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# The use of meditation and yoga as a treatment tool for juvenile offenders in Residential Treatment Centers for relapse prevention

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# The use of meditation and yoga as a treatment tool for juvenile offenders in Residential Treatment Centers for relapse prevention

## **Abstract**

Although crime has continued to decline over the last decade, the incarceration of minority youth happens at higher rates compared to their white counterparts. Incarcerated youth face trauma at high rates. Trauma can impact an individual's behavior and response to stress. Many incarcerated youth have substance use disorders (SUDs) and a relapse of substance use can result in a relapse of criminal behavior. When a youth is heavily immersed within the juvenile justice system, they are often placed within residential treatment centers (RTC). There are minimal treatment approaches that are successful within RTCs; they do not address the difficulty the youth faces transitioning home. Often the treatment a youth experiences is not beneficial in helping the youth cope with their SUD and the trauma they experience within the residential treatment. The research examines the implementation of yoga and meditation with evidence based practices such as cognitive behavioral therapy (CBT) as an alternative to currently used treatments. Implementing yoga and mindfulness could not only help the youth cope with their addiction, but also the stress of incarceration. In past studies, youth who participated in similar programs found relief from cravings, stress, and other negative feelings. Further research is needed within residential treatment settings to determine other beneficial outcomes yoga and mindfulness could pose for at risk minority youth

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## **Introduction**

Substance use disorders (SUDs) are costly and devastating for the individual, their families, and the communities they live in. Earlier age of onset is associated with higher negative outcomes such as arrests, unplanned pregnancies, medical conditions, reduced educational performance, injuries, accidents, and even death (National Study). A dilemma in social work is using appropriate and effective interventions with youth who have a SUD to avoid continued use or relapse.

Unfortunately, a relapse could result in a case of recidivism given the legality of drug use and underage alcohol use. The disproportionate amount of minority youth within the juvenile correctional setting is concerning. Kakade et al. (2012) found that African American males, are more likely to be arrested multiple times and face out of home placement compared to their white counterparts. The ineffectiveness of these out of home placements and treatment experiences at addressing the SUD and deterring relapse and recidivism deserves attention (Aalsma et al., 2015). The nature of SUDs is important to social work due to the complex issues associated with SUD's and the social justice component of minority youth being arrested and incarcerated at higher rates than white youth (Kakade et al., 2012). With substance abuse increasing, it is vital that culturally sensitive and effective treatment methods are implemented to support youth in avoiding further use and criminal behaviors.

The intended purpose of this meta-analysis literature review is to examine if a treatment program consisting of yoga and mindfulness training, alongside already established treatment methods (CBT), can be used as an effective tool for youth with a SUD. The primary research question is: Can yoga and a meditation practice be implemented in conjunction with CBT as a relapse prevention tool with incarcerated minority youth? This study hypothesizes that youth

who participated in a yoga and mindfulness course, in combination with a CBT group, will experience better mindfulness and attention skills, will have a higher perceived view of internal locus of control, an improved ability to control impulsive behaviors, possibly reducing relapse potential. If these factors are found to be true they could positively impact the youth's vulnerability to relapse and recidivism.

### **Methodology**

A keyword search was used to collect data. Initial key words included "recidivism", "addiction", "juvenile delinquents", and "residential treatment". These searches produced limited information on treatment modalities and methods within a residential setting. The lack of research available indicates a need for further exploration of effective residential treatment methods. A second, more detailed keyword search was performed using the following keywords:

"alternative treatments", "youth violence", "substance use", "mindfulness", "yoga", "alternative schools", "Criminal justice", "jail", "addiction treatment", "correctional facilities" "youth", "adolescents", "costs of recidivism", "war on drugs", "relapse prevention", "teen substance use", "risk factors of recidivism", "racial minorities", "culturally specific treatment", "harm reduction", "trauma", "generational trauma", "cultural trauma", "Impulsiveness", "Self-Regulation". The majority of the research focusing on recidivism has been done within the last ten years, research focusing on mindfulness as an intervention has been conducted within the last three to five years. This writer utilized EBSCOHost, Psych INFO, and Google Scholar as databases to locate the literature.

### **Literature Review:**

#### **Substance Use Disorders: A Residential Treatment Pipeline**

Adolescence is a period when youth are vulnerable to mental health concerns, school difficulties, antisocial behavior, sexually risky behaviors, and illicit substance use. Other symptoms include impulsivity, anxiety, and stress. The most commonly abused substances in juveniles is alcohol and marijuana. Green et al. (2016) explored longitudinal patterns of alcohol and marijuana use with youth. They identify 4 categories; no use class, moderate use class, high dual use class, moderate alcohol/increasing marijuana. The study found that those in the high dual use class were less likely to graduate from high school or receive a GED. Adolescents often use substances at dangerous levels and experience higher negative outcomes from their use. This is the result of not only the criminality, but also developmental impacts of substance use (Tripodi and Bender, 2011).

Substance use significantly impacts the likelihood of a criminal justice record. African American youth begin drinking at a later age and consume less alcohol than other racial/ethnic groups. Despite this difference, African Americans experience more negative consequences from drinking and drug use, experience more substance related injuries, and are more likely to report or be diagnosed with dependence relative to other groups (Voisin, Patel, Hong, Takahashi, & Gaylord-Harden, 2016).

According to Green et al. (2016) having a behavioral health concern, specifically SUDs increased the likelihood of a youth re-offending. SUDs increase criminal behaviors through the use of substances, but also the risk associated with having substances and paraphernalia. These risks can increase a youth's vulnerability to be held accountable by the law. Youth identified with a SUD are often required to participate in urinalysis and probation, giving the court more oversight and influence over consequences the youth may face as a result of their addiction. Once a youth is involved in this cycle, it is extremely difficult to stop the cycle.

Recidivism, a fundamental concept within juvenile justice, refers to a youth's relapse into criminal behavior. Individuals are usually labeled engaging in recidivism after they have received a sanction or an intervention. 1.5 million Adolescents are arrested in the United States yearly; the majority are repeat offenders and as many as forty to seventy percent of adolescents recidivate within 1 year of release from detention centers. Leverso, Beilby, & Hoelter (2015) identify that impulsiveness increases a youth's susceptibility to engage in recidivism. These rates tend to be higher in racial/ethnic minority males. RTCs are tasked with treating juveniles involved in the court system. The treatment approach involves removing the youth from their home, family, and community, and admitting them to a highly structured facility with youth experiencing similar impairment (Aalsma et al., 2015).

Even though African American youth use and sell drugs at similar rates as white youth, they are more likely to be arrested and incarcerated for those offenses than their white counterparts. This disparity in juvenile corrections identifies a need for racially specific treatment interventions. The treatments cannot solely focus on the substance abuse and associated symptoms, but should help address healing from the trauma minority's experience (Aalsma et al., 2015; Kakade et al., 2012; Mallet, 2015).

### **Trauma History and its Effects**

The youth treated in RTC's often have significant trauma histories. Trauma is defined as extraordinary because it overwhelms a person's ability to cope and respond to the trauma. Trauma consistently threatens body and life safety—causing a helplessness feeling for the survivor. The trauma histories these youth experience can result from multi-stressed systems they are involved in. Being removed from the home and placed in an RTC is extremely traumatic, and creates disruption in the youth's developmental progress. In addition, minority



youth are at high risk to experience cultural trauma, and familial trauma (Bartlet & Fish, 2014; Doucet & Rovers, 2010; Herman, 2015).

A traumatic experience affects each person individually, but can have long lasting effects. Trauma victims may feel depressed, saddened, shamed, extreme anger, emotional numbing, and aggression. Trauma has the capability to disrupt common perceptions about experiences. It can create a sense of fear, alarm, and dread. These feelings can impact the victim and their lives even after a substantial amount of time. This is especially true within the minority community as a result of cultural and generational traumas they've endured (Doucet and Rovers, 2010; Herman, 2015; Knopf, 2016).

Generational trauma, a secondary transfer of traumatic experiences from parents to their children, has the potential to be as impactful as primary trauma. The U.S. has an extensive history of colonization and slavery, and minorities have experienced extensive trauma as a result. Today, the trauma happens through discrimination, denial of rights, hostility, and incarceration of minorities. Incarceration and slavery have similar undertones; they both demonstrate domination, captivity, powerlessness, and fear. The fear involved with both the criminal justice setting and slavery has to do with the unknown. The experience of a prison and parolee is inconsistent and unpredictable furthering the traumatization.

The criminal justice system has the capability to revoke privileges, extend stays, make additional requirements part of the experience, and remove the person's voice and choice in the matter. Slavery also exhibited these traits through the sale of family members, harsh and cruel punishment from slave owners, inconsistent treatment, and no influence or say on what happens with their life. The research indicates that the criminal justice system may trigger minority

families and open wounds from past, generational traumas related to slavery (Herman, 2010; Doucet and Rovers, 2010; Gump, 2010; Nestler, 2012).

Minority youth and adults are incarcerated at higher rates than whites. Black and Hispanic inmates demonstrate the largest disparity in racial incarceration rates. Not only are they incarcerated more frequently, they also serve longer sentences than white offenders. The disproportionate incarceration rate creates trauma within their families and culture. 52% of state inmates and 63% of federal inmates in the U.S. report having children under the age of 18. Having an incarcerated parent produces additional risks for the youth and potential exposure to continued traumatic experiences. (Doucet and Rovers, 2010; Glaze and Maruschak, 2010; Knopf, 2016; Novero, Booker, & Warren, 2011; U.S. Census Bureau, 2010).

The removal of a parent is traumatic and puts undo stress on the family financially, structurally, and emotionally. The research indicates that families with an incarcerated parent have higher rates of substance abuse, use of inappropriate discipline, parental abandonment, parental neglect, parental marital/relationship problems, familial mental health concerns, domestic violence, parental abuse, parental unemployment, and family isolation. These risk factors can also influence the likelihood that a youth will become involved with the criminal justice system (Doucet and Rovers, 2010; Glaze and Maruschak, 2010; Knopf, 2016; Mallet, 2015).

### **Residential Treatment Centers: A Call for Improvement of the Status Quo**

Youth in RTCs experience complex trauma at higher rates than youth not admitted to a RTC. Zelechowski et al. (2013) found that 70% of youth in RTC have experienced trauma and 92% reported multiple traumatic events. Complex trauma is defined as multiple forms of traumatic stressors (poly victimization, life threatening situations and accidents or disasters, and

interpersonal relationships). Complex trauma creates traumatic stress, but also disrupts development of self-regulatory skills (coping, conflict resolution, decision making). An example is aggression; it can be a maladaptive behavior, but has the potential to be a coping and survival mechanism. Aggression, in some situations, can serve as a tool to help the youth or their family stay safe. What's problematic is that many youth struggle with being able to appropriately balance such a tool (Perez, Jennings, Piquero, & Baglivio, 2016).

Youth who experience complex trauma and developmental delays, can benefit from utilizing tools that help them develop emotional and self-regulation skills. For males, the most common traumatic experience is witnessing someone being seriously injured or killed and physical assault. These traumatic experiences take place within the communities, systems, and relationships charged with protecting them. When youth experience stressful events and lack the skills to cope in a prosocial way, illicit substance and alcohol use can develop as a means of coping (Barrett and Fish, 2014; Ford, Chapman, Connor, & CruisffCe, 2012; Mallet, 2015; Miller and Najavits, 2012).

Substances, although harmful, offer an emotional and mental break from the stress they experience. Despite perceived benefits substance use can offer, it also has the potential to be detrimental. In order for a treatment experience with a RTC to be meaningful, it must provide treatment that helps the youth cope with their trauma, environmental stress, and address their substance use.

### **Yoga and Mindfulness Interventions**

Mindfulness is described as a meditative practice that helps train and focus the mind on present moments. Meditation trains you to observe thoughts, emotions, sensations, and feelings without judgment. Mindfulness was introduced as a concept from the Buddhist tradition of not

evaluating experiences in terms of positive or negative, only being aware without expectation.

Mindfulness based treatments have become appealing in work with youth involved in the juvenile justice system. It has the potential to address impulse control which is a symptom found in both SUDs and delinquency (Mindfulness. Not just for stress reduction; Sobol-Kwapinska, Malgorzata, Jankowski, & Przepiorka, 2016; Ray, Thornton, Frick, Steinber, & Cauffman, 2015).

The goal of meditation and yoga within behavior modification is a reduction of emotional outbursts, increased emotional control, better responses to anger, and an ability to manage anxiety. This technique could be beneficial when working with youth who have been diagnosed with SUDs and have trauma histories. A relapse can happen under many circumstances, but they often occur when the individual is stressed, triggered, having difficulty coping, or even when bored (Bowen et al., 2009).

Yoga Nidra works to target sensations and symptoms associated with SUDs and could possibly be used in the context of relapse prevention. Jensen, Stevens and Kenny (2011) found that the introduction of Yoga Nidra was an effective intervention for youth who were enrolled in schools targeting disruptive behaviors. Yoga Nidra is a specific yoga practice that focuses on relaxation of mind and body through breath work. Yoga Nidra calls attention to sounds within the room, body sensations and breath. Utilizing yoga and meditation takes minimal training and resources. The intervention could serve as a complimentary addition to currently used treatments within a residential setting.

### **Cognitive Behavioral Therapy (CBT) & Mindfulness Based Cognitive Therapy (MBCT)**

The literature indicates CBT as an evidenced based treatment intervention for SUDs. CBT seeks to address cognitive patterns that are negative and implement behavioral changes in

conjunction with changes in thought process. In CBT, substance use is viewed as a learned behavior, started and maintained within the context of environmental factors. The literature indicates a limitation of CBT is the sustainability of treatment. CBT often happens in an individual setting with a clinician present. Youth seek treatment at lower rates compared with adults; guardians, social services, or the juvenile court system often mandate treatment experiences (Cognitive Behavioral Therapy, 2016; Liddle, Dakof, Truner, Henderson & Greenbaum, 2008; Owens and McCrady, 2014).

When an individual uses drugs or alcohol, the substances interfere with the brain's biochemical communication. Substances change the way neurons send, receive, and process information. The substances mimic natural neurotransmitters, essentially fooling the receptors. Drugs stimulate the brain at very unnatural levels, producing "highs" and "lows". When a substance user consumes drugs that target the pleasure and reward center of the brain, it creates a euphoric sensation. The natural activation of neurotransmitters through behavior and reward is replaced by the overstimulation from drug use, making it difficult for drug users to experience reward sensations from non-using activities. This sensation of being unable to feel good within seconds to minutes, makes addiction extremely difficult to treat. Activities that once produced positive chemical interactions no longer provide enough stimulation (Brick & Erickson, 2013; Fernandez, Rodrigues, & Villa, 2011).

The instant gratification experienced through substances allows the user to feel emotions and sensations quicker and at more intense levels than any behavior can produce. A familiarity with instant gratification can create impulsive decisions and actions. When substances are introduced to the brain, it creates a faster pace of processing. Youth are extremely vulnerable to relying on instant gratification once substances and thrill seeking behaviors are introduced.

Youth become accustomed to experiencing desired emotions instantaneously (Brick & Erickson, 2013; Fernandez, Rodrigues, & Villa, 2011).

Because of the impact of substances on a youth's brain chemistry, impulsivity is common in both SUDs and ADHD. When mindfulness-based cognitive therapy (MBCT) was implemented for adolescents with ADHD and their families, adolescents showed a reduction in impulsive behavior. The parents saw longer lasting positive results in their responses to stress and conflict caused by the youth's symptoms. Positive effects in youth were seen when the youth continued the mindfulness practices. The youth were able to control strong emotions, process emotions, adjust behavior to appropriate responses, and cope with stress. These experiences indicate an ability to self-regulate. The ability to self-regulate is key for youth to obtain sobriety and avoid behaviors that involved them with the juvenile justice system to begin with. Self-regulation is also key for trauma victims and coping with the emotions and triggers of their experiences (Gould, Dariotis, Mendelson, & Greenberg, 2012; Haydicky, Shecter, Wiener & Ducharme, 2013).

When youth are exposed to trauma and substances it impacts the way the brain reacts. The brain begins to bypass cognitive rationale and focuses solely on emotional and fear stimulus. This creates an environment where the youth are making decisions in a trauma state and are making decisions based on survival, even if the danger is perceived and not substantiated. When substances are introduced, it creates a similar pattern focusing on the emotions and feelings the youth is experiencing associated with the substance (Vogel & Barton, 2013).

Bessel A van der Kolk and McFarlane (2012) identify six critical issues that affect trauma survivors ability to process information. They experience persistent intrusive memories related to the trauma, which can interfere with attending to other incoming information. They may

compulsively expose themselves to situations reminiscent of the trauma. They actively attempt to avoid specific triggers of trauma related emotions and experience a generalized numbed response. They lose the ability to modulate their physiological responses to stress in general, which leads to a decreased capability to utilize body signals for guides to act or not act. They may also suffer from generalized difficulty with attention, distractibility and stimulus discrimination. They may also have alterations in their psychological defense mechanisms and personal identity.

Substance users experience similar patterns as van der Kolk and McFarlane (2012) identify in trauma victims. Addiction can cause intrusive memories related to the drugs/alcohol and the feelings associated with the use. Substance users report relapses after multiple triggers and distracting memories or euphoric recall of past substance use. Changing peers is essential to sobriety, but is often difficult given location, resources, and history. Adolescents in particular find it difficult to change their peer groups. This is similar to what Bessel A van der Kolk and McFarlane (2012) identify as victims exposing themselves to situations reminiscent of the trauma. Lastly, addiction has the potential to impact how individuals respond to stimuli. It influences their ability to abstain from use. A particular theme with substance abuse is the substances allow users to avoid uncomfortable feelings—it provides a safe space from the trauma and feelings they've experience and hope to avoid (Battista, Pencer, McGonnell, Durdle, & Steward, 2013; Brick & Erickson, 2013).

Liddle, et al. (2008) found that paring CBT with other treatments can be very beneficial. CBT hopes to address the cognitions and behavioral responses a substance user experiences. CBT is best utilized when the individual is able to cognitively rationalize through their thoughts and behaviors. Mindfulness is unique because it incorporates thoughts, but also encourages the

participant to view their thoughts without judgement. This reaction also invites the participant to not act on such thoughts or be controlled by such thoughts. The participant can think about using, but it doesn't mean they must use. CBT focuses on changing the thought processes.

Incorporating mindfulness provides a transition from viewing thoughts without judgement to changing and challenging thoughts. These underlying themes allow the two theories to conjoin. This is beneficial when working with substance use, because it frees the user from feeling shame and guilt about intrusive or persistent thoughts. It creates a cognitive conversation that having the thoughts about use is okay, it's acting on them that is not okay (Bowen, Douglas, & Hsu, 2013; Dafoe & Stermac, 2013; Ray, Thornton, Frick, Steinber, & Cauffman, 2015; Witkiewitz.). What's missing in this combination is the incorporation of movement in a population that is conditioned to instant gratification and over stimulation.

Yoga and meditation have the capability to give the youth the tools to individually cope with named stressors and environments. Yoga and meditation helps a participant engage in mindful thinking and acting. When youth are exposed to traumatic and chaotic environments, they need tools that can help them rationally think and proceed to offset the chaos they are exposed to. Because of the unique needs and experiences of incarcerated youth, the treatment they participate in must not only be effective, but adjusted to their needs. Yoga and Meditation are unique in that they help the brain develop new neuropathways, while also calling attention to physical sensations.

When youth are taught to identify physical sensations of stress, fear, and anger, then taught how to change those feelings, they're able to cope with situations that bring those feelings forward. Physical health is also associated with an ability to cope and increased resiliency. When youth are exposed to Yoga and Meditation within the RTC, they are given an opportunity to



develop skills that not only help them cope with their emotional inclinations, but also physical sensations, such as feeling of stress and wanting to use substances. If a youth can mindfully work through their trigger and be aware of physical signs of stress and changes in their body, they may be able to resist the urge to use (Himelstein, 2010; Sobol-Kwapinksa, Jankowski, & Przepioka, 2016; Williams, 2016).

### **Integrating Mindfulness in Substance Abuse Treatment**

Incorporating mindfulness as an intervention within a correctional setting is a practice that has gained more interest. Himelstein (2010) explored the implications of introducing mindfulness training in conjunction with substance abuse treatment. Himelstein's (2010) work focused on two facets of mindfulness, the use of Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Relapse Prevention. By incorporating these interventions the youth were significantly less impulsive, saw a reduction in stressful feeling, and had an increase in perceived risk of substance abuse. Through qualitative measurement, the research discovered the youth were also open to this type of treatment intervention and found the work helpful.

The use of MBRP has been found to decrease craving, predict longer periods of abstinence from substances, and increase acceptance and acting with awareness. In agreement with many methods, MBRP encourages the youth to respond to their experiences without judgment and make rational decisions. When youth are able to learn the skill of having control over their thoughts and breath, it increases the idea of internal locus of control. In comparison to youth not involved in justice juvenile, delinquents often feel they are not in control of their lives or outcomes, and events are left to chance. Trauma victims also report feeling helpless and out of control. The research indicates when youth feel they are unable to change or have a choice in their outcomes, they are more likely to engage in risky behaviors. An increased belief of internal

locus of control is imperative for youth to believe that they can make lasting and impactful change outside of the treatment intervention (Bowen et al., 2009; Mendenhall, 2008; Williams, 2016; Witkiewitz, K., Bowen, H., Douglas, S., Hsu, K. H., 2013).

Another theme emerging from the literature of juvenile justice is the youth's perception of the purpose and focus of treatment. Abrams (2006) discusses a trend of youth having confusion about the therapeutic benefit of their treatment activities and are often ambivalent about their ability to change and apply newly learned skills in real life situations. Much of the treatment interventions take place within a RTC, a control and monitored environment. When the youth discharge and return to their homes, they've leaving a highly structured and controlled environment and returning to multi-stressed systems. Youth in RTC needs skills that not only benefit them within structured environments, but are also beneficial in their home environment.

A major component of mindfulness training is explaining the process, practice and objectives so participants are aware of expected outcomes and goals of the practice. When youth are aware of the intent of treatment approaches, they're more inclined to participate based on interest and not obligation. If youth understand why an activity is important and how it relates to their use and goal of recovery, the skill can become an efficient tool. If the youth experience success in utilizing this tool, while also understanding how it works, they will have greater luck in utilizing it. Mindfulness also gives the user control and input over their intervention—choice is a significant theme in mindfulness. If the youth are given a choice as to their intervention, this also increased the likelihood they can utilize it outside the walls of the RTC (Bowen et al., 2009; Cohen, 2015; Himmelstein et al., 2014; Janssen et al., 2015; Witkiewitz et al., 2013).

Youth involved in a study conducted by Himmelstein, Saul, and Garcia-Romeu (2015) established themes for a successful meditation group within a correctional setting. The groups

took place outside of their required treatment groups. Participation was voluntary from session to session and no negative consequences resulted from not participating. Youth were given a clear description of the activities and clear objectives for the group. Giving the youth information about purpose and structure were key for participation from the youth. Bluth et al. (2016) established similar themes—the research asserts best practices for impending such a group with at risk, minority youth: give the youth clear information about the practice, inform them of the objectives, and give them choice in their participation. Best practices must also be culturally/racially sensitive to support the youth in develop skills to cope with their experiences and challenges.

The literature suggests that treatments must be culturally/racially sensitive and address behavioral health needs to be successful at helping incarcerated youth develop more positive means of coping and responding to stress they experience within their home communities (Leverso, Beilby, & Hoelter, 2015). The difficulty is that many treatment interventions geared at deterring recidivism are not culturally/racially sensitive. When working with diverse populations it is imperative to be aware of their unique needs and experiences (Aalsma et al., 2015; Bluth et al., 2016; Legha, Raleigh-Cohn, Fickenscher, Novins, 2014).

Bluth et al. (2016) conducted research on implementing a mindfulness group with urban, at risk youth. The youth were receptive to the meditation and experienced a reduction in stress and an interest in continuing to participate in the group. They found that when working with ethnically diverse, at-risk youth, the groups were most successful when a safe space, which the youth had positive perceptions towards, was used. Using a school employee whom the students have a relationship and familiarity within the group helped the students feel safe and increased student participation. Spending informal time with the participants outside of the group to

establish trust and build rapport positively impacted the youths view of the practice. Giving the students an invitation to participate in the group with no consequences for declining participation, and being flexible in making changes in the curriculum to meet the student's needs encouraged consistent participation among the youth.

Sibinga et al. (2011) found similar results, indicating that Mindfulness Based Stress Reduction (MBSR) could be used with minority youth. Sibinga et al. (2011) determined that MBSR helped urban youth cope with the stress associated with their environment. The youth in this study have similar backgrounds to the youth this research intends to benefit. The majority of the youth Sibinga et al. (2011) studied are minorities, whom live in poverty, and face financial hardship. These themes are similar to the youth who experience generational trauma due to parental incarceration. The literature indicates that Yoga and Meditation were beneficial for those youth, showing promise for incarcerated youth.

### **Yoga and Meditation Practice with Youth**

The literature speaks to the component of sitting still for meditation as a barrier. Janssen et al., (2015) found one obstacle for implementing mindfulness within a population with ADHD and other similar disorders; the ability of the youth to sit still. Introducing mindfulness in conjunction with a yoga practice would help alleviate the difficulty of having to sit still for meditation (Himmelstein et al., 2014; Mendenhall, 2008). Yoga is the practice of linking the mind and body through movement and breath. Yoga can be an effective way to receive physical stimulation, while also slowing down.

Those who practice yoga regularly often feel relaxed, have greater focus, have feelings of empowerment, and feelings of satisfaction. Participating in yoga gives the individual the opportunity to explore their mind and body. Yoga helps address the aforementioned frustrations

of ambivalence towards an ability to apply a newly learned skill. If yoga was implemented with mindfulness training it would allow the youth an opportunity to learn the objectives of practice, and utilize the skill within a controlled environment, such as a RTC, before initiating it in a much more unstructured home environment (Cohen, 2015; Himelstein, 2015; Villate, 2015).

The literature outlines the benefits of mindfulness in relapse prevention and impulse control, and the importance of those interventions being culturally/racially aware and sensitive. The literature has consistent themes about exercise and physical activities being important components when working with individuals who have ADHD and similar co-occurring disorders. Introducing yoga, a physical activity, in combination with mindfulness could be a very beneficial intervention for the identified population (Ambhore & Joshi, 2009; Bluth et al., 2016; Bowen et al., 2009; Himelstein, 2010).

### **Utilizing Meditation outside of RTC**

Despite the evident benefits of yoga and meditation within residential settings, the usefulness of this outside of a RTC comes into question. Yoga has been traditionally viewed as a middle class, white activity. The research on this area is limited and needs to be explored. Himelstein (2010) found that the implementation of yoga and recurring use of the skill (meditation) was best utilized when the youth were given choice for their level of involvement.

When the youth were given a choice to participate on a daily basis, they had a more positive viewpoint of the practice. A key to this is not connecting the yoga to any level system within the RTC and removing any punitive outcomes for not participating. When the youth were given the choice to participate, they had a higher inclination to continue the practice on their own terms. This gives the youth power and choice over what they identify as being beneficial. This is a skill that should be developed within the RTC and carried out fully in the community.

Incarcerated youth, transitioning to the community may have limited resources. Learning how to participate in helpful skills on their own initiative is a major component to success in the community (Bluth et al. 2016; Dariotis et al, 2016; Himmelstein (2010; Tripodi & Bender, 2011).

The difficulty with implementing this intervention is the youth's perception of the skill developed within the RTC and how they can apply it in the community upon discharge. There is little research on this integration. The use of mindfulness and meditation with urban at risk youth has shown promise. Dariotis et al, (2016) demonstrated the success a yoga and meditation program can have with urban youth whom experience similar multi-stressed systems as incarcerated youth. For the urban youth, conflict with family and peers is identified as a major source of stress. Youth who participated in the program saw an improvement in impulsive reaction and were able to avoid further conflict and remove themselves from situations that typically fostered conflict. Participants were able to implement breathing techniques and then gradually gravitate towards mindful thoughts.

When the youth became aware of their thoughts and controlling their physical responses, they were able to progress to a deeper step of mindfulness; an ability to block out negative thoughts and interactions (Dariotis et al, 2016). The benefit of this intervention is that it provides youth with the self-regulation skills to reduce stress, regulate emotions, and improve their mental and physical health, despite the cultural differences and stereotypical views. What makes yoga and meditation appealing is that the youth experience benefits within the practice immediately. They can test out, experience, and find relief from the intervention. Many of the previously used treatment interventions encouraged the youth to trust the clinician that the skill will work. Previously used treatments also cycle through trial and error. This is no wrong or right way to engage in mindfulness. The youth can do what works for them in whatever capacity that looks

like. It gives them influence, choice, and power over their treatment, but also the skills to cope with what the face outside of the RTC (Bluth et al., 2016; Bowen et al., 2009; Cohen, 2015; Dafoe & Stermac, 2013; Dariotis et al, 2016; Green et al., 2016; Himelstein (2010).

### **Summary of Findings, Summary of Literature.**

SUDs are an increasing concern with adolescent populations, but specifically minorities. The major concern and impairment revolves around the over incarceration of the youth. Even though minority youth use substances at similar rates as white youth, they experience more adverse consequences as a result of their use. Once a youth is involved with the criminal justice system it is difficult for them to escape the cycle. Recidivism can manifest in many forms, the most likely with this population is a relapse (Aalsma et al., 2015; Kakade et al., 2012).

The youth identified are exposed to unique stressors. The primary and generational trauma they experience may perpetuate their drug use and criminal behaviors. This trauma is increased when they're admitted to RTCs to hold them accountable for their criminal acts and address the behavioral concerns (drug use). RTCs rely heavily on CBT, but this modality shames the participant and views the thoughts as bad and the corresponding behaviors as bad. What residential treatment centers lack, are treatment interventions that are applicable in the home environment (Cognitive Behavioral Therapy, 2016; Liddle, Dakof, Truner, Henderson & Greenbaum, 2008).

Residential treatments are currently maintained within structure and supervision. This setting although helpful in some cases, does not prepare the youth to utilize a skill set outside of the structure. The youth return to their multi-stressed systems and may not have the same oversight or encouragement as found within the residential setting; making it difficult to continue

with learned skills (Green et al., 2016; Loverso, Beilby, & Hoelter; 2015; Miller and Najavits, 2012; Voisin et al., 2016).

Mindfulness, an emerging tool helps participants cope with their feelings, thoughts, and environments. It can be practiced in a group, alone, or moment to moment. The skill encourages the participant to be aware of thoughts, but develops the regulatory skills to not act on such thoughts. This is helpful when dealing with addiction, plagued by impulsive thoughts and behaviors. Drug use compels the user to act quickly through changes in their brain chemistry. Mindfulness teaches a participant to view thoughts without assumption or opinion before acting on them. It takes away the shame piece of wanting to use or engage in criminal behaviors. It instead focuses on being mindful of how the thoughts influence behavior.

What makes SUDs especially difficult is the lack of immediate gratification when the substance is removed. Incorporating exercise in the form of yoga, can help offset the slow pace of meditation. It teaches the user to incorporate mind and body, be aware of thoughts—but also provides physical stimulation. Even though this intervention cannot compete with the high of drug use, it can provide relief to not only the addictive symptoms, but also the trauma the user has experienced (Bowen et al., 2009; Herman, 2015; Ray et al., 2015; Sobol-Kwapinska et al., 2016;

A barrier to such an intervention revolves around the application in the community and the view point of the participant. Despite past stigmas of yoga and meditation, when the youth participated in the practice they're able to experience the benefits first hand. This helps mediate the negative viewpoint of the activity. Since meditation can happen in any setting, it allows the participant to practice on their own terms, when it's needed. The ability to use a practice discreetly helps the practice become a habit. Despite the barriers the current literature indicates



that implanting a yoga and meditation practice, with minority youth, in a RTC has been beneficial in the current literature and could benefit from being researched further (Bluth et al., 2016; Bowen et al., 2009; Cohen, 2015; Dafoe & Stermac, 2013; Dariotis et al, 2016; Green et al., 2016; Himmelstein (2010).

### **Critical Analysis of the Literature**

The weaknesses of the literature revolves around the sample size and some of the methodologies. Most of the research regarding mindfulness and yoga use small sample sizes and qualitative research. The research is insightful and deserves merit, but cannot be generalized to the entire incarcerated population. What makes studying this topic difficult is the RTCs. The research explored took place in multiple settings (schools, groups, behavior classrooms, alternative schools, and RTCs). RTCs house youth for many different reasons, not all of the youth studied were equally enmeshed in the criminal justice setting (Ambhore & Joshi, 2009; Bluth et al., 2016; Bowen et al., Himmelstein, 2010).

The research lacks a consistent theme of implementation. Each study used a different style of yoga and meditation. How the intervention was implemented is also different throughout the research. Consistency in this approach is needed to determine best practices and corresponding outcome. Using mindfulness and yoga is a new concept to be studied, there is limited research on impact. Because much of the research took place while the youth were participating in a mindfulness group or immediately after, it's difficult to determine the impact the intervention had long-term. Initially the youth may have found benefit from the intervention, but the sustainability of such interventions and their effect on long-term sobriety has not been determined. A mixed methods longitudinal study would be needed to truly test the strength of the intervention.

The strengths of the literature include consistent themes in response from the youth participating. The research has been duplicated and found similar results. Despite different approaches to implementing yoga and mindfulness, the majority of the youth found some benefit. This is promising when compared to traditional treatment responses. The research indicates that the majority of youth in an RTC found the experience unhelpful. Youth felt benefited by the intervention. Given the difference in methods, samples sizes, and background, the consistent theme was the intervention was helpful and beneficial (Dariotis et al., 2016; Gould et al., 2012; Haydicky et al., 2016; Himmelstein et al., 2014; Janssen et al., 2015).

The current research fails to address the special needs of minority youth within a residential setting. Much of the research is conducted in behavior classrooms, behavior modification schools, and/or with urban youth. The research identifies similar themes with these populations, in regards to their trauma, stress, and backgrounds, but have not specifically conducted the research within a residential setting overseen by corrections. What the research should focus on going forward is the incorporation of mindfulness and yoga simultaneously within a male, ethnically diverse population housed within a RTC overseen by Juvenile Corrections. The significant and problematic gap is following how this intervention supports the youth within the RTC, but the effectiveness and sustainability of it in the community. Going forward the research should explore the longitudinal effects in the community compared to other interventions by developing pilot groups, using both qualitative and quantitated collection methods. Future research could focus on a larger sample and look at other treatment modalities that could be used in combination with mindfulness and yoga training.

### **Implications and Overall Conclusion**

The current research indicates potential benefits of implementing yoga and mindfulness with incarcerated minority youth. Yoga and meditation would be an inexpensive way to give incarcerated youth reprieve from the stress of being incarcerated, while also giving them skills to combat the stress at home that could have propelled them into addiction and residential settings. It would be worth researching the possible benefits of yoga and meditation through pilot groups, both quantitatively and qualitatively to determine the longitudinal benefits of such an intervention

The use of yoga and meditation within a RTC can expose the youth to perceived and actual risk given the nature of the work. Within yoga and meditation participants are put into compromising positions where they may not be able to react quickly to possible attacks that could take place within a residential setting. It also dictates that the participants close their eyes, which can make those involved feel at risk or unsafe. In order to control this and help youth feel more comfortable, staff facilitating the yoga and meditation should not close their eyes to appropriately supervise the youth. A staff member from the RTC should also sit in on the groups to add further supervision. In traditional yoga practices there are normally two rows. Within the treatment group there should only be one row of youth so that youth do not feel threatened by the youth behind them. Using a room that has been deemed as safe and acceptable by the youth, should be incorporated to help the youth feel safe.

The cost of incarcerating youth is on average \$43,000 per juvenile (National Study 2016). This is a great monetary cost to taxpayers, but also to the youth and their families (National Study). Given the short time frame for treatment interventions there is a need for practical, yet impactful interventions. Giving the youth and future youth the tools and power to have better skills to avoid future substance use is essential. The implementation of this work could be a cost

effective addition to establish evidenced based treatments. For practitioners, intervention styles could be influenced by this research to supply the youth in RTC's a more useful tool. For policy makers and stakeholders, this research could begin a conversation about the need for having proactive treatment interventions to help the youth. As social workers we are called to participate in evidenced based treatment that help, not harm. This intervention provides an opportunity to do just that and should be further explored in future research.

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