Examining the Use of Career Development Curricula in Adolescent Residential Treatment Programs

David A. Scott\textsuperscript{a}, Jake Gilstrap\textsuperscript{b}

\textsuperscript{a}College of Education, Counselor Education Program, Clemson University
\textsuperscript{b}Clemson University

**ABSTRACT**
Research suggests adolescents leaving residential treatment programs have higher levels of unemployment and homelessness than average. This exploratory study examined what types of career development curricula are being used in residential treatment programs. The findings suggest that most residential treatment programs use little to no career development curriculum. The long-term goal is to support the critical need and development of a specialized career development curriculum for adolescents residing in residential group home programs.

**KEYWORDS**: career, residential treatment, career development, juvenile justice

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**BACKGROUND AND SIGNIFICANCE**
Statistics on adolescent residential placement suggest that, in any given year, close to 400,000 youth reside in out-of-home programs in the United States (U.S. Department of Health and Human Services, 2018). Around 55,000 of these adolescents reside in residential treatment placements (group homes, psychiatric hospitals, and emergency shelters), typically called "congregate care" programs (Brown, 2020). Even with the large number of adolescents in residential treatment programs, there is an apparent dearth of research on how these adolescents are being equipped with the necessary skills and training to enter the world of work successfully. Osborn and Belle (2019) found zero articles describing how specific career counseling models were used with juvenile offenders. Back in 2002, a review of employment skills training programs used with adjudicated adolescents in the 1990s found that most of the programs had little to below-average effectiveness (Public/Private Ventures, 2002). One of the prominent early career theorists, Anne Roe (1957) stated, "no other single activity has more of an impact on someone's life than her or his occupation" (p.18). The Office of Juvenile Justice and
Delinquency Prevention (OJJDP) has acknowledged the importance of adjudicated adolescents preparing for careers by learning critical skills (Frey, 1999), however, each year thousands of young adults residing in residential programs feel unprepared to make decisions about their careers (Bartlett & Domene, 2015). Many of these youth leave residential placement to learn that they are ill-equipped to find and maintain appropriate careers (Osborn & Belle, 2019). Wester et al. (2008) explained in the Economic strain theory that adolescents have higher risks for delinquency when they realize their limited employment options.

Once adolescents leave residential treatment programs, they have higher than average rates of unemployment and homelessness (Bender et al., 2015; Mann-Feder, 2007; OJJDP, 2019). Azagba et al., (2021), Collins (2016) and Herr et al., (2004) contend that high levels of unemployment are associated with increased rates of chemical dependency, interpersonal violence, and criminal activity. Current research (Osborn & Belle, 2019; Sonnabend, 2020) supports the critical need for youth in the criminal justice system to be provided with appropriate career development. Just trying to convert traditional career development interventions to this population can completely miss the mark of addressing the many needs of adolescents in residential programs.

Youth reside in residential treatment programs for various reasons. Residential treatment programs (RTPs) are viewed as less restrictive than detention centers and the youth still have contact within the community (school, sports, community activities) (Children’s Bureau, 2021; OJJDP, 2008). The courts also view RTPs as more cost-effective than secure confinement. McCarthy et al. (2016) report urged policymakers that the current secure confinement model “is costly, ineffective and can seriously harm young people (p.2). This National Institute of Justice report went on to suggest utilizing community-based programs and smaller facilities that focus on rehabilitation. The average cost for secure confinement in 2014 was around $100,000 per year per juvenile. In 2020, that cost increased to around $214,000 per year, a 44 percent increase (Justice Policy Institute, 2020). Sickmund (2010) reported that there is no universal definition of RTPs. RTPs are mainly focused on providing services for youth in the areas of mental health, substance abuse, or sex offender treatment in a residential setting (Puzzanchera et al., 2018). Typically, RTPs are located within communities and are not locked facilities like detention centers. Most of the youth participating in RTPs are in need of higher-level services than most foster homes can provide (Lyons et al., 2009; Drais-Parrillo, 2007; Scott & Lorenc, 2004). Many adolescents in RTPs have been unsuccessful in outpatient treatment programs or foster care (Bettmann & Jasperson, 2009). Even though most RTPs mention that they can meet the needs of youth in their programs (Mallett & Boitel, 2016), there still seems to be a lack of a career development curriculum within these programs.

Whether adolescents are placed in residential care due to involvement with the juvenile justice system, their parents' neglect, or their own behavior, these adolescents need a variety of services. The vast majority of adolescents residing in residential programs have experienced trauma, neglect, and possible abuse before entering a program (Collin-Vezina et al., 2011; Segura et al., 2016). A large portion of the adolescents also have at least one psychiatric disorder (e.g., depression, anxiety, conduct disorder, ADHD or oppositional defiant disorder) (Fischer et al., 2016; Wakefield et al., 2019). Services such as behavior modification, psychiatric assessment, milieu therapy, parent training, and academic improvement continue to be the main goals of out-of-home treatment (Mallett & Boitel, 2016; Puzzanchera & Hockenberry, 2018).
We know that career and technical education (CTE) benefits students in traditional learning spaces (Arnholz, 2022; Advance CTE, 2021; U.S. Department of Education, 2019) in areas such as career exploration, developing career skills, improved graduation rates and an increase in students enrolling in postsecondary education or training after high school. The first federal law for vocational education goes all the way back to 1917 and was considered critical building blocks in the training of the population (Association for Career and Technical Education 2022; Jacob, 2017). States are allocating more and more funding for CTE in their public schools for both non-college bound and college bound students (Jacob, 2017). With what we know about the importance of career development and exploration, little to no treatment is specifically directed at providing career exploration and development for youth in group home programs (Osborn & Belle, 2019; Sonnabend, 2020). Over 20 years ago, Nollan and Downs’ (2001) created a career program for adolescents residing in foster care. However, these populations and the severity of problems typically served in foster homes differ from those served in residential group home programs (Dolan, 2020; Drais-Parrillo, 2004; OJJDP, 2019). Osborn and Belle (2019) acknowledged this need and proposed the possible adaptation of the cognitive information processing (CIP) model to aid in career development. Osborn and Belle (2019) also acknowledged the many challenges, such as access to the CIP program, proper training of program personnel, and lack of empirical support to use the model with adolescents in RTPs. The various dynamics associated with living in residential facilities necessitate a specialized career-development curricula. Residential programs may be missing a critical piece in the treatment of these youth by not providing career development as part of their programming. Western and Pettit (2010) reported that youth incarceration can significantly negatively impact weeks worked and wages ($179,000 less than non-incarcerated males) by age 48. Appropriate career development and exploration cannot be overlooked for its far-reaching effects on a person’s mental and physical well-being.

**Purpose of the Present Study**

This study aimed to examine what types of career development curricula are being used in residential/group home facilities. By reviewing and reaching out to program managers and directors of youth residential programs throughout the United States, this study focused on gaining clarity on the current use and characteristics of any career development curricula being used in these programs. The study utilized two activities to gather this data. The first activity was to sample, review and record treatment service information about residential placement facilities. Data was gathered from program websites, national directories, and state and national databanks (these sources provide detailed information about services offered). The second activity utilized a questionnaire to gather more information from program directors and managers about their attitudes towards and use of career development curricula.

**METHOD**

An initial screening of a random sample (n = 335) of group home programs across the country was conducted. Services provided were examined from each group home program’s website, national directories, and information listed with their state Department of Human Services (public domain information). The evaluation consisted of reviewing the program’s list of treatment options to determine...
if career development is listed and part of their treatment plans and goals of the programs.

A questionnaire was also sent out to residential treatment programs (n = 335) across the country to gain more clarity (viewpoints of program directors) and specific information about the use of career development curricula in these programs. Percentages of programs actually using a formal career curriculum were collected and analyzed. Questionnaire results were also analyzed as support for the current study.

Sample

Adolescent residential treatment programs were randomly selected from each state’s listings of residential programs and websites. A stratified random sampling was used to ensure geographic representation. With close to 8,000 residential/group programs in this country, a power analysis determined that the sample size should be at least 148 programs for a significance level set at .05. Data was collected from internet searches along with publications such as the National Directory of Mental Health Treatment Facilities (SAMHSA, 2020) and The National Association of Therapeutic Schools and Programs (2020). A total of 335 programs across the United States were used in this study. A questionnaire was also sent to each program’s manager or director to ask specific questions about the possible use of a career development curriculum.

Study Procedures

The first activity involved reviewing and recording treatment services, including the possible use of a career development curriculum in a random sample (n=335) of group home programs across the country. Each program was evaluated to find evidence of the use, or lack, of career development curricula in their respective programs. Residential programs typically list their services offered on their respective home website pages and within the directories named above. Keywords and phrases that were used for the examination included career, career development, career readiness, career exploration, vocation, vocational, and job(s).

The second activity involved contacting the same sample (n=335) mentioned above of residential treatment program directors or program managers via email. An invitation to participate was sent out during the first phase of the research project. The programs were notified that the electronic questionnaire was confidential and should only take approximately 10 to 15 minutes to complete. The email invitation asked that only administrative personnel with direct knowledge of the program services being offered complete the questionnaire. The participants were also asked if they would like to enter into a drawing for a gift certificate as a way to thank them for completing the questionnaire. If they agreed, they were asked to provide their name and contact information at the end of the questionnaire. The contact information was only used to inform them if they won one of the prizes through the drawing. Only the Principal Investigator (PI) entering the data had access to these names and the questionnaires. The PI was also responsible for the random drawing and disseminating the prizes. The electronic invitations contained the informed consent that they needed to agree to participate before they could complete the questionnaire. University Institutional Review Board approval was obtained prior to starting the project. All data was password protected and stored in an encrypted cloud storage as approved by the IRB.

Measures

The initial examination reported a percentage of programs that are or are not using a formal career development curriculum. Data were collected and recorded on confidential electronic spreadsheets and indicated whether the program listed any career
terms on their websites or in the listing of their programs on the national directories or databases. The second measure used a short questionnaire to gather data from the program directors. The questionnaire allowed the program managers or directors to report their use (or lack of use) of career development curriculum in their respective programs and any needs or ideas they would like to share. Examples of questions included:

1. Use of a formal behavior modification curriculum
2. Use of a formal academic curriculum
3. Use of a formal career development curriculum
4. Any policy in their policy and procedures manual mandating career development or exploration is provided
5. Are there any barriers to providing more career development training?
6. Potential benefits of implementing a career development curriculum in their program

Data Analysis

The number of programs that use career development curricula were collected and analyzed using descriptive statistics for phase one and Qualtrics software for the questionnaire. The questionnaire (second step) was also sent out with the goal of reporting on the program's use of, if any, career development curricula. This was a very straightforward descriptive research analysis intended to indicate the usage rate of career development/exploration curricula in these programs. Nominal data was examined. A small amount of qualitative data from the questionnaire was also gathered and analyzed for similar themes and issues related to career development in the programs.

RESULTS

After examining the program’s websites and information listed in the directories, only 70 (21%) programs (n=335) mentioned providing any type of career development curriculum or career training in their programs. Each program’s website and directory information was reviewed by this investigator and the grant's research assistant to confirm that the correct decision was recorded regarding the use of a career development curriculum or career training. These low numbers support this research’s premise that group homes are not incorporating career development/exploration curricula into their treatment of residential treatment program residents.

The questionnaire was also sent out to the same 335 program directors and supervisors (as mentioned above) across the United States. Efforts were made to be cognizant of potential survey fatigue and low response rates. Several studies have indicated response rates in the single digits (Keeter, 2012), and one study found response rates are even lower for online (14%) versus mailed surveys (33%) (Bergeson et al., 2013). The questionnaire was sent to individual email addresses with a clear message in the subject line. The questionnaire was also sent out with friendly reminders on several occasions over the course of a four-month timeframe. The response rate was only 22 participants (7%). Of the 22 participants, only ten reported using a career development curriculum in their program. One was developed by the program’s mental health counselor and the other nine used commercially available career development programs. Upon further investigation, not one of the career development curricula was specifically designed for adolescents in residential programs.
Other interesting findings were that:
1. 11 responded that they use a formal behavior modification system.
2. 14 responded that they use a formal academic curriculum.
3. 14 responded that they would like to be able to provide more career development training in their programs.
4. Eight of the responses indicated that they did not feel that the schools were providing adequate career development training for the youth in their program.
5. 16 agreed that there would be benefits to using a specific residential career development curriculum in their programs.

The questionnaire also asked if the participants would like to provide any comments related to providing a career development curriculum in their respective programs. Several responses that resonated with the goal of this research and the need for career development in residential treatment programs included:

“The barriers I face in our residential setting is that most of the juniors and seniors that enroll in our program have not done any type of college/career planning until they get to us, so they need a lot more help than I am usually able to provide.”

“Our students have limited access to the internet, which make the college application process difficult.”

“I have developed my own structured college and career readiness curriculum. It is blend of multiple different resources and my own knowledge.”

“At the beginning of my career, a formal CCR curriculum would have been very helpful. At this point however, I have already put a lot of time into researching and developing my own.”

“One of the primary obstacles is the lack of qualified staff to provide career development."

“We would like to use more career services in our program.”

LIMITATIONS

Unfortunately, the low response rate to the questionnaire could limit the generalizability of the study. Even though attempts were made to reduce a low response rate, electronic surveys and questionnaires remain low in general. Future studies may need to utilize phone calls and direct mailings to possibly increase response rates. In an effort to increase the generalizability of the study, the first activity examined any services being utilized by the program that was listed on their websites. Generally, RTPs will list all services being offered as a way to be transparent and also attract referrals to participate in their programs. Even with the low response rates, the first activity indicated that only 21% of programs listed career services as part of their program.

CONCLUSION

This study aimed to gain clarity on the use, if any, of career development curricula in residential treatment programs for adolescents. The results indicated that there is still a long way to go in providing adequate career development to residents in residential treatment programs. With almost no specific career development curricula for adolescents residing in RTPs, despite the critical need, future research will need to focus on developing specific career development curricula.

Coordinated care between the RTPs, schools, case managers, probation officers, and parents may also ensure that career development does not fall through the cracks (Bullis & Yovanoff, 2006). Considering individualized career interventions for the adolescent and their family may benefit and address specific issues (race, culture, gender and overall health) related to the adolescent. Other goals may need to work with RTPs to help them become
aware of the actual need for career development programs at their sites. Proper training of staff and program mental health professionals will need to be provided so they can appropriately work with residents on career development. Without direct and immediate attention to this issue, we will continue to miss the mark on providing the much-needed career development services for the adolescents in residential treatment programs.

REFERENCES


ABOUT THE AUTHORS

David A. Scott, PhD, LPC,
David A. Scott, PhD, LPC, is currently a quantitative researcher, licensed professional counselor, and associate professor at Clemson University. Dr. Scott has worked in a variety of settings over the past 20 years which include an inpatient hospital, outpatient counseling center and in private practice with his wife. Before entering academia, he was one of the directors for a large non-profit agency that provided a continuum of care services for at-risk youth and their families.

Jake Gilstrap
Jake Gilstrap is a research assistant and undergraduate student at Clemson University. Mr. Gilstrap is a financial management major with a minor in accounting.

Correspondence concerning this article should be addressed to David Scott, College of Education, Clemson University, 305 Old Main, Clemson, SC 29634-0723. Email: dscott2@clemson.edu