicts arising from the search for identity in the context of community settings.

Psychological Discomfort- Home/Family

As I coded the narratives, I found that youth described psychological discomfort most frequently in the context of their home lives and in the context of inpatient hospitals. For many youth, psychological discomfort in the context of their home lives occurred following traumatic events. In the excerpt below, Marie describes the pain she experienced following the death of her grandfather.

> Then right after my 16th birthday my grandfather died. And at that point, I just lost it. I just couldn't do anything normal anymore. I was crying every day, my mom didn't let me go to his funeral, and I just lost it, and at that time I just started running away, I'd run away all the time for a few days. –Marie, age 21

Like many of the youth, Marie's behavior, such as running away, was linked to the deep loss she experienced. Because Marie's grandfather died while she was in out-of-home placement, she was not permitted to go to his funeral, which made the loss especially difficult.

Psychological Discomfort- Hospital

As the youth described the psychological discomfort and pain they experienced in the context of inpatient care, they often referenced feeling deeply sad and alone in the hospitals. Several youth, like Jennifer, described their feelings when looking out of the hospital window.

> It was definitely sad, I definitely cried myself to sleep lots of nights wanting to go home. It was very depressing at night to look out my window and see things that I'd see everyday in my normal life, behind bars –Jennifer, age 18

Jennifer noted how depressing it was to see events from her "normal life" where she now resided, "behind bars". Several youth described the striking realization of being in the hospital, where they felt contained and alone.

Identity: Community Settings

When describing identity struggles, the youth most frequently discussed community settings as a context for this reflexive process. Youth struggled with whether or not to accept an identity of being a mentally ill person, and how to negotiate their identities as they prepare for the future.

In the excerpt below, Sophie questions the social construction of mental illness and questions societal definitions of normality and abnormality.

> I definitely have these experiences that can be put into, I mean, yes, my mood shifts and I go through really wild highs and really low lows, and I see things and hear things that other people report that they can't see or hear, I don't buy the illness thing, I think there is a marked difference between me and most people. And I'm constantly appalled by what's considered normal, (laughs) but I don't like the labels and I don't buy into them. –Sophie, age 35

While Sophie acknowledged feeling different from others and having psychological experiences that most people cannot relate to, she continues to reject psychiatric labels and does not embrace an identity of being a mentally ill person.

In the excerpt below, Anthony negotiates how to reconcile his traumatic past and approach the future with hope and agency.

> And it's like, face the reality. You can either grow up and use your experience in your life, to better your life and help other people, or you can just stay in the same spot for the rest of your life and never do anything. –Anthony, age 21

Anthony implied that he actively chooses to put his experiences in the system to use to help himself and others. He also noted that becoming stagnant is a choice. As Anthony negotiates his identity, he clearly believes that he is an agent in shaping the person he is and the person he will become.

In closing, across the personal trajectory narratives, the youth described various conflicts, both external and internal, within particular contexts. Like the agency processes described above, the specific contexts, such as residential placement and one's home life, shaped the manner in which the conflicts occurred and the manner in which the youth responded to those conflicts. Because the contexts described vary widely in terms of social interactions, restrictiveness, and opportunities for involvement and agency, youth negotiations of the conflicts were also varied and diverse. This finding strengthens the notion that to understand conflict and development, one must understand the dialectical relationship between the self and the social world.

In the next chapter, I present a history of the New York State Youth Movement in mental health, as told by the four leaders interviewed for this dissertation. I then provide

an analysis of the initiating events and conflicts that emerged in the development of the Youth Movement, in addition to discussing the future directions of the Youth Movement.

CHAPTER 6: THE YOUTH MOVEMENT: CONSTRUCTING THE CONTEXT FOR YOUTH AGENCY

In this chapter, I detail the history of the New York State Youth Movement in mental health, as told by four of the leaders involved in the initiation of this Movement. The four individuals interviewed for this dissertation, Lauren Tenney, Stephanie Orlando, Eva Dech, and Dally Sanchez, discussed their personal experiences as activists and the manner in which their work and involvement contributed to the Youth Movement. They also discussed their continued involvement in the efforts of the Youth Movement, as well as the manner in which their activism has evolved to include participation in other movements and efforts. Each of these women personally experienced placement in out-of-home care settings, including residential placement or involuntary commitment in institutions, and their experiences in the system led them to develop a passion for reforming practices which they believe silence and oppress young people. While their personal perspectives and ideology regarding the mental health system are diverse, they share a common goal of working for a mental health system that is humane, responsive, empowering, youth-centered, and recovery-based. Their perspectives are shared by many individuals involved in the Youth Movement and related mental health and disability movements.

To achieve their goals, these women advocate for involving youth in all levels of decision making within the mental health system and empowering youth to voice their insights as to how the system should be changed. Through their work as activists, they challenge practices which they believe pathologize and disempower young people. They promote youth involvement at all levels of the system, advocate for the rights of youth to have a voice in their treatment, and act as mentors for youth-run groups, forums, and councils. Further, they promote the importance of peer support and self-help through

activism, and work to connect and empower young people with shared experiences in the system.

The history of the Youth Movement provides a broader context for understanding the narratives of the youth interviewed for this dissertation. While all of the participants interviewed for this study are involved in youth forums and youth advisory councils throughout New York State, the history of the Youth Movement provides an essential context for understanding the events and work that led to the initiation of these groups, and their subsequent challenges.

The chapter begins by introducing a brief history of the Youth Movement, as told by the four activists interviewed for this dissertation. It is important to note that this history is by no means complete or exhaustive. However, it provides an overview of the events which led to the development and current state of the Youth Movement, as told through the perspectives of the four individuals interviewed. The next section provides a more detailed overview of the central, initiating events which contributed to the development of the Movement. After reviewing the group and individual interview data repeatedly, several events emerged as pivotal to the initiation and development of the Movement. I provide an overview of these initiating events and include detailed excerpts from the interviews. I then introduce an overview of the conflicts and tensions that abounded as the activists worked for change and strengthened the Youth Movement, including the conflicts that currently persist. I briefly present an overview of the ideology of the Youth Movement leaders and the related Movements that shaped their perspectives. I then provide a brief content analysis of several archival documents provided by the activists, which reflect the work and goals of the Movement. Lastly,

based on the accounts of the Youth Movement leaders, I discuss their visions for the future of the Youth Movement.

A Brief History of the Youth Movement

To present a brief history of the Youth Movement in New York State, I combined data gathered during the individual and group interviews with the leaders, as well as information from Youth Movement documents. Specifically, the leaders provided me with a presentation they developed in March of 2008, which documents a time line of the Youth Movement.

The leaders of the Youth Movement acknowledge the relevance of several other movements, including the Consumer, Survivor, and Ex-patient Movement, the Disability Movement, and the Family Movement in mental health. These related movements, while diverse in their objectives and ideology, provided a foundation for the early Youth Movement. As noted in the presentation, "Without the work of these movements to fight discrimination, segregation, and institutionalization, we would not have have had the access and opportunities we have had" (Dech, Orlando, Tenney, & Sanchez, 2008). Particularly, they note that, "the disability movement pioneered the way by saying, 'nothing about us without us!'" (Dech, et.al., 2008). This phrase continues to be used in the context of the Youth Movement, as youth activists promote youth involvement in the context of self and systems advocacy.

The early 1990s marked the beginning of what became the Youth Movement, according to the four leaders interviewed. In 1992, Lauren Tenney and a group of youth who were institutionalized together became involved in peer counseling (see Tenney, 2000, 2008). This group, known as the Youth Empowerment Association (YEA) secured

grant funding and introduced peer counseling services in a private facility in 1993. In 1995, they began engaging in advocacy and peer support in state operated children's hospitals and psychiatric centers in New York City. Concurrently, a group of youth in Westchester County began Westchester Youth Forum after securing funding from Family Ties, a family support group. Westchester Youth Forum developed a document titled, "What Helps/What Harms", which will be discussed in greater detail at the end of this chapter. Eva Dech was the founding member of Westchester Youth Forum. Although these groups were unaware of each other's efforts, despite the fact that "they were funding through the same pool of money", they were working toward goals which served as the foundation for the Youth Movement (Dech et.al., 2008).

By the late 1990s, the leaders noted that more youth groups, forums, and councils were developing across New York State. In 1998, Mid-Erie Counseling and Treatment Services, located in Erie County, formed a peer advocacy program. Through this program, youth were trained in peer advocacy and were informed about the nature of peer support, peer groups, and how to contribute their perspectives as systems advocates. Stephanie Orlando, the current statewide youth coordinator, was an original member of the Erie County group. In 1999, Westchester Youth Forum received a National SAMHSA (Substance Abuse and Mental Health Services Administration) grant, which allowed members to expand their operations and to provide advisement on a national level (Dech, et.al, 2008). During this time, Dally Sanchez was hired by Westchester Youth Forum as a peer leader.

Statewide youth advocacy gained momentum during the late 1990s, according to the leaders. In 1999, Lauren Tenney was hired as the Children and Youth Recipient

Affairs Specialist by the Bureau of Recipient Affairs of the NYS Office of Mental Health. The development of this position was significant, as Tenney was able to extend the goals of the grassroots youth groups on a statewide level. Additionally, statewide youth involvement was strengthened, as the Office of Mental Health formed the NYS Youth Advisory Council. Stephanie Orlando served as the first chairperson of the advisory council. During this time, Tenney and Dech served on the Children's Subcommittee of the Statewide Trauma Taskforce as well as the Subcommittee on Restraint and Seclusion through the Office of Mental Health; Tenney was the co-chair of these committees. Through statewide involvement, the leaders worked to address restraint and seclusion regulations, gaps in transition planning which affect youth aging out the system, and suicide prevention work (Dech et.al., 2008). They advised and consulted widely about reforming the nature of mental health services for children and youth. During the late 1990s, Tenney, Laura Cisco, and Jenny Medrano, in consultation with youth, authored “Choice through Voice” books, tools that children and youth-in-care can use to make their voices and concerns heard. This document is discussed in greater detail at the end of this chapter. The issues the leaders dedicated themselves to in the late 1990s continue to be central to the objectives of the Youth Movement. The leaders and other youth involved in the Movement continue to work for the elimination of electroshock treatment, restraint and seclusion practices in residential, institutional, and school settings, and they continue to endorse trauma-informed services.

The work the leaders initiated in the early 1990s paved the way for their larger scale requests to increase statewide youth involvement. In 2002, the Youth Advisory Council sent a letter to Families Together in NYS urging them to increase youth

involvement by creating positions for youth on the Board of Directors, creating a number of youth oriented workshops at mental health conferences and trainings, providing funding and support for peer advocacy training, promoting the efforts of the Youth Movement through newsletters and the Families Together website, hiring youth with experience in the mental health system as staff members, and calling for widespread recognition of the value of youth involvement by Families Together (Dech, et.al., 2008). To date, all of these requests have been met. In 2008, three youth were serving on the Board of Directors. Youth sponsored workshops began in 2003, and by 2008, these workshops became fully peer-run. Promotion of youth involvement through the Families Together website began regularly in 2005, and formal peer advocacy trainings were held in 2007. Several youth with experience in mental health and psychiatric settings were hired by Families Together, starting in 2004. Finally, the leaders noted that Families Together continues to regularly support and advocate for youth involvement. Despite support of the central organization of Families Together, these efforts are not widespread.

In 2005, the Youth Movement agenda was widely promoted. Stephanie Orlando was hired as the Statewide Youth Coordinator, a position that was funded through the NYS Office of Mental Health. As described in the presentation, having Orlando in the position of Statewide Youth Coordinator outside the auspices of the Office of Mental Health allowed the Youth Movement to expand its efforts: "[Following the development of this position] the Youth Movement was able to have a constant and stable voice in state government" (Dech, et.al., 2008). In this position, Orlando serves on various state committees on Youth Movement efforts, including issues of restraint and seclusion, community-based services, transition services, and the promotion of peer support and

self-help (Dech, et.al., 2008). In addition to her work with statewide committees, Orlando continued to travel throughout New York State to mentor youth interested in starting their own grassroots efforts through youth groups, forums, and councils. In addition to the work of the leaders, youth involved in youth groups throughout New York State play a critical role in expanding and promoting the messages of the Youth Movement by speaking at conferences, consulting, and providing peer support.

In recent years, the leaders have successfully held regional conferences to connect youth groups for the purpose of information sharing and networking. They have promoted the youth voice by holding panel presentations, during which youth with experiences in the system discuss their insights with providers, policy makers, and family members. Additionally, the leaders have served as consultants to other groups and organizations, including the NYS Department of Health about how to develop and run Youth Advisory Councils (Dech, et.al, 2008). The youth leaders continue to hold a series of youth-run workshops at the annual Families Together conference. In 2006, the Youth Movement adopted the phrase "YOUTH POWER!" to represent their efforts (Dech, et.al., 2008). In 2007, YOUTH POWER! became a statewide youth network. The introduction of YOUTH POWER! led to the creation of more positions for youth and young adults with experience in the system. Additionally, more panel presentations were given and the first formal youth training series was held in Albany, New York. A Youth Advisory Board was developed for YOUTH POWER! and youth continue to serve actively on state and national committees. 2008 marked the start of YOUTH POWER! becoming a cross-disability network to diversify the message and commitments of the Youth Movement. This was made possible through additional state grant funding and

support. YOUTH POWER! developed its first Youth Policy Agenda, which has been shared with government officials, other advocacy and activism organizations, and most importantly, with young people. By continuing to consult and present, YOUTH POWER! has expanded youth involvement across the state, and has expanded its youth-run, peer-run board (Dech, et.al., 2008).

As described above, the Youth Movement grew from two separate youth groups that were formed in the early 1990s to a well-coordinated, state funded initiative which encompasses activism through youth training and grassroots support, and participation on local, statewide, and national committees. To date, the Youth Movement continues to grow, as more youth become trained and involved in the Movement's efforts, and as funding continues to be secured. To expand on the storied details of the Youth Movement, the next section describes a number of initiating events that were central to the creation of the Movement.

Initiating Events in the Development of the Youth Movement- An Overview

In this section, I present an overview of several "initiating events", which I introduce as turning points in the development of the Youth Movement. After reading the data several times, the initiating events that emerged include the formation of early youth groups, the emergence of the youth voice at the state level, the role of mentorship in passing on the principles of the Youth Movement, and the collaborative efforts of the four activists interviewed. An overview of each initiating event is presented, and excerpted data examples are provided to develop the storied aspects of the development of the Youth Movement.

Initiating Events: The Formation of Early Youth Groups

In the context of the interview, the participants discussed their individual trajectories as activists, and the manner in which their work contributed to the development of what became a collective Youth Movement. Eva Dech and Dally Sanchez discussed their involvement in Youth Forum of Westchester County, one of the first forums dedicated to peer support and advocacy, which was started in New York State in 1992. According to Eva Dech, Family Ties, a family support organization in Westchester County consisting of parents with children in the mental health system, wanted to assemble a group of youth with experience in out-of-home care to discuss problems and issues concerning mental health services. Dech explained how eager she and the other young people were to share their insights and experiences about the mental health system, a process which they found very empowering:

> We met for six times once a month for five or six months and we developed a document called "What Helps and What Harms". And it was just so powerful because we were all very isolated young adults, adolescents who had been through so many systems, mental health, juvenile justice, I think one had been in the MRDD system, all had been to residential and tons of hospitalizations, and we had so much to say. And through the meetings, we really became very empowered and we did not want to stop meeting. So I went to the county and said, we need to continue this. I met with the Director of Children's Services, and I said, we need to just find some money so we can continue meeting, we need to identify a place and have some money for meals, so we got $2000 from the family support organization, Family Ties, and we continued meeting. –Eva Dech

The funding Dech obtained from Family Ties enabled her to develop Youth Forum of Westchester County. Youth Forum became a context in which youth could discuss their experiences in care, current concerns, and future goals. It became a safe place for youth to develop friendships with other youth who shared similar experiences and a context for youth to gather and develop grassroots advocacy goals.

Eva Dech, the founder of the group, and Dally Sanchez, one of the central members, further discussed the purpose of Youth Forum. In addition to self and systems advocacy, two of the central objectives of Youth Forum, the group provided peer support through an atmosphere of unconditional acceptance. Dech described the importance of peer support and developing a safe atmosphere for youth with histories in the system:

> We were all young people who had been so isolated from our community, that we really didn't have any friends. So this was creating our own safe community. A safe place for us to talk. – Eva Dech

Dally Sanchez underscored the importance of this supportive atmosphere as she described her entry into the group:

> For me, what was extremely important was, like Eva said, at the beginning of every meeting, we went over those rules [which described respect and confidentiality]. We went over those rules every single meeting. Because there were people coming in and out, new people, we always wanted to make sure that those rules were in our minds at all times, to protect us. And I felt so…just hearing that at my first meeting, completely made me feel relaxed. And made me feel a part of the whole thing. And just everyone going around, saying something about themselves and from the beginning, I don't think I had any problems jumping right in! (laughs) But I just wanted to stress how important that was. That we had that respect. –Dally Sanchez

Dech noted that the unconditional peer support offered by Youth Forum contributed to the well being of its members. She noted that while involved in Youth Forum, several youth avoided hospitalization:

> The whole time I was doing Youth Forum with the exception of one incident with one youth towards the end, a lot of the youth would have multiple hospitalizations a year. And we only met once a week, once we got the funding we met more, but people, youth and young adults were not going to the hospital anymore. It was incredible, the amount of success that people had because when times were bad, they could pick up the phone and they knew they had people to call. They knew there was that support. –Eva Dech

Dech and Sanchez described how special Youth Forum became, in that it was a truly youth-run forum. When the group began, it was completely developed and run by

youth. The youth would facilitate all groups themselves, organize their own fund raisers, and advocate for each other. Additionally, the youth were fully in charge of the forum's budget. Youth Forum members advocated for other youth by attending meetings to provide peer support and to make sure the young person's voice was being fully heard and represented in meetings with adults and providers. Dech described how much the Youth Forum members valued the group, and how they worked to maintain it:

> One of the things I really wanted to stress is that all the years that I was part of Youth Forum, we never had an incident, to the very end of it. Everyone, and I really felt strongly about this, I would make sure that every meeting we would talk about this, is that we were doing something that, to my knowledge, that no one else was really doing, we controlled the money and it was our own thing. – Eva Dech

The initiation of Youth Forum, Westchester, was one of the initiating events that led to the development of the Youth Movement in mental health. Youth Forum embodied the principles of peer support, self and systems advocacy, and the importance of being an authentic, youth-run group. After obtaining grant funding, Dech and Sanchez described how the group became increasingly controlled by providers. This turn of events is discussed in the conflict section of this chapter.

In addition to Youth Forum, Westchester, Lauren Tenney was one of the founding members of the Youth Empowerment Association (YEA), another early youth group central to the development of the current Youth Movement. According to Tenney, YEA was formed in Regent Hospital, a MICA (Mental Illness Chemical Abuse) hospital. The group consisted of young people in the hospital and it was run by a psychiatrist.

> YEA started in 1992, it was while I was locked up at Regent hospital, which was a MICA hospital. The woman who was my psychiatrist, and there were several of my other peers there, who were in the process of starting the youth empowerment association, and they were looking for feedback from other young people. So I

> told them a whole bunch of stuff that I thought, and then we started having meetings, weekly kind of peer support groups. -Lauren Tenney

While the intent of YEA, like Youth Forum, was to provide peer support and advocacy, Tenney noted that the provider overseeing the group endorsed a consumer-oriented message, including the importance of adhering to a medication regimen:

> When we started we were all funded through the Harry J. Olsen Foundation for Disadvantaged Youth, so we didn't have any state money and we had a speaker's bureau, and it was about talking to people and telling them what it was. A lot of that was take your medication, don't drink, don't do drugs, this is what happens when you become an alcoholic and a drug addict, and all this other stuff. –Lauren Tenney

The members of YEA developed a speaker's bureau and would provide presentations to groups of professionals. Tenney described how her own ideology evolved, and how the message the members of YEA wanted to promote became increasingly at odds with the message endorsed by the providers. This issue will be discussed in greater depth in the conflict section of this chapter. Eventually, the members of YEA developed their own group, which they named Stage 2! Youth Empowerment. Because the funding source changed to an adult-run, peer-run program called INCube, Inc., members of Stage 2 had a greater ability to promote the messages they believed in.

> Finally [Stage 2] got to a point where we said, we're not doing this anymore, and we reorganized our contract so we would be doing systems advocacy, to write in that all organizations in NYS need to have peer services, peer run groups, advisory councils, and that really helped for the special needs plans, when Medicaid, when they were reorganizing, to figure out a better way to deliver services. -Lauren Tenney

In closing, the initiation of these early youth groups, Youth Forum, Westchester and the Youth Empowerment Association, were important in shaping what became the Youth Movement in mental health.

Initiating Events: Youth Voice at the State Level

Another initiating event in the development of the Youth Movement was the inclusion of youth voices at the state level. As described above, Lauren Tenney assumed the role of the Youth Recipient Affairs Specialist through the NYS Office of Mental Health, a position which allowed youth activists to consult, serve on, and chair statewide committees on issues such as restraint and seclusion, transition planning, and trauma. Concurrently, Stephanie Orlando chaired the Youth Advisory Council. Youth involvement on statewide initiatives was further expanded when Orlando assumed the role of Statewide Youth Coordinator in 2005. Tenney described the efforts of the Youth Movement on state level:

> When I came to the Bureau of Children and Families, and we had the statewide youth council the local youth involvement initiative, which was getting counties, kids to be able to set up advisory to local government, and I had 13 counties operating. Then [we started] the "Choice thru Voice" project.

As youth became increasingly involved on the state level, recognition of the efforts of the Youth Movement increased. Tenney discussed the passion she witnessed from youth who were involved in statewide initiatives:

> But can you remember how dedicated these young people were? Remember there was a black out in the OMH building, during that one meeting, and we sat in the dark doing what it was that we set out to do because we didn't have the time to not do it? I remember them [bureaucrats] coming in and saying, well, I guess we're not going to do it, and we made them give the presentation in the dark. (laughs) –Lauren Tenney

As the leaders assumed greater influence statewide, it marked an important turning point in the influence and reach of the Movement.

Initiating Events: The Next Generation of Advocates- Mentoring Youth

In the context of the group interview, the leaders discussed one of the central objectives and initiatives of the Youth Movement, which is to pass on the message of the

Movement and to foster in young people a desire to change the mental health system for other youth. The training of youth advocates was an initiating event in the development of the Youth Movement, as passing on the message and mentoring the next generation of advocates is central to the current state of the Movement as well as its future directions.

Stephanie Orlando discussed how Lauren Tenney was her mentor, informing her about the history of youth-led initiatives, strategies for negotiating youth involvement in the context of the mental health system, and instilling in her the need to mentor other youth to continue the efforts of the Movement:

> Lauren was talking at this point about how she was getting older and needed to pass it on, I was learning, that's why a lot of the stuff that I do now is directly what she used to do, she'd take me on a visit, she'd say, you're going to take over, these are all things that we continue to do, and that's what was happening at that time. Lauren really put that in my head that this is a movement that is to be passed on, it is something where you should be going with people, you should have a young person at the meeting. These were things that she taught. - Stephanie Orlando

Presently, Orlando is in the role of statewide youth coordinator, a role similar to the one Tenney used to occupy. In this role, Orlando travels throughout the state, mentoring youth who wish to start their own forums and councils. In this capacity, she teaches youth about the meaning of youth-run groups and how to work toward becoming a fully functioning, authentic youth-run organization. Orlando described how she mentors youth about groups, and how she informs interested youth about how these groups are facilitated.

> One of the main things that was stressed [during a visit with youth who wish to start a group] was that if they don't do the group, there is no group, they need to take ownership of it and the importance of it....Just talking to them about that, they understand that ownership of, we have to do it in a certain way. We talked about the group itself, setting the rules....We talked to them about how the three most important rules are respecting your peers, whatever is said in the group stays

> in the group, and that no one is forced to go. That it is completely voluntary. And those are pretty much always the universal rules that every group has been established under. That we really take in terms of a model, I think. And also that ownership of knowing that it's your group and that if you don't treat it with the utmost respect and put the effort into it, that it doesn't exist anymore. Those are the high quality [factors] in terms of the actual youth-run, youth-operated groups that are totally driven and coordinated by young people. That's how they're set up. –Stephanie Orlando

By ensuring that youth understand the goals of youth groups, as endorsed by the Youth Movement, Orlando ensures that future activists understand the history of these groups and the importance of taking ownership and achieving a truly youth-run group.

When discussing the importance of passing on the messages of the Youth Movement by engaging future activists, the participants discussed the processes and pathways that youth must experience as they become fully immersed in understanding system reform. They discussed how youth with histories in the system have been conditioned to accept the patient role, and how the road to activism is difficult, as youth must develop an understanding of larger systemic issues, and must develop the courage to speak out and advocate:

> Stephanie: From my perspective, I feel like that stage of enlightenment, and the stages of liberation, in terms of the work [Lauren Tenney] is doing now, it's very true, we don't get as many, they do exist, you do get more radical youth, but in terms of people who are really open to thinking outside of the system box, it usually takes a couple of years to just get exposed to what people are talking about in the Youth Movement, in the Adult Movement, in the Family Movement, in any movement. Because you're so in your own experience, it's all you know. All you know is what you've been told, which is sit down and be quiet, take your pill, you're never going to amount to anything, and it takes a little while. It takes a while.
>
> Lauren T: And it takes a lot of courage. A little while and a lot of courage to break out of it.
>
> Dally: It's so important, because it's so ingrained, they even teach you to take ownership of this thing, of *my* mental illness. My diagnosis. My bipolar, don't you dare give me another diagnosis because that is the one that I own.

Because the pathway to activism is a difficult one, as the participants indicated, Orlando, Sanchez, and Tenney discussed how a strategy of the Youth Movement is to make sure youth are fully prepared when attending meetings and speaking on panels. Another strategy is to ensure that youth are always accompanied by a peer.

> Stephanie: We want someone who is going to go and describe the message and be on point in terms of spreading the message. We tend to pick the leaders. -Stephanie Orlando

> Dally: And we really believe in being prepared. We don't believe in just putting somebody out there to just be out there as a token or as someone who is just put in a position without a full understanding of what's going to happen and what's going on, who the audience is....

> Lauren T: That was a rule of ours, nobody ever went anywhere alone.

Lauren Tenney went on to describe some of the reasons why youth are encouraged to attend meetings in pairs:

> It takes a lot when you're sitting in one of those meetings and there's this big groupthink going on, and you're sitting there thinking this is not the experience of youth, but how do I say that, how do I say that and be invited back, (laughs) how do I say that, be invited back, and make some kind of change of how do you get into them to get them to understand that. And that's one of the reasons why we suggest that people always go in pairs. At least there's another supporter that you know is in the room because I've been eaten totally to the bone where they just go off and say how irresponsible the message is, and what we're telling people is wrong and I could be putting people's lives in jeopardy, depending on who's in the room, but sometimes it gets really bad. And then having personal attacks by professionals. The systems advocacy is really challenging sometimes. -Lauren Tenney

In closing, the process of passing on the messages of the Youth Movement to future youth activists is central to the development and strengthening of the Movement's goals. The participants act as mentors for the next generation of advocates by describing the manner in which youth-run groups operate, and by preparing youth and educating them about systems advocacy and the history of youth activism in the Movement.

Initiating Events: Joining Together

The leaders interviewed constructed their collaborative efforts as a turning point in the strengthening of the Youth Movement. While each individual was actively engaged in activism early on, it was not until years later that they connected and started to work collaboratively for change. Orlando noted that Lauren Tenney was instrumental in bringing the four leaders together:

> We all had been kept in our little separate entities and Lauren really started to bring it all together when she took over the Youth Council. -Stephanie Orlando

Orlando went on to describe how she and the other leaders had been working toward the same goals, despite the fact that they had yet to meet and collaborate. She notes that presently, a goal is to work toward uniting the various New York State youth groups, forums, and councils. Orlando notes that, while the ideology of those involved in the Youth Movement may be varied, this diversity strengthens and enhances the Movement.

> We all heard messages from each other's groups throughout, and Lauren's been, I think, the main point connector, because of her job, and any person who sits in the job of the statewide coordinator, kind of, it's their job to coordinate and make sure people are connected, that's kind of why we went forward with the network because we realize what's really kept us back so much is the lack of connection and that's what the upcoming event is all about, is all of the youth groups all across the state, are we're going to end up having one from each group because we're trying to connect a lot of groups at this point, so that's the unfortunate part. The next time hopefully it will be bigger. But this year it is what it is. We're already having to find additional funding and to scramble and just pick up little bits here and there so we can do it. It's so all these groups can be connected and know about each other, and have that cohesiveness. That's what our board is hopefully going to be more about, so everybody will have that, what we lacked for so many years in terms of, we were never [connected], even though we were all working toward the same kinds of things, Lauren was a little bit more radical on her end of things, partially because of her mentors on the Adult side, versus ours on the Family Support side, and we need that balance. –Stephanie Orlando

Sanchez noted that collaborating with the other leaders has shaped her perspective on systems reform and her resolve for continuing to work for change.

> Hearing that perspective from different degrees, from Eva, because Eva was my mentor, growing up in this, and hearing from Lauren and Lauren's perspective, and Stephanie's perspective, it's gone a long way in terms of shaping what I see as the future of this. And like Stephanie and like Eva and like Lauren, I really believe that it needs to be passed on to the next generation. –Dally Sanchez

In closing, several initiating events shaped the development and current state of the Youth Movement. The formation of Youth Forum, Westchester and the Youth Empowerment Association paved the way for youth activism as it relates to self advocacy, systems advocacy, and peer support. Youth involvement at the state level marked an important turning point, which strengthened the Movement. By continuing to mentor other youth, the leaders ensure the growth and survival of the Youth Movement. Finally, the joint efforts of the four leaders interviewed for this dissertation have allowed the Movement to grow and to reach more youth across the state.

Conflicts and Tensions- Overview

In this section, I provide an overview of central conflicts and tensions that abounded during the development of the Youth Movement. After reading the data transcripts several times, the following conflicts emerged as most significant: conflicts with providers in the context of the youth groups, the development and continuation of groups that are truly "peer run", struggles to gain access to meetings and important events, implementing change to resistant institutions, the misrepresentation of youth voices, complications regarding the advocacy and peer support roles, and censorship of youth voices and perspectives. After explaining the context of each conflict, I provide excerpted data examples from the individual and group interviews.

Conflicts with Providers in the Context of Youth Groups

The first youth groups were disrupted due to conflicts with providers, whose goals and initiatives were at odds with the objectives of the youth activists. Members of Youth Forum, Westchester were encouraged to apply for a grant through SAMHSA (Substance Abuse and Mental Health Service Administration) and they received this grant in the amount of $150,000. The funding allowed them to hire a social worker, at the request of the County. While the grant funding could have been an opportunity to expand the message and objectives of Youth Forum, Eva Dech and Dally Sanchez discussed how the money and addition of a social worker actually lead to significant problems for the group, which culminated in several of the founding members leaving. Dech describes the frustration the youth experienced as the social worker took over the group and limited their roles and influence.

> What happened was all the people who really believed, all the youth who were there who were so committed, got so frustrated with what was going on that they stopped going. So then they got a whole new crop of kids who had no idea what it was before. So of course they're happy to come, they're happy to come on a trip and eat pizza. But they didn't know what it was before, they didn't know the empowerment and all the advocacy that went on. I mean, if you were having a problem with your therapist, we would go with you to a meeting with your therapist. If you were having a problem at school, we would go with you to that meeting at school. - Eva Dech

As Dech described, the social worker moved the group away from self and systems advocacy and peer support. The group, which was once fully youth-run, was forced to change under adult and professional control, and a new set of goals inconsistent with those of the founding youth leaders were enacted. According to Sanchez, the funding was central to this change in power structure:

> From my perspective, both of our perspectives, once the money was there, they couldn't see themselves letting us handle that much money on our own. They wanted more control. – Dally Sanchez

Lauren Tenney discussed conflicts that emerged as the goals of mental health providers became inconsistent with the direction the youth wished for YEA to take. From the time YEA was developed, the group was advised by a psychiatrist, who urged the youth group to promote clinically-oriented, consumer-based messages. The psychiatrist wished for the young people to articulate the importance of clinical treatment, including adhering to one's medication regimen. Further, according to Tenney, the psychiatrist wanted the youth to fully embrace the notion that they were mentally ill and chemically dependent and that treatment was necessary for their survival, a message that Tenney and other youth began to question. Tenney described meeting activists from the Mental Patients Liberation Alliance, a human rights group who challenges the medical model of mental illness and opposes forced or mandated psychiatric treatment.

> The psychiatrist was becoming more involved [with YEA], she was the psychiatrist and the president of the board. I met [activist] George Ebert at a meeting of the Mental Patient's Liberation Alliance, and I remember saying 'my psychiatrist' to him and him looking and saying 'my psychiatrist'? And that spawned this whole new world of thought....So I wound up fighting a lot within YEA about what YEA should be and what it should be promoting. –Lauren Tenney

As YEA's message began to change, the youth were met with acute resistance from the providers, and the funding was eventually reallocated. Tenney described how she was institutionalized by the psychiatrist and how the psychiatrist attempted to fire her from YEA.

> So when I told her I was stopping the medication, she suspended me from work and had me hospitalized. And that was when I ended up in the trauma hospital in Vermont. And she said that the people I was hanging around from the Liberation Movement were no good and that I was going to wind up dead if I did what they

> said. And that I needed to be controlled and that I needed to be locked away. - Lauren Tenney

Tenney notes that she was removed from YEA for contesting the "recovery" message of medication adherence and the need for lifelong psychiatric care.

> If I wasn't going to be promoting 'recovery', then I couldn't be part of [YEA]. – Lauren Tenney

As a result of this turn of events, Tenney and other youth created Stage 2! Youth Empowerment, a youth-run group with greater autonomy over its messages and objectives. She described several differences between the objectives of YEA and Stage 2! Youth Empowerment.

> That's when we stopped entirely using language of peer counseling and moved to peer support, mutual assistance, self advocacy, and systems advocacy. Individual and systems advocacy. –Lauren Tenney

In closing, each founding youth group experienced conflicts with service providers and funding sources about their messages and objectives. While these conflicts presented a challenge and setback for the leaders, they later moved into roles through which they could exercise greater influence.

Conflicts: Defining and Engaging "Peer Run" Groups- Advocacy and Peer Support

As the leaders discussed the notion of having truly "peer run" groups, they articulated tensions that abounded, including how constraints were placed on youth leaders from mental health providers and funding sources, and the struggle to ensure that groups are truly peer-run. The leaders noted that funding sources are often more interested in the advocacy component of the youth groups, while some youth, themselves, may be most interested in the peer support component.

The leaders noted that as the administration changed, rules about peer support and socialization became more stringent. The leaders described how interacting and forming friendships with other youth activists is central to the work of the Youth Movement. However, administrative changes led to the establishment of new rules, where youth were not permitted to socialize as much with each other. Orlando describes this change:

> Because there was that level of expectation, because of the way they put it out, that you're not allowed to do this, it's funny, because as the commissioner of OMH changed, the rules of how peer support and recipient affairs work also changed, and in the beginning it was grounded in this idea that it was expected that when you went traveling around the state that you would be spending the night at people's houses and that it was the developing of relationships and now you can't do that at all. –Stephanie Orlando

Orlando goes on to note that while youth collaborate with each other in a work and advocacy context, youth are prevented from interacting in a human context. She and Tenney discuss how it is sensible for co-workers to become friends, but how administrators hinder this possibility.

> Stephanie: As an adult who has some young adult friends and really, who are friends that I'm also mentoring, they're planning major life moves and I maybe have gone through those life moves and can talk to them about the stuff they need to do to plan for that, let's talk about it, but it's still on the level of a friend. I'm not there as a worker and I'm not assigned to this person in any way or to any people on this board, this is all voluntary. And they call me because they are interested from a peer perspective, and from a friend perspective, I can trust you, you know something. And that's not in my job description, and to say that I can't necessarily be friends with somebody....
>
> Lauren T: It's the only job where you're not allowed to develop friendships! (laughs)

In addition to the conflicts that arise from the notion of youth leaders assuming dual roles, the participants described the conflicting perspectives that providers and youth have concerning what the goals of the group should entail. Orlando notes that youth who join the youth groups have diverse objectives for their involvement. While some are

interested in becoming immersed in advocacy and systems reform, other youth are more interested in the peer support component. She notes, however, that providers are typically more interested in the advocacy realm:

> And there's been this, the whole point of the Youth Movement has been about peer support. And to have a voice, and to go back again to the meeting I had on Friday because over and over again, this is what I do, the providers tend to want more of the advocacy realm, and when I come there the youth want the peer support. And they're not the same thing, you don't have to have advocacy within your peer support group, you can but sometimes you're going to find that people are just not interested in advocacy. They're just going there to get support, they just want somebody to talk to and to have friends and that's really all they particularly care about and maybe to do some self advocacy stuff, but not, I'm going to go change the system. Some people, that's just not their thing. Others want to change the system and they want us there immediately like I want to start a group I want to advise on all this stuff. - Stephanie Orlando

Another central conflict that emerged in the context of the Youth Movement is resistance on the part of providers and administrators to having truly youth-run groups. Orlando describes how providers resist full youth involvement, as they challenge the notion that youth can fully run the groups, and because they wish to retain a level of control over the groups:

> At central region I'm having this battle now and they don't believe that youth can have a level of input. So they were saying to me, in terms of a youth training, they wanted a training for adults in terms of how to do youth involvement. To get youth interested in it. And I said, well, you have to have the youth there and this whole battle came out of it....and they don't want to work with me, in particular, because they know that we'll come in and we'll spread this message of absolute youth-run, and that that's your goal, to get to the level of being completely youth run, and there's not many groups that are at the complete level of youth run, but that's what we're all striving towards, and that's the expectation that eventually you will get there, and the youth that are part of that group will be mentored and will be taught the necessary skills if they do not have them already to completely run and monitor the budget and to do all of that work that Eva was describing. That is what we hope for, but there are certain people who do not want that message to reach the youth, they want this level of control and a lot of those youth groups fail, and then they say, well, you were involved in helping us, but you didn't do what we said you should do, so don't look at us like we didn't give you good assistance. You didn't follow through with the recommendations we made.

> And of course, youth get tired of being in a group that's run by a social worker, that they don't have control over. –Stephanie Orlando

According to the leaders interviewed, conflicts and tensions concerning the nature of peer support and peer-run groups continue to persist in the Youth Movement.

Conflicts: Gaining Access

Gaining access to important meetings at the county and state level and gaining access to grassroots youth groups has presented a significant challenge to the leaders of the Youth Movement. The leaders discussed how they were often met with resistance as they wished to be fully involved at all levels of decision making and as they wished to connect with other young people. Though the Youth Movement leaders currently have much greater access and a strong voice in the context of upper level initiatives and decisions, they noted that this was not always the case.

Lauren Tenney described how her access to important meetings and committees was limited during the early days of her involvement at the statewide level. She notes that she and other youth made a practice of showing up to meetings uninvited.

> When we wanted to get to the meeting, we just found out where the meetings were and showed up. We weren't invited to them. They weren't saying we should get some young people's perspectives, we had to fight our way in, and I imagine those kids are still around, like that girl who showed up to the forum, we would just come, and show up, and say something. –Lauren Tenney

While youth access to important meetings was once limited, Tenney describes how some providers did act as allies and understood the importance of youth involvement:

> I remember one person who liked me and got a kick out of me, saying that standing at the back of the room, she loved staring at the blue helm of my hair. In the front row. And she said how much she loved that. And how much she knew it bothered almost everybody else in that room that I was sitting there. And people would say to me, other young people who would be there and we were together in a group, how rare it is that this is happening and when it would get frustrating, there would usually be one or two people who would support us

> through it. But in those first meetings that we crashed, that wasn't the case. So [support] builds, to a point. But there are still meetings that I'm sure [Stephanie Orlando, current Statewide Coordinator] is crashing. –Lauren Tenney

Stephanie Orlando describes how she has significantly greater access than youth leaders had in years past, but how there continues to be an implicit sense that youth involvement is not fully embraced within the power structure. She further describes how gaining access to each meeting allows youth to gain access to future meetings.

> Well, they put out a flyer that said, "youth welcome". But the fact is, even if you're invited, my experience is, I was invited by one person and the rest of the meeting had no idea that I was coming, and especially when my hair was black and purple, I would say, no, really, I was asked to come here. No, I'm not an intern. Yeah, I might be starting to go to college now, but I'm not going for this. So it still might be that you got the invite and the foot in the door, but you were crashing that meeting....The only way that I got invited to half the meetings I got invited to is because I got invited to one meeting. And then I heard about another meeting and I said, well, don't you think you should have youth representation at that meeting too? And then it would kind of be, they would be called out on something and they would say, oh yeah, you should come to that, and I got invited to the next one. –Stephanie Orlando

Tenney describes her perspective, as she compares the level of access she was granted when she occupied a statewide role and the level of access Orlando now experiences as the current Statewide Youth Coordinator.

> To see Stephanie sitting on the stage next to the commissioner, that's a significant change. In the level of access, in the level of commitment from the state to include young people. - Lauren Tenney

Orlando went on to contrast the strides made regarding youth involvement on the systems advocacy level versus the conflicts that still occur as Youth Movement leaders seek to empower young people.

> Listening to the history ties so much into what's happening now, it still is what we promote, it still is the challenges that we overcome, some of the access has changed dramatically on the systems advocacy level, but on the ground level of getting things started, not so much. And on the level of operation for these groups, not so much. Control and monitoring and the fear that they ingrain and

> the limitations that they set on youth, in what they can and cannot do, just really, and not informing them of other things that we're doing, this is the only other example that I'll give, the restraint stuff that we're on, we're on the anti restraint effort, three facilities, one of them is Westchester Psych Center. Eva and I have done some work there on restraint to bring in the youth voice. So they went to one of our newer groups, I just found out, and talked to them about restraints. Now there's a certain number of youth that don't know about restraint alternatives. They don't know anything about it, so they're willing to say, I really was a danger to myself, I was totally flipping out, I felt like I was watching myself, I didn't see, I could have hurt someone, and they believe that because of what they were told, and that's all they know. Just [that they are] dangerous. And I started talking to them about some of the alternatives, and they say, yeah, that's sounds great, that would have been much better. –Stephanie Orlando

Orlando suggests that youth are coerced into endorsing practices such as restraint and seclusion, and notes that exposing youth to restraint alternatives and other messages associated with youth voice and advocacy could broaden their perspectives of themselves and of the mental health system.

In closing, while the leaders note that youth involvement is more widely accepted and influential than ever before, certain difficulties persist as they work to bring youth perspectives to both providers and administrators, and to other youth as well.

Conflicts: Implementing Change in Resistant Institutions

The leaders articulated that, in spite of their activism, institutions and practices are often slow to change, or to acknowledge that change is necessary. Even when support is garnered from important stakeholders in county and state mental health organizations, resistance often persists as the leaders attempt to implement these changes and initiatives in the context of residential settings.

Tenney described resistance that she experienced as Stage 2 entered children's facilities with the purpose of introducing peer support and advocacy.

> And we got the grant to do peer counseling at the children's facilities, in 95, I think it was March of 95 when they shifted over, because our first quarter's report

> talked about all the things, we did a needs assessment, and they didn't want us there, they called us the peer pressure people, it was really hard to bring it in on any level. And the idea of young people being in a room together was not okay to them...we had keys, but we weren't allowed on the units and we weren't allowed to talk to young people. We were only allowed to talk to a psychiatrist, and fight with her about why young people should have the opportunity to talk to each other. –Lauren Tenney

Orlando also discussed resistance to messages of youth involvement. However, she noted that many individuals who were first opposed to youth involvement are now proponents of it. Currently, she remarks that youth still need to fight and advocate to have their voices represented.

> A lot of people stepped off the board of the coalition at that time because they didn't think that we should be doing youth involvement, big arguments with people who still now have changed their mind and outright speak about how it was them who needed to change, who now believe in the power of youth involvement. There were a lot of battles. There are still a lot of big battles that we're still fighting all over the state now. -Stephanie Orlando

Another conflict discussed by the youth leaders is how some providers and administrators seek out youth speakers who will promote the messages they wish to endorse.

> Stephanie: that's the challenge we're facing now, we're seeing [youth involvement] co-opted very quickly, of 'we have youth representation, we still tell them what to say'.
>
> Lauren T: They find the young people who are going to say what they want to hear. Because [youth challenging institutional practices is] why programs get shut down.

As Tenney noted, the conflict with providers and administrators revolves around the possibility that when youth describe negative and problematic treatment experiences, "programs get shut down". In addition to the contentious political conflicts described by the youth leaders, they also discussed how even in situations where youth and other stakeholders come to a consensus, initiatives take a long time to go into effect.

> But there are still things that we had written in where every now and then Stephanie will say, oh, they're starting to do this and that, and I'll say, oh, only ten years later. But it's good that they're eventually getting there, but that it would take ten years to actually change. We can write something down right now and in ten years, we'll check to see where we are. Because that's how long it will take for the power structure to do that. -Lauren Tenney

The youth leaders went on to discuss how efforts are put into place to reform practices, but that the initiatives are often shelved, only to be revisited again over time.

> Stephanie: With government, that's frequent, that's not just within, that's all over the place. Let's form a committee to write this quick report and then the report sits on a shelf somewhere and nothing is done with the report.
>
> Dally: And when the issue comes up again we'll have to have another committee to do another report…
>
> Stephanie: and they won't necessarily know that there was another report before that. (laughs)
>
> Lauren T: Because it's all buried. If we look to 1850 we can see, we can find the report on restraint that was written then, that nobody watched when they thought that restraint should be eliminated.

In closing, the youth leaders indicated that their efforts are often met with resistance from providers and administrators. In the next section, I detail another conflict discussed by the leaders, which pertains to the misrepresentation of youth voices.

Conflicts: Misrepresentation of Youth Voices

The youth leaders discussed the ongoing issue of misrepresentation of the youth voice. They noted the need for youth activists to be vigilant in observing how their work is construed and used by others.

> Misrepresentation is constantly an issue. What it is that they set you up to do in your contract as opposed to what it is that you actually can do, is usually two different worlds. –Lauren Tenney

Lauren Tenney provided an example of how youth perspectives are misrepresented. She described how, following her work on the restraint and seclusion committee, her words were misconstrued. Tenney and the other young people were advocating for eliminating restraint and seclusion across the board. The committee eventually limited the use of restraints in certain situations. Tenney wrote a letter thanking the committee for its work, and her letter was misconstrued, as the individuals then suggested that youth understand and support restraint and seclusion practices.

> I had sent a letter after our work was done. We got them to eliminate restraint, for people under nine, and then the longest somebody could be left in a restraint was four hours whereas before it was 24 hours and things like that. The young people I had been working with, we sent a letter to the committee thanking them for making the advances they had made....they used it as saying consumers supported, instead of saying young people want to see this eliminated, and this is steps toward moving in the right way, they totally said that it was supported by young people and that young people understood why restraints had to be used. It was so far away from what we had attempted. And they do that. This was just one example, but that kind of thing happens all the time. - Lauren Tenney

As this except suggests, the leaders perceive misrepresentation to be a significant concern to the Movement's efforts, even today.

Conflicts: Censorship

Lastly, another central conflict that emerged in the data is the issue of censorship. The leaders discussed the history of how certain ideas have been silenced by providers and policy makers, both in the context of what the leaders were permitted to say publically, and in the context of what they were able to publish in the documents they developed.

Stephanie Orlando and Lauren Tenney discussed how the issues youth openly advocate for today were once highly sensitive. Specifically, leaders of the Youth Movement have always believed in eliminating restraint and seclusion practices. While

the Youth Movement now advocates for elimination openly, Tenney describes how discussing elimination was taboo a decade ago.

> Stephanie: That's on our flyer, what do we stand for, no restraints, and we get, that's not as controversial anymore.
>
> Lauren T: You can see how over the years, at OMH in 99 when I co-chaired the restraint task force, the children's one, I almost got fired for saying that its goal should be elimination. Our presentation was reduction toward elimination. And we set a time line, and we gave them three years, which is long past. And they have not done it yet.
>
> Stephanie: They're working on it, but it's very small and within the state system it's not that horrible to say elimination. And in fact they kind of like it….

Tenney also describes how she was censored in the context of her statewide role. She describes how a colleague accompanied her to every meeting to ensure that she was only promoting initiatives that were acceptable to the agency.

> Lauren T: There was a woman who, though I liked her very much, let me preface this, it was literally, her job was to watch me. And what I was saying. Especially when I transferred in to the Bureau of Children and Families. I was not allowed to go to a meeting without her present.

The leaders also discussed how the content of youth authored documents was censored. Orlando notes that youth leaders are currently attempting to reincorporate the censored content.

> Lauren T: A lot of stuff [was removed from] the original document "Choice thru Voice". It had nothing to do with the youth council, it had to do with OMH taking it out [and changing the name of the document].
>
> Stephanie: And we're still fighting for some of that stuff.

In closing, the leaders described several notable conflicts that shaped the history and development of the Youth Movement. Several of these conflicts continue to be salient to the Movement's efforts today. While the Youth Movement leaders are clearly united in their work as reformers, they each bring to their work in the Movement different

perspectives and ideology. In the section that follows, I discuss some of the ideological influences and differences highlighted by the activists.

Ideological Influences and Ideological Diversity

While the Youth Movement exists as a unified voice, the participants interviewed described several ideological influences that shaped their work as activists along with shaping the course of the Youth Movement itself. In this section, I detail several ideological perspectives of the activists and the manner in which these different ideologies influence the state of the Youth Movement.

The activists discussed ideology stemming from the Adult Movement. Particularly, Lauren Tenney discussed how becoming exposed to the messages of the Adult Movement caused her to question central assumptions of medically-oriented, consumer-based messages. Whereas YEA was initially encouraged to provide a consumer-based message by endorsing clinical perspectives on mental illness and the importance of psychotropic medications, Tenney's exposure to the Adult Movement caused her to question the notion of mental illness and psychiatric practices. She described why the Adult Movement shaped her ideology and her work as an activist.

> I relate so much more with the Adult Movement because I came into the system in 1978. and it was way before a lot of these changes happened. My experiences were much more akin to people who were locked up in the 70s and 80s, because that's when I was locked up. Versus people in the 90s and now. And I remember always fighting with George [an activist, peer, and friend in the Mental Patients' Liberation Alliance], well, we don't want survivors [those who survived the system/psychiatric oppression], people shouldn't have to be survivors. There shouldn't be anything that they're surviving from. -Lauren Tenney

In addition to Lauren Tenney's leadership and involvement within the Adult Movement, Dally Sanchez described how the Adult Movement, and the survivor perspective in particular, are consistent with her own views of the mental health system.

> I would say definitely the survivor movement, the survivor of psychiatric atrocities movement, that I'm much more in tune with. Although right now I work as a reformist, I'm not really about reform. I really believe that it needs to be gone, it needs to be broken down and completely dismantled and something else needs to emerge in its place. What it's supposed to be, what it should be. Which is a community approach, where your community is supportive of you and where you're not locked up. -Dally Sanchez

It is important to note that within the Adult Movement, messages and ideology are diverse. The Adult Movement, often termed the C/S/X movement (consumers, survivors, ex-patients) embodies principles which question the validity of the clinical paradigm, particularly those practices which stigmatize and disempower individuals with psychiatric disabilities. According to Adame & Leitner:

> The largely grassroots political and advocacy movements of consumers, psychiatric survivors, and ex-patients (c/s/x) have been instrumental in creating and sustaining peer support alternatives that often operate outside of the confines of the mental health system (2008, p.146).

Activists within the Adult Movement question the inherent power differential between patients and providers, and advocate for holistic, empowered practices, such as self-help and peer support. Through peer support, which Adame & Leitner describe as a "mutual, non hierarchical mode of being with other people who have had struggles similar to one's own" (2008, p. 148), individuals re-position themselves in the context of recovery. Because supportive peer relationships are not shaped by the explicit power differences that characterize clinical or therapeutic relationships, "people have the opportunity to be active participants in their own recovery rather than passive consumers of the mental health system" (Adame & Leitner, 2008). As activists within the Adult Movement re-position themselves as agents in their own recovery, they work for systemic changes and reforms that are consistent with this goal. Many activists within the Adult Movement reconfigure notions of recovery, as they shift from the construction of recovery from

one's mental illness to recovery from a mental health system that stigmatizes and infantilizes. Adame & Leitner note:

> The once marginalized patient or "mentally ill" voice is transformed into a valued, insider perspective within the context of peer support, and his or her experiential knowledge is given value and authority. (2008, p. 149).

In addition to the role of the Adult Movement in shaping the ideology of Youth Movement activists, Stephanie Orlando discussed the important role of the Family Movement in the development of the Youth Movement. She described how the alliance with the Family Movement has enabled Youth Movement activists to gain greater access and to work for change.

> I would say that it's true that we're reaping a lot of benefits from being tied to the Family Movement in terms of the cross systems commission meetings that are happening now, that are all the commissioners in all the different state agencies, not the deputies that are serving in the children's bureau, but the commissioners. They all meet quarterly, and I sit on that meeting now with parents. -Stephanie Orlando

While Orlando described her appreciation of the messages of the Adult Movement, she elaborated on why she identifies less as a psychiatric survivor. She noted that, while she views aspects of the mental health system as oppressive and coercive, she also experienced services that she did indeed benefit from.

> I definitely felt coerced into agreeing to a service that was represented as something different than it was, and then not being able to escape it. And witnessing a lot of horrible things and having a lot of bad services. But did I get some great services that were really helpful? Yes, I did. And that's just the way it is. And that's how it should be, that you should get community services that are geared towards teaching you how to take the bus so you can become independent and get the hell out of the system. -Stephanie Orlando

The participants noted how the work of the Family Movement is sometimes erroneously conflated with the work of other mental health advocacy groups. Orlando stressed that the principles of the Family Movement that are endorsed by the Youth

Movement include notions of empowering youth voices, and fostering resiliency and recovery. She noted that the Youth Movement does not endorse family-based perspectives that seek to empower parents at the expense of young people by diminishing youth rights to have a voice in treatment.

Like the Adult Movement, activists within the Family Movement hold diverse views. However, commonalities within the message of the Family Movement include notions of recovery and resiliency and developing a mental health system that is "child centered and family focused" (Mayhew, 2001). The Family Movement also stresses community-based care and advocates for services that are culturally competent (Mayhew, 2001). The Family Movement advocates for the inclusion of parents and families in mental health service planning for children and youth.

While the four activists interviewed hold diverse ideological perspectives, they agreed that these differences actually strengthen the work of the Youth Movement. Lauren Tenney explained:

> I think personally that there are some really significant differences and I think it's those differences that make us work so well together. Because on a lot of levels, we balance each other out. -Lauren Tenney

Discussion of Archival Documents

The Youth Leaders provided me with several archival documents authored by youth, which exemplify the work and goals of the Youth Movement. In this section, I provide a summary of two important documents titled, "Choice thru Voice" and "What Helps and What Harms". By analyzing the content of these documents, a clear picture of the principles and future directions of the Youth Movement emerges.

The “Choice thru Voice” project was initially referred to as the Prime Directive Journal Draft Copy (Cisco & Tenney, 2000, Bureau of Recipient Affairs, New York State Office of Mental Health). In January of 2000, the Prime Directive Initiative began, as Youth Movement advocates envisioned developing a document that youth-in-care could use to make their voices heard. These documents were designed to be self-help tools for young people, which act as a catalyst for young people to make their voices and needs heard in the context of out-of-home settings. In the overview document for the “Choice thru Voice” project, it states:

> The “Choice thru Voice” project gives young people a voice in the way they are treated and in their service planning. In simplest terms, it give them the option of becoming a formal member of their own treatment team, if they so choose. We wanted something that would open up the lines of communication between young people and the professionals who are serving them by giving young people a voice about the services they are receiving. We also wanted a way to make sure that they were being listened to.

The “Choice thru Voice” project culminated in two documents for young people to use, termed “My Private Voice” and “My Voice”. According to Tenney, “My Private Voice”, which was initially titled “My Prime Directive Journal Draft Copy” (Cisco & Tenney, 1999, 2000) was designed to offer young people hope for the future, educate them about alternative coping mechanisms, and outline a concrete way for them to start planning for the rest of their lives (Cisco & Tenney, 1999, 2000). “My Private Voice” includes very personalized feedback to young people from other individuals who understood the experience of out-of-home care firsthand. The document is written in a manner that directly speaks to children and youth. For instance, a section at the beginning is titled, “Why Bother?”. This section notes:

> You are worth it. Are you rolling your eyes at this? You are not alone. A lot of young people who are where you are right now have been told things that have

> made them feel bad about themselves. A lot of young people are hurting, afraid, angry, and do not know where to turn to get the help that they need so they can have the lives that they want. The "Choice thru Voice" project wants to change that. (Cisco & Tenney, 1999; 2000)

As evidenced by this excerpt, the document directly engages youth by using insightful, experiential language. The purpose of this document is explicitly stated, and is discussed in a youth-friendly manner.

"My Private Voice" continues by posing a series of open-ended questions for youth to reflect on and answer, such as "People see me as someone who…." and "I see myself as someone who…"; "Things I like about myself are….." and "Things I would like to change are….". This document explicitly encourages youth to perceive themselves as agents, in spite of the constraining circumstances that influence their lives. In a section titled "Who do you want to be?" the document states:

> We may not have control over many of the things that happen to us or around us, but one of the things we can control is the type of person we want to be and what kind of life we want to have (Cisco & Tenney, 1999; 2000).

This section introduces a series of questions about what youth envision for their futures. The document explicitly positions youth as agents, as they are told that their desires for the future are within their control. This open-ended activity motivates youth to think about the future, which I construct in this dissertation as an essential dimension of human agency: the role of dialectical thinking.

The other document within the "Choice thru Voice" project, "My Voice", is a document designed to fully involve youth in their treatment planning. In the introduction of the document, it states:

> The "Choice thru Voice" project was designed with the input of young people who receive or have received mental health services. Based on the experiences they shared with us, we found that many young people feel like they are not being

> listened to and that services are just being thrown at them- whether or not they want them. "My Voice" is a tool you can use, if you want to, to get your voice heard. It makes you a formal member of your own treatment team (2000).

Importantly, the document explicitly states that youth can use this tool "if [they] want to". Consistent with the desire to empower youth and motivate youth agency, Tenney notes that this document "is completely voluntary and is NEVER to be mandated" (Cisco & Tenney, 1999, 2000).

"My Voice" like "My Private Voice" lists a series of open-ended questions for youth to answer. For example, the document includes statements such as "I would like to know more about….", with examples such as, "safer sex, long term effects of medication, my rights, my choices, getting along better with other people" listed at the bottom of the page. Statements such as, "I find the following things helpful when I'm upset…." and "I sometimes feel better after talking with…." encourage both youth and the treatment team to reflect on treatment protocols and proactive interventions. The questions also encourage youth to voice their boundaries. For instance, one question notes, "Show me that you respect my personal space. Please do not….". The document also invites youth to disclose information, if they wish, about experiences that shed light on why specific situations and circumstances are difficult for them. One question states, "In the past, I have had my trust broken in this way".

Toward the end of the "My Voice" document, a "Quick Quiz" is listed. The "Quick Quiz" assesses youth awareness and knowledge about the medication(s) they are prescribed. The quiz asks youth to list the medications they are on, what the medication is prescribed for, and how long they will be taking the medication. Following the quiz, youth are given a space to describe how they feel on the medication, any side effects they

may be experiencing, questions they have regarding the medication, and which medications they do not want to take and why. Toward the end of the document, youth can indicate whether or not they wish to share this document with their treatment team.

The "Choice thru Voice" project highlights several central tenets of the Youth Movement. Activists in the Youth Movement are concerned with empowering youth by ensuring that they are heard. This concern includes ensuring that youth are able to advocate for themselves, and extends to the goal of respecting youth voices by providing programs and treatment protocols that are sensitive to what youth need and want in the context of treatment and recovery. This document is a developmentally appropriate tool for assessing the issues youth wish to advocate for in the context of their own care, and for assessing issues that continue to be problematic in the broader, systemic context. The language used in this tool explicitly positions youth as agents. It is explicitly stated that youth may use the documents only if they want to, and in any way that is consistent with their goals. In addition to positioning youth as agents, the document uses language that implies an understanding of the experiences of youth-in-care. Because the document was written by individuals with experience in care, the questions likely resonate more with youth currently in care. Further, it is made explicit that while this tool is likely clinically useful, the purpose is to highlight the importance of youth voice and to empower youth-in care.

Another document that highlights the nature and principles of the Youth Movement is titled, "What Helps and What Harms". This document was authored by Youth Forum, Westchester in 1993 and it details feedback from young people about their views on the services they received. This document is organized into three domains:

school, residential treatment settings, and therapy. In each domain, the young people articulated elements that are helpful and harmful to their development.

When discussing the context of school, the youth described that positive interaction and encouragement from caring teachers fosters growth. Additionally, they discussed the importance of receiving guidance from professionals as they plan for the future, individualized attention in the classroom, and classroom environments that are engaging. When noting what is harmful about school environments, the youth discussed the problem of developmentally inappropriate education; when they are in learning environments that do not challenge them or prepare them for the future. The youth also noted the harmful effects of not receiving education on substance abuse and sexual education. Among their many suggestions, the youth also noted the problem of teachers who discourage students with disabilities, lack of job skills training and after school activities, and when CSE (committee on special education) meetings are held without having youth present to advocate for themselves.

In the domain of residential placements and hospitalizations, the youth noted that it is helpful to prevent this type of placement whenever possible. For youth placed in these contexts, the authors described how it is helpful when staff are supportive, when youth are fully informed about why they are in treatment and when they are included in planning their treatment goals, when personal privacy is protected, and when youth are exposed to enjoyable activities. As the youth address practices that are harmful, they discussed the negative ramification of failing to involve parents in treatment, the lack of staff training, youth being uninformed of their rights, problems with transition, and mistreatment and abuse of youth by staff.

Finally, in the context of therapy, the youth noted the importance of having a trustworthy therapist who is available in case of crisis, being informed by the therapist of their progress, involving family in therapeutic services, and having a therapist who listens instead of making assumptions. The youth noted the harmful effects of not having a consistent, trustworthy therapist, the stigma of being labeled, and the lack of education concerning medications and related side effects.

"What Helps and What Harms" is a document that provides insight into what youth would like to receive in terms of mental health services as well as their experience-based insights into treatment practices that are unhelpful and harmful. Interestingly, the suggestions offered by youth in this document directly paralleled the concerns and insights of the youth interviewed for this dissertation.

Future Directions of the Youth Movement

In the context of the interviews, the activists discussed the current state of the Youth Movement in addition to the future directions and goals of the Movement. When asked to discuss the current objectives of the Youth Movement, Stephanie Orlando stated the following:

> Choice in voice and services. Peer support, transition services, transition to independence, not transition to the adult mental health system....So really setting up the idea that not only can you recover, that you can be successful. Whatever that may mean to you. And you can choose the services you want, and they will be restraint free. I think that really encompasses it. Peer support, transition, stop restraint, choice in voice and services. And youth involvement at all levels of service. That includes from your personal meeting all the way up to the state government meeting. -Stephanie Orlando

The principles that guided the Youth Movement from the beginning, as the activists were involved in independent youth groups, continue to be of central importance. As Orlando described, the Youth Movement continues to revolve around

peer support and self and systems advocacy. Specifically, the Youth Movement advocates for choice and voice in services, works to improve transition, and commits to reducing and ultimately eliminating restraint and seclusion practices.

The leaders discussed how their vision for the Youth Movement includes broadening the scope toward involvement in disability and human rights movements. Dally Sanchez discussed her vision for the Youth Movement:

> I wanted [the Youth Movement] to be an integrated part of a bigger movement of people....this is about human rights. That's what this is about overall, I don't want to see us continue to be a segregated portion of that, we're not. So that would be my dream, that people who fight for developmental disabilities, physical disabilities, clean air, safe environments, against violence and drugs, all those young people who are involved in all of those things consider us as their brothers and sisters too, in the struggle to stop the abuse of kids. And of people. So that's what I'd like to see happen in the future. -Dally Sanchez

In accordance with Sanchez's view, Orlando discussed her vision for a Youth Movement that creates strong bonds with allies in related movements.

> [The Youth Movement] is not just a mental health movement, it's not just about recovery and resiliency, it's also about...it's a human rights movement....I really believe a lot in the disability movement, there's just so much cross over and it seems unfortunate to focus on mental health only, especially now that I have the knowledge to do other things. Especially because a lot of it is about institutionalization, they don't want to be sent to nursing homes, we don't want to be sent to residential. We're talking about community inclusion and accepting people for people, and I think there's so much more that we can accomplish when we have more voices in there. Still wanting to keep true, the things that are mental health are mental health.....I don't want to give that up that's still why I do this. That is my personal investment into it. Definitely, around what can we accomplish as a larger movement, just the mentorship....there's more of a legacy, they celebrate their roots, they're very interested in mentoring us. You know what the best thing about the disability movement is, they don't want us because we're youth. They want us because we're the next generation of advocates. -Stephanie Orlando

She also discussed how her vision for the Youth Movement has evolved as a result of her experience working within the system, in addition to her personal experience as a youth embedded in the mental health system.

> I'm going to just speak for myself, I want to speak from my perspective as a 26-year-old, not as a youth, and I want to say, now that I've worked in your system for so long as a professional, that's what I am at this point, I am a professional, and for ten years, to be able to say, I understand how screwed up this is. And I didn't understand it at 16. and I'm not going to pretend that the understanding that I have now is that of a 16 year old, I'm going to tell you from my perspective of Stephanie Orlando, 26 year old, that this is messed up, and that's what I want to do now. Is focus more on, not just based on my experience in the system, but my experience working in the system, and trying to expose it on a much broader level outside of the Youth Movement. So that's what I hope to graduate and age into and so I don't think it's going to be up to the Youth Movement to fix everything, I think it's going to be up to the Youth Movement to create allies in the family world and the adult world and in the service provider world, and in every world, to say we'll offer our perspectives, you all offer your perspectives, and let's try to work and make some change. -Stephanie Orlando

When reflecting on the work of the Movement in a reflexive manner, Sanchez discussed the evolution of the Youth Movement, and how the Movement continues to grow, even in times of change and difficulty.

> This movement has gone through a lot of shifts and ups and downs like any other movement and we've had out fights and our breaks and our successes, and I'm sure that in the future, there will be other points where we will have ups and downs and peaks and valleys in between, but we're still going to keep going. We can't expect that everything is always going to be perfect and move up and up and up. That's just not life. Life is hills and valleys, and they're all valid. In the valleys you learn, those are the moments of contemplation, of looking at what has happened, where you're at, those are the moments of checking yourself. And then figuring out where your next level is going to be. Those are not bad things if you use them in that way. We'll rise, and then we'll rise better the next time. - Dally Sanchez

When reflecting on the history of the Youth Movement, Tenney describes how, although advocating for reform can be a frustrating process, reflecting on the efforts of the Movement reminds her of its successes and victories.

> So where it winds up going is really exciting and to know that it exists, and that it didn't 15 years ago but now it does. Those are the things I try to look at when it feels like we're never getting anywhere and this is the same story over and over again. This is what we've got after 15 years, where are we going to be 15 years from now? -Lauren Tenney

In closing, the goals and objectives of the Youth Movement remain consistent. Youth activists continue to advocate for choice and voice in services and to reform problematic institutional practices, especially restraint and seclusion protocols. They note the importance of including the youth voice at all levels of decision making, from self to systems advocacy. Though the ideology of the youth leaders has changed and evolved over time, these guiding principles remain the same and continue to stimulate youth advocacy across New York State.

In the next chapter, I present a summary of the results of this study, elaborating on particular findings of interest. I then discuss the limitations of this study, in addition to clinical and research implications, and directions for future research.

CHAPTER 7: DISCUSSION AND CONCLUSIONS

In this dissertation, I have addressed experiences and enactments of agency in youth with histories in the mental health system. By eliciting a series of narratives from sixteen youth engaged in the Youth Movement, I explored the manner in which agency processes evolve within specific socio-historical contexts, namely the contexts of out-of-home care and the Youth Movement (see Vygotsky, 1978; Stetsenko & Arievitch, 2004). I examined agency processes in a context-sensitive manner, exploring the relational dynamics between youth and powerful individuals within the mental health system, and the manner in which youth (re)position themselves and others, within complex relational configurations (see Harre & Gillet, 1994; Harre & Moghaddam, 2003). Further, I explored the developmental pathways of youth in out-of-home care, and the manner in which they make meaning of conflicts in their lives. Lastly, I elicited from youth specific suggestions regarding systems reform based on their experience-based insights. The findings of this study provide support for investigating youth agency and development dialogically and for considering youth perspectives in a contextualized, socio-historical manner. The study findings also support the use of the tools of narrative inquiry, such as positioning theory, to explore youth agency through the analysis of relational dynamics. This examination of critical youth perspectives challenges clinical assumptions about youth-in-care, which focus on youth psychopathology as opposed to acknowledging the manner in which stigmatizing social discourses and oppressive institutional practices contribute to problematic behaviors and outcomes. This study has implications for future research and practice, as the findings suggest the need for further investigations of critical youth perspectives and strengthen the findings of previous studies, which call for widespread reform of the mental health system. In this chapter, I provide a summary of

the central findings of this study and describe the manner in which these findings support socio-historical conceptualizations of human agency and the profoundly social nature of youth development. I discuss the theoretical implications of the study findings. I then discuss the limitations of this study and specific implications for future research and practice.

Summary of Findings

In this section, I provide an overview of the central study findings, including findings from the script analysis, the conflict analysis, the explicit audience questions, and the agency analysis. I expand upon particular findings of interest in the following section.

Based on the script analysis, which was conducted with the personal trajectory narrative data, I found three central script-like turning points across the participants' developmental pathways or trajectories: placement in residential contexts, placement in inpatient hospitals, and involvement in the Youth Movement. As evidenced by the findings from the residential placement scripts, the participants experienced turmoil and conflict prior to placement, particularly regarding family problems, school problems, and suicide attempts. The storied details regarding residential placement revealed complex psychological experiences and interpretations within these youth subjectivities. Following placement in residential, most youth did not immediately achieve placement stability. All of those who returned home following placement were subsequently placed again. Based on the analysis of the storied details, I found that the experience of institutionalization made transitions especially difficult, and that youth continued to struggle post discharge. In regard to the hospitalization script, I found that significant

conflicts, such as the experience of abuse, school problems, life changes, and self injury, contributed to the youths' first hospitalization experiences. Upon conducting an analysis of the storied details (see Daiute & Nelson, 1997), I found that trauma and family problems had acute psychological ramifications for youth. Further, I found that youth made meaning of hospitalization in different ways. While some found hospitalization to be traumatic, others viewed it as an important turning point in their development. Following hospitalization, most youth were placed in residential settings. After analyzing youth involvement in the Youth Movement as an initiating event, I found that youth were still struggling as they became involved in advocacy. The youth widely described the psychosocial benefits they received from the peer support components of these groups. As the youth orientated toward the future, some noted that they plan only for their most immediate concerns, while others described more detailed, long term plans.

As youth responded to questions in the context of the semi-structured interviews, they articulated several salient conflicts, including problematic treatment practices, conflicts with direct care staff, difficulties with transition planning, and conflicts with peers. In regard to problematic treatment practices, youth described how they were often disappointed with the quality of the therapeutic services they received. Specifically, they remarked that there were not enough therapeutic interventions and that therapy sessions were often lacking in quality. The also noted that residential contexts were acutely frustrating, and that their behavioral problems worsened as a result of the dynamics within these settings. As youth described conflicts with direct care staff, they noted that staff were often poorly trained and that staff did not understand the ramifications of the trauma that most youth had experienced prior to placement; the youth articulated that

interactions with direct care staff in the context of out-of-home placement significantly affect youth outcomes and progress. As the youth described peer conflicts, more complex findings emerged. The youth described negative peer conflicts, often noting that they were frightened by violent peers in the context of care. They also described more positive conflicts with peers that motivated them to change. In regard to transition planning, the youth noted that young people often leave care ill equipped for life in the community, as important life skills are not taught or addressed in residential contexts. They also noted that upon discharge, because youth are lacking the skills necessary for community living, they often return to the mental health system, by entering the adult mental health system or the justice system. This phenomenon has been termed "transinstitutionalization" in the literature (Guy, 1985; Talbot, 1979).

As youth described the psychosocial impact of being placed in residential treatment and the experience of being diagnosed, three categories of responses emerged, which I labeled negative psychosocial ramifications, questioning diagnostic validity, and therapeutic value. Youth responses in the category of negative psychosocial ramifications indicted that youth felt invisible and forgotten following placement. They also described becoming alienated from peers, family, and the community, as they became "malignantly positioned" as mentally ill or behaviorally disturbed (Parrot, 2003). As youth questioned the diagnostic validity of their diagnoses, they described being misdiagnosed and receiving several different diagnoses. They were sometimes prescribed psychotropic medications for diagnoses they were later told they did not have. Finally, as youth described the therapeutic value of diagnosis, some noted that being able

to label their psychological experiences provided relief, as they could approach treatment with a greater sense of agency.

As youth responded to the explicit agency questions (see Daiute, Stern, & Lelutiu-Weinberger, 2003), the most common suggestions offered to direct care workers and mental health professionals centered on the importance of youth rights and participation, the importance of having well-trained, caring staff, the need to address the negative ramifications of stigmatizing labels, and their belief that over-medication and restraint practices must be stopped. As the participants addressed other youth entering the mental health system, they encouraged these young people to be open to treatment and to know their rights. This advice was coded in the agency through active/engaged choice category. They also encouraged youth to "play the game to get out", meaning that youth should comply with the rules and be model patients, as this behavior will expedite discharge from residential treatment settings. This advice was coded as agency through compliance. As youth addressed direct care staff and mental health professionals, the most frequent agency statements were agency through dialectical thinking statements, as the youth offered suggestions and pinpointed significant problems within the context of care.

By examining the findings of the agency analysis, I found that youth most frequently made oppositional agency statements when referencing residential contexts and home environments. They made statements regarding agency through compliance most frequently in the context of residential and hospital settings. They referenced agency through dialectical thinking most frequently in the context of the community and residential placement. Finally, the youth made statements reflecting agency through

active/engaged choices most frequently in the contexts of the community and residential placement. The diversity of agency statements in the data and the finding that agency statements varied across contexts provides support for a dynamic, contextualized conceptualization of agency, which views agency as a socially embedded process (Ahearn, 1999, Martin, et.al., 2003; Skinner et.al., 1998).

Within the conflict analysis, I found that youth referenced institutional conflicts, such as conflicts with staff, mental health professionals, and peers, most frequently in residential contexts. They described coercive treatment protocols, conflicts with providers, and conflicts regarding the use of medication most frequently in the context of the hospital. Youth described developmental conflicts regarding their desire for autonomy most frequently in the context of their family and non-residential schooling environments. They described interpersonal and reflexive conflicts, including psychological discomfort and identity struggles. Psychological discomfort was most widely discussed by youth in the context of home and the hospital and identity struggles were most commonly described in the context of the community.

By analyzing data from the Youth Movement leader individual and group interviews, I found that several initiating events and conflicts were salient. The initiating events pinpointed by the leaders as being most central to the development of the Youth Movement included the formation of the first youth forums and groups, the emergence of the youth voice at the state level, the process of passing on the messages of the Youth Movement to other young people, and the collaborative efforts of the four activists as they began working together on important advocacy goals. The conflicts pinpointed by the leaders as being most salient included conflicts with providers in the context of the

early youth groups, struggles to maintain truly peer-run groups and forums, attempts to contribute youth voices to important mental health meetings and task forces, conflicts surrounding the implementation of new, proactive interventions in resistant institutions, and the censorship and misrepresentation of youth voices. Interestingly, many of the conflicts discussed by the youth leaders echoed the concerns of the youth forum members. These commonalities suggest that the messages of the Youth Movement are consistent and far-reaching.

These findings support the notion that agency and conflict unfold within changing socio-historical contexts, which is consistent with the tenets of socio-historical theory (Vygotsky, 1978; Stetsenko & Arievitch, 2004; Wertsch, 1998). Further, the approach I used for this study, which included several tools of narrative inquiry, allowed the data to be analyzed in a more dynamic fashion, yielding insights into power relations and the manner in which youth felt positioned by others, and the manner in which they repositioned themselves (see Harre & Gillet, 1994; Harre & Moghaddam, 2003). In the section that follows, I address the theoretical implications of the study findings.

Theoretical Implications

The findings of this study support the notion that agency is a process that develops within socio-historical contexts (Stetsenko & Arievitch, 2004; Skinner, et.al., 1998). While youth agency is constrained in intensive and restrictive settings, as youth often have limited opportunities to act on behalf of their goals, they still display diverse acts and constructions of agency. While dominant clinical discourse on youth-in-care positions youth as self-contained sites of pathology, the study findings indicate that youth reconstruct their identities and complicate such interpretations. The youth interviewed

for this dissertation indicated that institutional contexts often contribute to the very behaviors that clinicians deem problematic. Further, the findings support the notion that agency can be enacted in myriad ways, including through dialectical thinking (see Jenkins, 2001) even in the context of intensive and restrictive institutions, which often suppress opportunities for freedom and agency. Skinner describes how individuals can address oppressive circumstances and contexts by "creating worlds and selves alternative to those posited by dominant ones" (1998). The findings from this dissertation indicate that youth act as agents by advocating for themselves and others and by working for social change in the context of the Youth Movement. By doing so, they fashion critical perspectives on the mental health system, counter-narrating and contesting dominant clinical discourses (see Bamberg, 2004; Solis, 2004).

The findings further support the notion that youth enact agency differently as a function of their social context. For instance, the youth discussed oppositional agency most in the context of intensive and restrictive placements, while they discussed collective and transformative agency exclusively in the context of the community, following discharge from placement. In the context of intensive and restrictive settings, youth must negotiate institutional regulations and actions by powerful others that often stand in contrast with their goals and desires, leading them to engage oppositional or resistant acts of agency. In the context of the community, youth described having the freedom to negotiate their lives with fewer constraints. Within the community, youth have opportunities to engage with other youth advocates, and to construct their identities as activists, which they expressed through collective and transformative agency statements. These diverse enactments of agency suggest that indeed, agency processes

are shaped by socio-historical contexts and emerge and develop within these contexts. As Westcott suggested, agency is enacted in diverse ways "under different circumstances, with varying degrees of success" (1988, p.113).

Because the findings of this dissertation support the notion that agency can be enacted in various ways, the particular dimensions of agency supported by the data warrant further attention. As Des Chene noted, enactments of agency, particularly oppositional or resistant forms of agency, should not be "conflated with heroism nor with victorious outcomes" (1998, p. 42). Throughout the data, the participants frequently made oppositional and resistant statements of agency, particularly in the context of intensive and restrictive settings. It is worth noting that sometimes, while human behavior may be agentic and goal oriented, it may not be directed toward goals that ultimately promote optimal and healthy development. Oppositional agency may actually move individuals further from positive developmental outcomes by bringing about unfortunate consequences. For instance, running away may be agentic in that it is consistent with a youth's immediate goal of avoiding a harmful situation, but may also place that person at risk; likewise, resisting the directions of direct care staff may be consistent with a youth's beliefs, but the ramifications for that young person may be severe. This example highlights the point made by Des Chene in that agency is not adequately captured through romantic conceptualizations (1998). In the study context, however, the agency dimension of collective and transformative agency did emerge as being a "higher" form of agency, in that it promoted positive youth development and participation in activities leading to social transformation. Therefore, as a concept, agency should not be thought of as a health promoting activity across all contexts and

situations; agency must be understood pragmatically and dialogically, as it unfolds differently across various contexts with various intentions and outcomes. The participants interviewed for this dissertation are all involved in advocacy and activism in the context of the Youth Movement; however, there are scores of youth affected by intensive and restrictive institutions who are not represented here. The findings of this study support the notion that involvement in agentic Youth Movement activities paralleled a developmental shift toward hope, self advocacy, positive development, and agency. However, most young people affected by the mental health system do not have the opportunity to experience these agency promoting activities. Often, these young people are in situations that stifle opportunities for positive personal development and are not exposed to messages that promote self advocacy, social change, and civic engagement. Their developmental outcomes are often decidedly and tragically negative (Pottick, 2005).

Additionally, two particular dimensions of agency described in the study may appear contradictory, and therefore warrant discussion. Because oppositional agency, which is defined as opposing or resisting prevailing social, cultural, and institutional constructions, forces, practices, or structures, and compliant agency, which is defined as an intentional choice to adhere to prevailing social, cultural, and institutional practices, forces, or structures, represent two contrasting poles of agency, one may question how both activities can represent dimensions of the same concept. If agency can be resistant and compliant, one may ask, what behavior is not agentic? Central to the definition of agency put forth in this dissertation is the notion that agency is goal directed, intentional, and strategic. Agency represents a human agenda that leads us to enact activities that

further our goals. Therefore, agency can be oppositional, in that individuals may have to resist the power of others to realize their goals. Agency can be compliant, in that individuals may have to strategically comply with rules or obey powerful others in a quest to ultimately meet their goals; in this sense, compliance is agentic in that individuals do indeed have an ultimate "agenda" and long term goals; compliant behavior, in these instances, leads them toward realizing these goals by making active choices. Human behavior that is not agentic, by this definition, is behavior that is not following from a leading and self-directed goal or agenda; this behavior may be complacent, indifferent, unexamined, accidental, or unreflective.

The findings of this dissertation also lend support for the utility of narrative approaches for studying the critical perspectives of youth-in-care. By studying the critical counter-narratives of youth with histories in the mental health system, we attend to "institutionalized power relations" and the manner in which they may be problematic (Bamberg 2004). Harre & Slocum note that "the new discipline of positioning theory offers an analytical tool for getting inside situations that otherwise have proved opaque to the efforts of social institutions charged with resolving conflicts" (2003, p.135). This approach moves beyond outcome-oriented quantitative studies, which study outcomes in a static framework, with little regard to context. Positioning theory highlights the nature of social dynamics, particularly regarding the struggle of youth to reclaim their agency within and beyond the walls of residential facilities.

Situating the Researcher

In this study, I noted the importance of considering addressivity and orientation toward various audiences when evaluating narrative data (see Bahktin, 1986; Daiute,

et.al., 2003). I made the notion of audiences explicit in the research design by asking the participants to tailor their responses to particular groups of people, including mental health providers and other young people entering the mental health system. It is important to note that as the researcher and the person interviewing these young people, I became an audience as well.

It is difficult to determine how the young people in this study perceived me. When I introduced myself to the various youth groups, I explained that I was a graduate student in developmental psychology, and that I believed that they had important insights to share about their experiences. I also explained that there was little published work that reflected the experiences of young people and their perspectives on the mental health system, including their beliefs about what needs to change. I also expressed my belief that what they have to say is very important, and that others need to listen to the voices of young people with system involvement. In this sense, I made explicit my support for the work of the Youth Movement. In all of the forums, the majority of eligible participants wanted to be interviewed. Some expressed a desire to have their voices heard by more people, perhaps seeing me as a conduit for disseminating their perspectives and messages.

Throughout the interview process, I had some interactions with the participants that gave me insight into how they may have perceived me as a researcher. During an interview, a young man was describing his frustration with social workers and clinicians and began speaking about them in negative terms. He looked up at me and said, “oh, I don’t mean you”, indicating his belief that I might have been offended by his comments. This exchange leads me to believe that some of the youth perceived me as a social worker

or mental health professional. In another interview, a young woman started with, "when you're in placement….well, I mean when I was in placement, I'm sure you've never been in placement." This interaction highlighted the perceived experiential and social class differences between us. This interaction and others lead me to believe that the young people interviewed for this study likely perceived me to be privileged and different from them. Also, many of the young people interviewed made comments about how this research is important, and thanked me for sitting with them and for valuing their opinions. In this sense, I may have been perceived as someone sympathetic to the values of the Youth Movement and as somewhat of an ally.

While it is difficult to fully investigate how I was perceived as an "audience" by the young people interviewed for this study, I do in fact believe that my presence affected the interview situation, just as the presence of any interviewer would. Ultimately, I believe that being perceived by the youth as someone who supports critical youth perspectives made them more forthcoming. However, their perceptions of my status and privilege may have altered the interviews in some fashion. Interactions between researchers and participants are affected, implicitly and explicitly, by power dynamics, personal construals, and impressions. Therefore, it is important to describe interactions of this sort and to consider how the interview situation may have been affected.

Limitations

While the findings of this dissertation have important implications for future research and practice, there some are noteworthy limitations. First, the participants recruited for this study are all young people with histories in the mental health system, who are currently involved in advocacy efforts through the Youth Movement. Because

the participants are involved in activism, an explicitly agentic activity, they may display resiliency and developmental assets that make them distinct from other populations. Further, the sample size of this study is relatively small and isolated to the Youth Movement in New York State. Future research studies should broaden the sample to youth involved in the Youth Movement beyond New York State, and recruit a larger sample.

Implications for Research and Practice

This section outlines implications for research and practice. Specifically, I discuss the importance of conceptualizing agency as a developmental asset in youth, and I present suggestions for how out-of-home care settings can foster and support youth agency. I then discuss the importance of integrating peer support into treatment settings. Next, I describe how the study findings complicate notions of recovery in the context of out-of-home settings, with implications for clinical practice. I describe how intensive and restrictive settings can integrate the suggestions for change provided by the youth into their practices and protocols. Finally, I provide several suggestions regarding new areas of inquiry for researchers addressing children and youth embedded in the mental health system.

In this dissertation, I described agency as a socioculturally mediated developmental process. Upon analyzing the findings, I found substantial support for also viewing agency as a developmental asset in youth. The youth widely described their work as activists in the context of the Youth Movement, and how this work fostered hope and resiliency within themselves and others. Further, the youth described the importance of having a voice in the context of care, and how fully participating in treatment planning

can benefit young people. As a result, I suggest that all out-of-home care placements and other mental health treatment services integrate practices that foster agency into their work. This can be achieved by implementing protocols similar to the "Choice thru Voice" initiative described in Chapter 6, training youth in self and systems advocacy, initiating and supporting youth-run boards and groups, and providing young people with authentic opportunities to voice their concerns about treatment and to be fully involved in their treatment plan. The findings from this study indicate that youth involvement and youth advocacy has led to the implementation of many important statewide initiatives, and suggests that fostering youth agency in the context of treatment may be an integral component of the recovery process.

In addition to the importance of fostering youth agency, the findings of this study suggest that peer support plays a central role in recovery as well. Overwhelmingly, youth discussed the value of peer support in regard to cultivating a sense of purpose and agency. Youth perspectives on peer support suggest that these relationships act as a protective factor in youth development. Several youth describe how they attempt to stay on track at school so they can continue attending their youth forums. Many youth noted the psychosocial value of peer support, and how important peer acceptance was in their lives following placements that resulted in alienation from their communities. This experience has been discussed in other studies, which note that youth with histories in the mental health system often experience isolation and struggle to re-enter the community (Pumeriega, 2007; Pottick, et.al., 2005). This struggle is particularly acute, as many youth find no "psychological place" to reclaim within their families following discharge from placement (Pumeriega, 2007). The youth in this study described how forging

friendships with others in similar situations was especially healing. Because the other youth involved in these groups understand the nature of out-of-home care and share similar struggles and experiences, a safe and supportive atmosphere is fostered. The findings suggest that young people who have experienced acute isolation and alienation as a result of placement benefit immensely from gaining the support and help of their peers. Because the youth in this study indicated how important peer support is in their lives, I believe that clinicians and policy makers should incorporate peer support initiatives across all levels of treatment. However, as the Youth Movement leaders explained, authentic peer support occurs when groups are fully peer-run, after youth are trained and informed about the principles that act as a foundation for these groups. Further, I believe it is important for researchers to investigate further the nature and outcomes of peer support initiatives in regard to youth with histories in the mental health system by utilizing both quantitative and qualitative methodologies.

As youth described their experiences in out-of-home care settings, they complicated notions of recovery by questioning how clinicians and other professionals assess progress, a finding which yields important implications for practice. Across the narratives, I found that youth discussed agency through compliance in the context of residential treatment, elaborating upon why they were compliant and what this behavior signified to them. Several referred to "playing the game to get out" and discussed how they readily complied with rules after perceiving that placement would not help them to grow and recover. Many youth noted that placement was so traumatizing and aversive that they wanted to achieve discharge immediately, and that they would do whatever was necessary to leave these institutions. This finding suggests that institutional practices

harm and re-traumatize youth, as opposed to fostering recovery and development. Further, these critical youth perspectives complicate notions of recovery in the context of treatment. Many treatment facilities conflate behavioral compliance with improvement and recovery; the treatment team often evaluates how closely youth adhere to institutional rules, allowing youth to progress through a level system as they comply with these rules and directives. However, the participants described how their compliant behavior did not emerge as a result of recovery. Instead, the youth complied with rules as a strategy to avoid aversive interactions. This finding suggests that power assertion in the context of placement leads youth to comply out of fear and avoidance. After assessing these perspectives, I argue that compliance should not be conflated with recovery. In fact, it may be more reasonable to suggest that compliance, in many cases, is a byproduct of institutionalization, as the interactions and protocols within some institutions scare and coerce youth. Oppressive and restrictive contexts may prompt youth to comply, so they can act in accordance with their goals to leave unhelpful and aversive placements. As a consequence, it is in the interest of residential placements to provide quality, evidence-based therapeutic services that foster recovery. Further, it is important for placements to fully involve youth in the treatment process by listening to their perspectives and valuing their insights. When treatment is consistent with the goals of youth-in-placement, there is a greater likelihood that youth can benefit.

The specific suggestions and insights that the youth offered to various audiences, such as direct care workers, mental health providers, and other youth entering the mental health system, also have important implications for reform in the context of out-of-home care settings. The youth described the importance of preserving youth rights and

promoting full youth participation. Additionally, they described the need for residential placements to hire well-trained, knowledgeable, and compassionate direct care workers. Lastly, they described their beliefs that restraint practices should be banned in the context of residential placements. Each of these suggestions has important implications for reform in the context of out-of-home care settings.

The youth participants frequently discussed the importance of youth involvement and youth participation in the context of treatment. By fully involving youth in treatment planning, they are able to give voice to their goals for treatment as well as institutional and treatment practices that support or hinder these goals. Involving youth in treatment planning also cultivates youth agency, in that youth are given the means and support to work for the goals that matter in their lives. In the data, the youth described the consequences of being uninvolved in treatment and feeling oppressed or coerced in the context of care. When youth perceived that treatment was inappropriate and that the context of care was constraining their agency, they discussed how this led to disengagement and hopelessness. Further, being denied a voice led youth to experience anger and frustration. In the data, the youth described how they attempted to reclaim their agency by resisting institutional rules or by complying with rules for the purpose of being discharged from these settings. This finding has immediate clinical relevance. Because the intention of out-of-home care settings is to provide intensive treatment for youth, reforming treatment practices to fully involve youth and to stimulate youth agency is essential for making treatment relevant and effective.

The implications of critical youth discourses surrounding direct care staff warrants attention, as this too has immediate practical relevance for out-of-home

treatment settings and clinical practice. The participants in this study described the important role of direct care workers in out-of-home settings, as these workers interact most with youth. The youth interviewed for this study described incidents and interactions with direct care staff that are disturbing. The youth described their first hand experiences with restraint and seclusion practices. Additionally, they discussed their observations of staff interactions with other youth. The youth overwhelmingly suggested that direct care staff often used physical force when it was unwarranted, that direct care staff abused their power and provoked youth, and that threats and intimidation were common tactics in the context of out-of-home care. It is important to state that youth also described the importance of having positive interactions with direct care workers. Some youth noted that they established close attachments with specific workers, and that this support was especially helpful. However, the insights provided by youth regarding harmful and abusive behavior by direct care staff must be addressed from both a clinical and children's rights perspective. Many youth in out-of-home placement have histories of abuse and trauma. Experiencing further coercion and abuse from adults in the context of treatment can exacerbate their difficulties, including their struggles to develop meaningful, trusting relationships with others. Out-of-home placements are designed to be therapeutic, healing environments, yet many youth noted that their problems deepened as a result of these problematic interactions. In order to ensure that placement is therapeutic for children and youth and most importantly, to protect them, direct care workers should be appropriately trained, monitored, and youth should be fully informed about protocols for reporting inappropriate behavior. Informing youth fully about their

rights in placement and providing youth with resources, such as access to legal counsel and youth advocates, is paramount in the interest of protecting them.

Finally, youth perspectives and insights about restraint practices have important implications for out-of-home care practices. As other researchers have noted, restraint practices are problematic, as they are often used inappropriately for "discipline, convenience, and coercion" (James, et.al., 2006). Further, restraint practices can re-traumatize youth with histories of abuse. The findings from this study reinforce the need to eliminate restraint practices and utilize humane, proactive interventions that keep youth safe in out-of-home settings. The participants in this study described the psychological ramifications of being physically restrained, including the experience of feeling completely helpless and out of control. Specifically, one youth described how being restrained psychologically paralleled her experience as a rape victim. Other youth described how watching others being restrained caused them to be in constant fear. These accounts make explicit the finding that restraint is counter-therapeutic. Restraint practices harm and re-traumatize youth who are often in placement to resolve problems stemming from past abuse. Based on the findings of this study, it is my view that for out-of-home care placements to be therapeutic, healing environments, restraint practices must be eliminated.

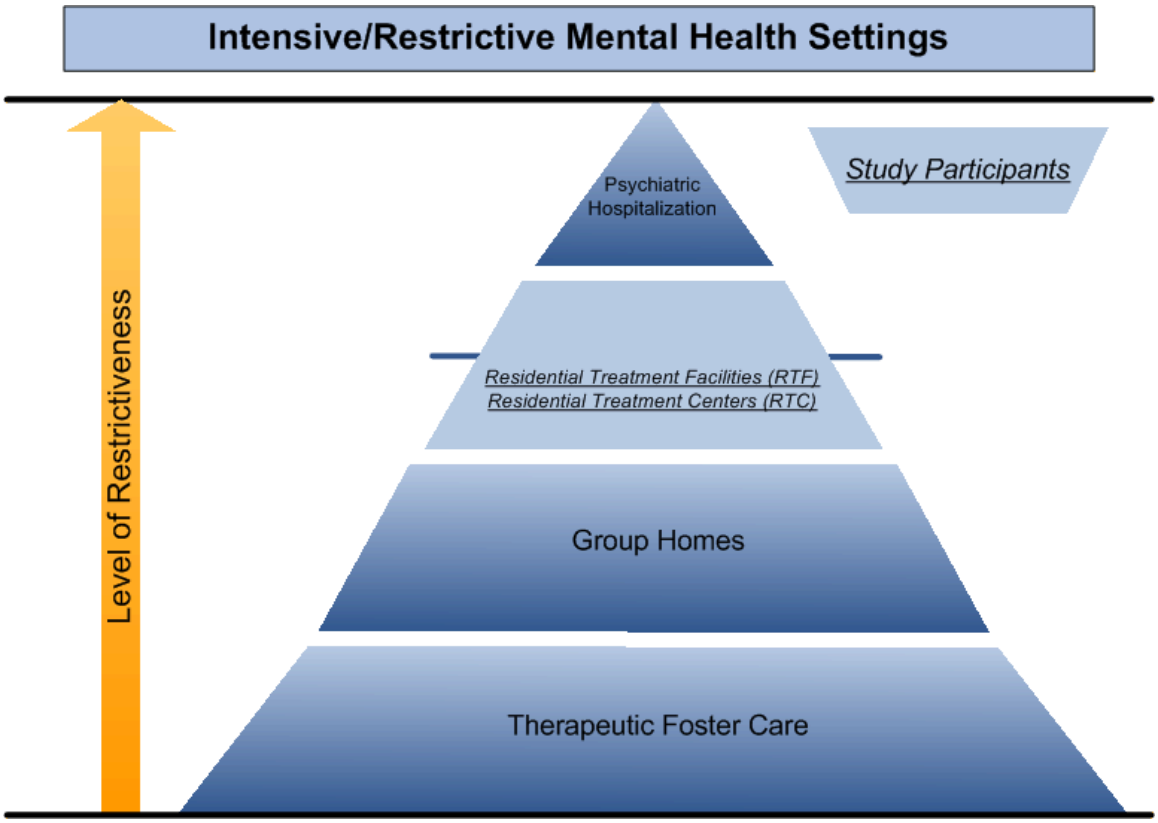
In this dissertation, I explored the agentic enactments of youth with histories in the mental health system. I evaluated critical youth perspectives regarding the mental health system and elucidated the particular treatment practices and experiences that youth found harmful. Additionally, I provided a theory-based analysis of out-of-home care experiences, which contributes to the current body of research. I discussed the clinical

and practice-oriented relevance of these findings. This line of research can be expanded in several ways. First, future studies with larger sample sizes should be conducted, using this methodology. This methodology can also be applied to youth with histories in other forms of out-of-home care, such as foster care and the juvenile justice system. Future studies need not be limited only to youth involved in the Youth Movement in mental health. Another important direction for this line of research is to pursue participatory action designs. Because critical youth perspectives were privileged in the study context, these findings can be expanded to projects which directly engage youth in the research process. The youth in this sample are all engaged in advocacy in the context of the Youth Movement. Their passion for change could be put to use in participatory action designs, as they can be fully involved in research projects that directly benefit youth currently in the mental health system. Finally, the findings from this study can be used to direct future quantitative analyses, including survey research. The youth interviewed for this study explicitly discussed aspects of out-of-home care that are problematic. Survey instruments can be developed based on these insights to assess the manner in which youth currently in intensive and restrictive settings are perceiving treatment. Further, the findings of this study can be used to develop subjective measures of youth responses to treatment to strengthen the relevance of outcome based assessments and program evaluations. As Fox & Berrick suggest, “child welfare practices that fail to incorporate children’s perspectives may exacerbate their commonly experienced feelings of helplessness” (2007, p.49). Including youth perspectives in research and practice is essential in the process of system reform.

The youth interviewed for this dissertation discussed the protective value of peer support. Future studies should address the manner in which peer support acts as a protective factor or developmental asset for youth with histories in the mental health system. The youth also described the importance of staying connected with their families and communities while in out-of-home care, a finding that is supported by other studies (Hair, 2005; Pumariega, 2007). Future studies on youth in placement could benefit by incorporating qualitative components to explore youth perspectives on peer support and family involvement to yield more comprehensive, mixed method designs.

Appendix A

Overview of Intensive and Restrictive Mental Health Settings



Appendix B

Semi-Structured Interview Protocol

Explicit Audience Questions

1- If you were in a position to change residential programs, what, if anything, would you change? What, if anything, would you change about the mental health system?

2- Considering your experiences, if you were to give advice to a young person entering residential treatment, what would you tell them?

3- What do you want individuals working in the mental health field [direct care workers, psychologists/therapists, psychiatrists, residential teachers, mental health administrators] to know about your experiences? What advice would you give them?

Residential treatment Questions

1- Can you discuss your experiences in different placements (i.e. group home placement, residential placement, etc.)?

2- Can you discuss the experience of being placed and diagnosed? How did it impact you? How did it impact the way you think other people saw you?

3- What do you think about the process of mental health diagnosis and labeling?

Appendix C

Youth Leader Group Interview

1- How was the Youth Movement initiated? What is the history of the Movement?

2- How did your individual projects within the Youth Movement come together?

3- What are the central goals and objectives of the Youth Movement?

4- How has the Youth Movement changed over time?

5- How do you differ in terms of your individual perspectives on issues relevant to the Youth Movement?

Appendix D

Consent form for Youth Leaders

Consent Form

My name is Lauren Polvere and I am a doctoral student in the Developmental Psychology Ph.D. program at the Graduate Center of the City University of New York (CUNY). I am the principal investigator of this project, which is entitled, *Youth in Out-of-Home Care: The Question of Human Agency.* This is a research study concerning how adolescents and young adults make sense of their experiences within the mental health system. This study is expected to highlight the life experiences and perspectives of these individuals in their own voices. I would like permission from you to hear about your experiences in the mental health system, specifically including your participation in the Youth Movement.

The individual interview will take between 1-2 hours. The group interview, which will be conducted with all four leaders of the Youth Movement, will take approximately 1-2 hours also. During the individual interview, I will ask you about your experiences in the mental health system, including your experiences as a youth leader. During the group interview, I will ask you to discuss the background and timeline of the initiation of the Youth Movement. I will ask you to provide any youth developed pamphlets or documents so we can discuss the content and significance. With your permission, I would like to tape record both interviews so I can record details accurately and so I can transcribe your story in your own words. The tapes will be heard by me and my graduate school advisor. I may ask you to review a copy of transcribed data to ensure that your words are being represented accurately.

Information gathered will be kept strictly confidential. However, as a mandated reporter, I would like to state the *limits to confidentiality.* All material will be kept confidential, except in the followings circumstances. If you inform me that you are currently suicidal, or that you plan to hurt either yourself or someone else, I will break confidentiality and inform a trained clinical psychologist who can appropriately assess if any immediate help is needed. I also ask that you refrain from discussing with me past criminal behaviors or any planned future criminal behavior.

All data, including written data and the tapes, will be stored in a locked file cabinet which only I will have access to. At any time, you can refuse to answer any question or refuse to talk about any experience. You can end this interview at any time and without any penalty. You do not need to provide a reason for ending the interview.

There are both risks and benefits involved in this study. The risk is that you might become upset discussing your past or current life experiences. To address this, all participants, regardless of whether or not they become upset during the interview, will be provided with a list of mental health providers to contact should they wish to discuss any feelings that came up during the interview or concerns of any nature. The benefit of the

study is that the findings can inform psychologists and other mental health professionals about the Youth Movement, and the views and opinions of individuals who have been in out-of-home placement. Research in this area may eventually be published, and it may be used to support policy change. In other words, researchers, helping professionals and others will hear about your experiences and views directly, and in your own words. Importantly, should this material be published, other children and adolescents will have the chance to hear the stories of other people who have had similar life experiences. There will be approximately 20-25 participants in this study.

I may publish the results of this study, but your name and any identifying characteristics (such as information about where you live/have lived, names of your friends and family members, etc.) will not be used in any of these publications. If you would like a copy of the study, please provide your mailing or email address. I may also choose to reanalyze this data up to three years from now.

If you have any questions about this research, you can contact me at laurenpol@yahoo.com or my advisor, Colette Daiute at CDaiute@gc.cuny.edu or (212) 817-8711. If you have any questions about your rights as a participant in this study, you can contact Kay Powell, IRB Administrator, The Graduate Center/City University of New York, (212) 817-7525, kpowell@gc.cuny.edu.

Thank you for your participation in the study, and I will give you a copy of this form to take with you.

If you agree to be interviewed, please sign below.

If you agree to be tape recorded during the interview, please [circle one]:

Yes No

_____ _____

Participant's Signature Date

_____ _____

Researcher's Signature Date

Appendix E

Consent form for Youth Forum Members

Consent Form

My name is Lauren Polvere and I am a doctoral student in the Developmental Psychology Ph.D. program at the Graduate Center of the City University of New York (CUNY). I am the principal investigator of this project, which is entitled, *Youth in Out-of-Home Care: The Question of Human Agency.* This is a research study concerning how adolescents and young adults think about their life experiences, including experiences within the mental health system. This study is expected to highlight the life experiences and perspectives of these individuals in their own voices. I would like permission from you to hear your life story in your own words.

Each interview will take between 1-2 hours, and we will meet on two separate occasions. You may also be asked to participate in a focus group with other individuals from this Youth Forum to discuss issues surrounding out-of-home placement. With your permission, I would like to tape record this interview so I can record details accurately and so I can transcribe your story in your own words. The tapes will be heard by me and my graduate school advisor. I may ask to meet with you again at some point in the months following our second meeting, to review the information you gave me. This is so I can make sure I understood your story and transcribed it appropriately.

Information gathered will be kept strictly confidential. However, as a mandated reporter, I would like to state the *limits to confidentiality.* All material will be kept confidential, except in the followings circumstances. If you inform me that you are currently suicidal, or that you plan to hurt either yourself or someone else, I will break confidentiality and inform a trained clinical psychologist who can appropriately assess if any immediate help is needed. I also ask that you refrain from discussing with me past criminal behaviors or any planned future criminal behavior.

All data, including written data and the tapes, will be stored in a locked file cabinet which only I will have access to. At any time, you can refuse to answer any question or refuse to talk about any experience. You can end this interview at any time and without any penalty. You do not need to provide a reason for ending the interview.

There are both risks and benefits involved in this study. The risk is that you might become upset discussing your past or current life experiences. To address this, all participants, regardless of whether or not they become upset during the interview, will be provided with a list of mental health providers to contact should they wish to discuss any feelings that came up during the interview or concerns of any nature. The benefit of the study is that the findings can inform psychologists and other mental health professionals of the views and opinions of individuals who have been in out-of-home placement. Research in this area may eventually be published, and it may be used to support policy change. In other words, researchers, helping professionals and others will hear about

your experiences and views directly, and in your own words. Importantly, should this material be published, other children and adolescents will have the chance to hear the stories of other people who have had similar life experiences. There will be approximately 20-25 participants in this study.

I may publish the results of this study, but your name and any identifying characteristics (such as information about where you live/have lived, names of your friends and family members, etc.) will not be used in any of these publications. If you would like a copy of the study, please provide your mailing or email address. I may also choose to reanalyze this data up to three years from now.

If you have any questions about this research, you can contact me at laurenpol@yahoo.com or my advisor, Colette Daiute at CDaiute@gc.cuny.edu or by phone at (212) 817-8711. If you have any questions about your rights as a participant in this study, you can contact Kay Powell, IRB Administrator, The Graduate Center/City University of New York, (212) 817-7525 or by email at kpowell@gc.cuny.edu.

Thank you for your participation in the study, and I will give you a copy of this form to take with you.

If you agree to be interviewed, please sign below.

If you agree to be tape recorded during the interview, please [circle one]:

Yes No

_____ _____

Participant's Signature Date

_____ _____

Researcher's Signature Date

Appendix F

Parental Consent Form: Youth Forum Members

Parental Consent Form

My name is Lauren Polvere and I am a doctoral student in the Developmental Psychology Ph.D. program at the Graduate Center of the City University of New York (CUNY). I am the principal investigator of this project, which is entitled, *Youth in Out-of-Home Care: The Question of Human Agency.* This is a research study concerning how adolescents and young adults think about their experiences within the mental health system. This study is expected to highlight the life experiences and perspectives of these individuals in their own voices. I would like permission to interview your child to hear his or her story.

Each interview will take between 1-2 hours, and your child and I will meet on two separate occasions. Your child may also be asked to participate in a focus group with other youth from the Youth Forum to discuss issues surrounding out-of-home placement. With your permission, I would like to tape record the interview so I can record details accurately and so I can transcribe your child's story in his or her own words. The tapes will be heard only by me and my graduate school advisor. When I transcribe the data, I will change all names and identifying information (such as the names of family and friends, cities, schools, etc.) to maintain confidentiality.

Information gathered will be kept strictly confidential. However, as a mandated reporter, I would like to state the *limits to confidentiality.* All material will be kept confidential, except in the followings circumstances. If your child informs me that he or she is currently suicidal, or that he or she plans to hurt himself/herself or someone else, I will break confidentiality and inform a trained clinical psychologist who can appropriately assess if any immediate help is needed. I will also ask your child to refrain from discussing with me past criminal behaviors or any planned future criminal behavior.

All data, including written data and the tapes, will be stored in a locked file cabinet which only I will have access to. At any time, your child can refuse to answer any question or refuse to talk about any experience. Your child can end this interview at any time and without any penalty. Your child does not need to provide a reason for ending the interview. I will explain these details to your child and ask him or her to sign an assent form.

There are both risks and benefits involved in this study. The risk is that your child might become upset discussing his or her past or current life experiences. To address this, all participants, regardless of whether or not they become upset during the interview, will be provided with a list of mental health providers to contact should they wish to discuss any feelings that came up during the interview or concerns of any nature. The benefit of the study is that the findings can inform psychologists and other mental health professionals of the views and opinions of youth who have been in out-of-home placement. Research

in this area may eventually be published, and it may be used to support policy change. In other words, researchers, helping professionals and others will hear about your child's experiences and views directly, and in his or her own words. Importantly, should this material be published, other children and adolescents will have the chance to hear the stories of other people who have had similar life experiences. There will be approximately 20-25 participants in this study.

I may publish the results of this study, but your child's name and any identifying characteristics (such as information about where your child lives/has lived, names of friends and family members, etc.) will ***not*** be used in any of these publications. If you would like a copy of the study, please provide your mailing or email address. I may also choose to reanalyze this data up to three years from now.

If you have any questions about this research, you can contact me at laurenpol@yahoo.com or my advisor, Colette Daiute at CDaiute@gc.cuny.edu or by phone at (212) 817-8711. If you have any questions about your rights as a participant in this study, you can contact Kay Powell, IRB Administrator, The Graduate Center/City University of New York, (212) 817-7525 or by email at kpowell@gc.cuny.edu.

Thank you for agreeing to allow your child to participate in the study. I will give you a copy of this form for your records.

If you agree to allow your child to be interviewed, please sign below.

If you agree to allow your child to be tape recorded during the interview, please [circle one]: Yes No

_____
Child's name

_____ _____
Parent's Signature Date

_____ _____
Researcher's Signature Date

Appendix G

Child Assent Form: Youth Forum Members

Child/Youth Assent Form

My name is Lauren Polvere and I am a doctoral student in the Developmental Psychology Ph.D. program at the Graduate Center of the City University of New York (CUNY). I am the principal investigator of this project, which is entitled, *Youth in Out-of-Home Care: The Question of Human Agency.* This is a research study concerning how adolescents and young adults think about their life experiences, including experiences within the mental health system. This study is expected to highlight the life experiences and perspectives of these individuals in their own voices. In addition to obtaining your parent's permission, I would like permission from you to hear your life story in your own words.

Each interview will take between 1-2 hours, and we will meet on two separate occasions. You may also be asked to participate in a focus group with other individuals from this Youth Forum to discuss issues surrounding out-of-home placement. With your permission, I would like to tape record this interview so I can record details accurately and so I can transcribe your story in your own words. The tapes will be heard by me and my graduate school advisor. I will change all names and identifying information (i.e. the names of family and friends, towns, cities, schools, etc.) as I transcribe the data to maintain confidentiality.

Information gathered will be kept strictly confidential. However, as a mandated reporter, I would like to state the *limits to confidentiality.* All material will be kept confidential, except in the followings circumstances. If you inform me that you are currently suicidal, or that you plan to hurt either yourself or someone else, I will break confidentiality and inform a trained clinical psychologist who can appropriately assess if any immediate help is needed. I also ask that you refrain from discussing with me past criminal behaviors or any planned future criminal behavior.

All data, including written data and the tapes, will be stored in a locked file cabinet which only I will have access to. At any time, you can refuse to answer any question or refuse to talk about any experience. You can end this interview at any time and without any penalty. You do not need to provide a reason for ending the interview.

There are both risks and benefits involved in this study. The risk is that you might become upset discussing your past or current life experiences. To address this, all participants, regardless of whether or not they become upset during the interview, will be provided with a list of mental health providers to contact should they wish to discuss any feelings that came up during the interview or concerns of any nature. The benefit of the study is that the findings can inform psychologists and other mental health professionals of the views and opinions of individuals who have been in out-of-home placement. Research in this area may eventually be published, and it may be used to support policy

change. In other words, researchers, helping professionals and others will hear about your experiences and views directly, and in your own words. Importantly, should this material be published, other children and adolescents will have the chance to hear the stories of other people who have had similar life experiences. There will be approximately 20-25 participants in this study.

I may publish the results of this study, but your name and any identifying characteristics (such as information about where you live/have lived, names of your friends and family members, etc.) will not be used in any of these publications. If you would like a copy of the study, please provide your mailing or email address. I may also choose to reanalyze this data up to three years from now.

If you have any questions about this research, you can contact me at laurenpol@yahoo.com or my advisor, Colette Daiute at CDaiute@gc.cuny.edu or by phone at (212) 817-8711. If you have any questions about your rights as a participant in this study, you can contact Kay Powell, IRB Administrator, The Graduate Center/City University of New York, (212) 817-7525 or by email at kpowell@gc.cuny.edu.

Thank you for your participation in the study, and I will give you a copy of this form to take with you.

If you agree to be interviewed, please sign below.

If you agree to be tape recorded during the interview, please [circle one]:

Yes No

_____ _____

Participant's Signature Date

_____ _____

Researcher's Signature Date

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