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UNDERSTANDING THE EXPERIENCES AND PERCEPTIONS OF SPECIALTY MENTAL HEALTH PROBATION OFFICERS

Brice J. Terpstra

117 Pages

Over the last two decades, specialty mental health probation caseloads have become increasingly common – focusing on offenders with serious mental illness (SMI). Scholars have examined overall effectiveness, the organization and design of these programs, and the differences between standard probation and specialty probation. Less attention, however, has been placed on examining how the officers supervising these SMI caseloads perceive their roles as specialty mental health probation officers and how discretion impacts their caseload management. In the current study semi-structured interviews were conducted with a complete census of 24 SMI caseload probation officers and supervisors in Maricopa County, Arizona over a 14-month data collection period. Using a grounded theory approach, the SMI caseload probation officers' perspectives were explored in detail regarding officer perceptions of the role of a SMI caseload probation officer, as well as their use of discretion in the management of their specialty caseloads.

Overall, the analysis of SMI caseload officers revealed five key findings. (1) Clinical orientation was an important factor in the consideration of officer's perceptions of their role as specialty mental health court officers. (2) Traditional officer supervision styles extend into specialty probation. *Law enforcer, social worker, and synthetic* supervision styles were all

existent. Each varying supervision style impacted the use of control and discretion differently among each officer's caseload. (3) SMI caseload probation officers perceived differences between standard probation and SMI probation in many ways, including probationer characteristics, job duties, and management styles. (4) Social control was viewed as an important aspect of SMI caseload officers' jobs. Both beneficent and coercive control was used to maintain social control over the caseloads. Methods and means for the use of control vary, often dependent on the supervision style of the officer. Finally, (5) discretion appeared to be the most important aspect in the daily work of probation officers on the SMI caseload. SMI caseload officers used discretion day-to-day in a variety of situations to make decisions over probationers' lives, specifically those with pervasive mental illness. In turn, this discretion seems to impact offenders both positively and negatively. In this study, common themes in the narratives of officers on the SMI caseload surrounding officer discretion included acceptance onto the caseload, the use of mental health court, and the intersection of discretion and gender.

KEYWORDS: Probation, Mental Illness, Discretion, Criminal Justice System

UNDERSTANDING THE EXPERIENCES AND PERCEPTIONS OF SPECIALTY MENTAL
HEALTH PROBATION OFFICERS

BRICE J. TERPSTRA

A Thesis Submitted in Partial
Fulfillment of the Requirements
for the Degree of

MASTER OF SCIENCE

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HEALTH PROBATION OFFICERS

BRICE J. TERPSTRA

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CHAPTER I: INTRODUCTION

Statement of the Problem

The current thesis project focuses on exploring the role of probation officers supervising specialty mental health caseloads by examining their perceptions of working with offenders with mental illness (OMIs). The project seeks to examine specialty probation officers' experiences with OMIs, and investigate their observations about how they complete their work with this group of offenders. Historically probation officers working with special needs offenders have operated as agents of change in the principles of therapeutic jurisprudence (Slate, Feldman, Rosekes, & Baerga, 2004). They serve as the criminal justice system's "front line" to work with these individuals on a day-to-day basis. In order to achieve rehabilitation with offenders, "probation officers are expected to enforce compliance with probation conditions in order to protect the public's safety and to provide direct and support services" (Epperson, Canada, Thompson, & Lurigio, 2014, p. 474). In addition to the general expectations of standard probation officers, probation officers on seriously mentally ill (SMI) caseloads are commonly trained in areas specific to helping individuals with mental health need. This project will expand the field's current knowledge base about these individuals by examining the perceptions of every SMI caseload probation officer in Maricopa County, Arizona over one 14-month span of time.

Although mental health courts and caseloads have become much more common over the last two decades (Wolff et al., 2013), historically, we know little about the SMI caseload officers' perceptions of their work, and how these perceptions impact the copious amount of discretion they employ in their day-to-day activities at their jobs. Probation officers on mental health caseloads ultimately function as "street-level bureaucrats", which are defined as "workers who interact with and have wide discretion over the dispensation of benefits or the allocation of

public sanctions” (Lipsky, 2010, p. xi), In their role as a street-level bureaucrat, probation officers serve as primary agents of multiple forms of social control in the lives of OMIs. This social control includes being in charge of the rehabilitation and punishment for these individuals while in the criminal justice system and is determined by officer discretion. In addition to normally undergoing specialized training, SMI caseload probation officers are also unique in that they are generally more entrenched in the daily lives of their probation clients than standard officers, have smaller caseloads, and often work as part of a larger treatment team overseeing OMIs (Lurigio, Epperson, Canada, & Babchuk, 2012).

Purpose of Study

According to the Strong, Rantala, and Kyckelhahn (2016), there is an estimated 6,741,400 people under the supervision of the U.S. adult correctional system. As discussed by Klockars (1972), standard probation officers generally take on two roles, the *law enforcer* or the *social worker*. There is also a third style of probation officer known as *synthetic officer*, which is the combination of both the *law enforcer* and the *social worker* orientations of probation supervision (Klockars, 1972). Originally designed in the *social worker* model in the 1970’s, probation in the United States began to steer away from a therapeutic model after this time and move towards a crime control model (law enforcement, surveillance, and risk management) (Epperson et al., 2014). This may be, in large part, as a result of the War on Drugs and other “get tough” policies of the era (Goldkamp, & Irons-Guynn, 2000). For much of the previous four decades, the community corrections population has increased in the United States, quickly becoming the largest arm of the criminal justice system. During the 1970’s, probation was used as a cost effective alternative to jail/prison, which resulted in the influx of the probation population that continues to this day.

Around the same time as the War on Drugs, criminal justice policy began to shift towards the deinstitutionalization of people with mental illness. Scholars have argued that these combined events led to an over representation of OMIs in the criminal justice system, including probation (Goldkamp & Irons-Guynn, 2000). The over-representation of OMIs on probation can also be correlated to an over representation of dually diagnosed (substance abuse and mental illness) offenders being placed on probation (Prins & Draper, 2009). This is important to note, because researchers estimate that over 70 percent of OMIs also have substance abuse issues (Regier et al., 1990) and these co-occurring behavioral health issues can impact criminal justice involvement.

In the last two decades, the over-representation of OMIs on probation has led to a “pendulum swing” (Miller, 1993) back towards an earlier era of the more rehabilitative aspects and the *social worker* perspectives of probation. With an influx of OMIs on probation, and more focus on therapeutic jurisprudence, the United States court system has been forced to create more specialized interventions for this population. Specialty probation caseloads, such as SMI probation caseloads, as well as mental health courts are two examples of these specialized interventions. With the recognition that regular probation was not best equipped to handle the challenges of the supervision of OMIs, in the late 1980’s (Jesse, Bishop, Thomas, & Dudish-Poulsen, 2008), many jurisdictions began to implement specialized caseloads for probationers with a serious mental illness (Skeem, Emke-Francis, & Eno Loudon, 2006). Nearly a decade later, in the late 1990’s, the first mental health court was formed in Broward County, Florida (Goldkamp, & Irons-Guynn, 2000) to specifically address the needs of OMIs on probation.

Today, the criminal justice system is the leading mental health care provider in the United States (Torrey, Kennard, Eslinger, Lamb, & Pavle, 2010). It estimated that 14.5 percent

of people within the criminal justice system have a mental illness (Steadman, Osher, Robins, Case, & Samuels, 2009). Although there is a scarcity of information on probation specifically, it is estimated that around 16 percent to 19 percent of probationers have a mental illness (Ditton, 1999; Lurigio et al., 2003). With such a large number of OMIs in the criminal justice system, it is important to understand how probation officers, who oversee so many aspects of OMI's day-to-day lives, perceive their jobs, as well as how they employ their ample discretion to serve as street-level bureaucrats in their work with probationers with significant mental health need.

Researchers have found that OMIs, with lack of awareness and treatment, are more likely to recidivate than those without a mental health problem (Swartz, et al., 1998). Scholars also have found that OMIs are likely to have low self-control and impulsivity (Szasz, 1972) and that these offenders are often likely to have substance abuse issues (Regier et al., 1990). Recently, scholars have also argued for the importance of recognizing the criminogenic need in this population (Engel & Silver, 2001; Novak & Engel, 2005; Peterson et al., 2010). These factors, considered together, can lead to an endless cycle in and out of the criminal justice system for many OMIs.

Although evaluations on the topic are in their infancy, specialty caseloads, designed for people with these specific needs, have shown some success in reducing recidivism and positively impacting the lives of OMIs (Wolff et al., 2014). In addition, OMIs are often stigmatized, which can also create issues in and out of the criminal justice system that are detrimental to successful life outcomes for these individuals. Therefore, the SMI specialty caseload probation officer's goal should be to advocate for these individuals and assist them in getting the treatment, housing, employment/disability, etc. that they need, all while trying to maintain correctional supervision and also meet the demands of the criminal justice system and court mandates. This is often a

quite difficult task for probation officers working on mental health specialty caseloads. In the end, these probation officers serve both as rehabilitation advocates and jail/prison “gate keepers.” As a result, it is imperative that researchers, policy makers, and practitioner supervisors understand how these individuals perceive their experience and complete their work on a daily basis.

Description and Importance of Study

Individuals with mental illness traditionally have higher recidivism rates than the general population of individuals on standard probation (Swartz et al., 1998). The SMI caseload in Maricopa County has lower recidivism rates (~30%) than the national average for community supervision (~40% within 5 years) (MCAPD, 2013; Rhodes et al., 2012). Because researchers have also posited that probation officers play important roles in the success of OMIs on probation (Skeem, Emke-Francis, & Eno Loudon, 2006), this study seeks to better understand the perceptions and experience of probation officers working with OMIs as there are most likely aspects of a probation officer’s perceptions and experience on the job that add to the complexity of success and failure for OMIs on probation.

Despite the vast number of probation officers within the United States criminal justice system, few studies have examined their perceptions of working with offenders. Even less research, incidentally, has been conducted about the perceptions of SMI specialty caseload probation officers in their work with OMIs. Ultimately, this has left our understanding of the experience of probation officers on SMI caseloads especially unclear (Miller, 2015). This study seeks to fill this knowledge gap by exploring the perspectives of this important group. This gap in the empirical research conducted to date is especially noteworthy given the impact probation officers have over the lives of so many OMIs on probation specialty caseloads.

This current study analyzes a secondary dataset of qualitative interviews that were previously collected in Maricopa County (Phoenix metropolitan area) that to date has not been coded or analyzed in any capacity. These data were collected as part of a larger examination of multiple facets of the SMI caseload and mental health court at this location. Qualitative semi-structured interviews were conducted at the Maricopa County Adult Probation Department (MCAPD), by compiling a complete census of 24 SMI caseload probation officers and three supervisors who all agreed to be a part of the study. The interviews were completed in a 14-month span over the last five years. The specific years are not mentioned in this study to help maintain confidentiality of all participants. During each interview, the officer was asked the same questions concerning his/her individual perspectives of working with offenders on an SMI caseload. This thesis will analyze the interview content of these probation officers using NVivo 11 qualitative software, and employ grounded theory and qualitative thematic analysis to explore how social control, discretion, personality and supervision style, etc. may all impact the tasks of these probation officers working with OMI's.

CHAPTER II: LITERATURE REVIEW

Community corrections is the largest division of the criminal justice system. According to Strong, Rantala, and Kyckelhahn (2016), the United States community corrections population currently exceeds 4.6 million adult offenders, and in the present day, is administered by more than 2,000 agencies. Despite being the largest part of the criminal justice system, community corrections receives the least amount of empirical attention. Historically, the concept of community corrections (probation and parole) was originated as a way to expand the boundaries of the court beyond incarceration (Lutze, 2013). The idea behind community corrections was that offenders should be able to live within the community, in order to build healthy relationships, and in order to address the causes of their criminality (Augustus, 1952).

Historically, the earliest form of probation was used in the English courts to serve as a temporary suspension of sentence allowing the defendant to appeal their case (Abadinsky, 2006). The first instances of suspended sentencing in the United States date back to 1830 in Boston, Massachusetts. Suspended sentencing grew in popularity from the pre-Civil War era, and by the mid-nineteenth century, the practice had become widespread across the United States. In response to the unprincipled nature of suspended sentencing, John Augustus began volunteer “probationary” work by helping the less fortunate offenders receive bail before their sentencing. The main goal was to help reform habitual offenders and help reintegrate them back to society (Panzarella, 2002). Augustus, who is commonly referred to as the father of modern probation, coined the term “probation” for the work he was conducting. Augustus’ voluntary work helping offenders eventually led to the enactment of the first probation statute in 1878, which paved a way for modern probation. In the modern-day criminal justice system, probation is used as a diversion from incarceration. In lieu of incarceration, offenders are often presented with the

option of a guilty plea from the court, with the sentence of a fixed-term of probation.

Traditionally, a person on probation is not considered to be a free person, despite the fact that they are not incarcerated, based on the idea that they are receiving resources they could not obtain anywhere else (Lipsky, 2010).

According to the general terms of probation, there are many conditions imposed onto a probationer. The probation agencies and probation officers have a significant amount of discretion when determining outcomes of specific cases. Courts generally can impose any conditions of probation that are reasonably related to the rehabilitation and/or punishment of the offender (e.g., restitution, electronic monitoring, mental health therapy, drug counseling). The state also has power to diminish the capacity of certain amendments, for example, loss of gun ownership (Second Amendment) and being subject to urinalysis and/or unwanted searches (Fourth Amendment) (Abadinsky, 2006). Once the probationer has successfully completed the requirements and length of probation sentence, they are released from correctional supervision. The probation officer serves as an agent of the court and ensures probationers follow the mandated guidelines set forth by the courts to fulfill the individual conditions of their probation.

Types of Probation

Within the U.S. court system, there are many types of probation. While there are both adult and juvenile probation systems, the vast majority of probationers are adults and generally placed on a standard probation caseload. The size of caseloads may vary by agency and jurisdiction, and sometimes even from caseload to caseload within an individual agency (Vetter & Adams, 1971). While the majority of probationers are initially placed on standard probation caseloads, there are many issues which lead to standard probation officers not being able to provide proper care for their more specialized cases (e.g., individuals with mental illness,

individuals with significant addiction issues) (Nechemias, 1957; Deschenes & Greenwood, 1994). In response, specialty caseloads (e.g., mental health, substance abuse) were created to address these individuals' needs.

Probation Officers

Probation officers are agents of the court who supervise offenders who have been placed on probation, rather than being incarcerated. Probation officers have been referred to as the gatekeepers between the community and the carceral setting (Epperson et al., 2014). There are many tasks that probation officers must oversee for each probationer on their caseload. Generally, as community correction officers, probation officers are expected to be engaged in the parallel tasks of supervision and treatment for probationers on their caseloads (Seiter & West, 2003). First, they are expected to protect the public's safety through supervision. They do so by implementing compliance standards and probation conditions on all probationers on their caseloads (e.g., unwarranted searches, random urinalysis). Second, they are expected to provide supportive services (e.g., case management, relapse prevention) in order to properly achieve individual rehabilitation/reintegration in society (Klockars, 1972; Miller, 2015). Ideally, they achieve these goals by making proactive plans and providing the necessary resources to the probationers to best help them reintegrate into society, without recidivating.

Role of the Probation Officer

Derived from Glasser's (1964) research on the role of probation officers, Klockars (1972) delineated two major conflicting roles of the standard probation officer, the *law enforcer* and the *social worker*. The *law enforcer* style of probation supervision focuses more on the control aspects of supervision. These aspects include, but are not limited to, surveillance, law

enforcement, and risk management. Klockars noted that the *social worker* style of probation supervision traditionally focuses on treatment/rehabilitative aspects. These aspects include, but are not limited to, mandated therapy/counseling, drug/alcohol treatment, mental health treatment, housing assistance, etc. While the social worker and the law enforcer are the traditional probation officer styles, a third style of the probation officer is also discussed by scholars. The third type of officer is referred to as the *synthetic officer* (Klockars, 1972; Ohlin, Piven, & Pappenfort, 1956). The *synthetic officer* combines both the *law enforcer* and the *social worker* roles as a probation officer. This style of probation has been noted as a suitable form of probation philosophy, geared towards the fulfillment of the two primary duties of a probation officer (Miller, 2015). Although, these are the traditional types of probation officers, other researchers have refined these styles further. Pownall (1963) and Glasser (1964) refined control and treatment probation officers into four types of their own: the welfare, paternal, passive, and punitive officers, which further illustrate how probation officers' personal philosophies are intertwined within their jobs.

The role of the probation officer is critical to the success of the probationer. Miller (2015) argued that the practice of probation is rather ambiguous. Despite having a clear understanding of what a probation officer's job entails, there are discrepancies in the role of the current probation officer. Customarily, the roles of probation are clear, but the lack of uniformity across agencies and officers are not. This makes it difficult for researchers to analyze the effectiveness of probation. A gap in the literature also shows that there are no effective means of measuring job performance in street-level bureaucrats (e.g., quality of work measures, fairness of service allocation). There are many variables to take into consideration when making an evaluation, making the definition of adequate performance a debated topic (Lipsky, 2010).

The role of the probation officer traditionally varies based on personal philosophies (Schwalbe & Maschi, 2009), the number of clients and specifications of a caseload, and variation in each agency's resources and internal goals of the different agencies (Skeem & Manchak, 2008). Examples of the lack of uniformity can be seen in the literature. For example, Taxman (2008) suggested that contemporary community corrections is defined by the *synthetic* style of probation officer. Contradictory to that, however, Skeem and Manchak (2008) suggested that there is still significant variation in officer types and that only select agencies have elected the *synthetic* model, while most agencies still adhere to the philosophy of control.

As previously discussed, the position of the probation officer is often looked at as a conflicting role that is influenced by personal philosophy and agency policy (Clear & Latessa, 1993). Purkiss et al. (2003) argued that despite the risk-based supervision models that probation officers often use, they still are endowed with an enormous amount of discretion towards the level of enforcement of probation conditions they use, when they use it, and how they use it. This discretion is largely considered to be necessary so that the probation officer can create individualized treatment plans for probationers. This immense discretion probation officers possess also makes them strong candidates to fall under the heading of street-level bureaucrats.

Role of Officers as Street-Level Bureaucrats

Lipsky (2010) defined street-level bureaucrats as “workers who interact with and have wide discretion over the dispensation of benefits or the allocation of public sanctions” (p. xi). These workers can be found in the public sector and hold various jobs, such as school workers, police officers, lower court workers, etc. Based on the ambiguity of their jobs, and the power of benefit allocation, street-level bureaucrats are generally permitted a great deal of discretionary power. As public officials who regularly interact with citizens, and have a large amount of

discretionary power, probation officers fall right into this category. Lipsky also attributes the vagueness of the role of probation officers combined with vast discretionary powers for the lack of uniformity among probation departments. This discretionary power makes the actions of the probation officer an important link between a probation officer and his/her success.

Street-level bureaucrats are in charge of the decisions that affect people's freedom and, as a result, are also responsible for impacting that person's self-evaluation and feelings towards the criminal justice system (Lipsky, 2010). Lipsky also noted that there are many restrictions (e.g., lack of resources, social control) within the community corrections system that make it difficult for a probation officer to complete both tasks set forth for them; to protect the public's safety and to provide supportive services to achieve rehabilitation. These restrictions can put strain on the officer, the probationer, and their relationship, which is important in the role of successful probation. Street-level bureaucrats have many powers as a result of the vast discretion available to them and the little amount of organizational authority supervising their daily decision-making with probationers. Ultimately probation officers generally have the discretion to use the resources available how they want, when they want, and with whom they want (Lipsky, 2010). Additionally, street-level bureaucrats are also responsible for rationing services between their clients. This is especially important for consideration in the criminal justice system as it is notoriously underfunded (Petersilia, 1997). The allocation of resources can become a struggle for probation officers who do not have enough resources to evenly split between the entirety of their caseloads and thus must delegate who gets what.

At the same time, street-level bureaucrats also play the contradictory role of the advocate/alienator for probationers on their caseloads. Probation officers must advocate for the clients within the scope of the resources they have available. On the other hand, the work of

street-level bureaucrats is alienating in nature. This can be especially true of jobs that may require the denial of basic humanity (e.g., freedom; privacy), as probation officers often do (Lipsky, 2010). This can affect their commitment to their jobs and probationers. The more alienated the workers become, the more likely they are to be willing to accept organizational restructuring and less concerned with caring for clients and their own relationship to them.

Mental Illness in the Criminal Justice System

OMIs are overrepresented within the criminal justice system in the United States. Not only are the prevalence rates of OMIs that become involved in the criminal justice system quite high, but their rate of involvement has also increased dramatically since the changes to the mental health system (e.g., deinstitutionalization) and the criminal justice system in the 1970s-1980s (e.g. the War on Drugs) (Brown & Scheid, 2010; Goldkamp, & Irons-Guynn, 2000). While the prevalence rates of mental illness in the criminal justice system are elevated, exact numbers are not clear. This is partly due to the unknown amount of unreported and undiagnosed cases of mental illness within the system, as well as the different ways that mental illnesses are often diagnosed within the system. Scholars have, however, estimated general overall prevalence rates of mental illness in each arm of the criminal justice system. For instance, in 2012, it was reported that there were approximately 350,000 inmates with a serious mental illness in jails and prisons (Torrey et al., 2014). The authors noted that this number was nearly 10 times larger than the total population of state psychiatric hospitals across the United States. Also, depending upon the source, the prevalence estimates of persons who have a mental illness in the criminal justice system often varies considerably. Some propose that the rate could be as low as 5 percent (Geraghty & Kraus, 1998), while others believe it could be as much as 25 percent (Lamberti, 2007). One study had even found that over 50 percent of all jail and prison inmates had a

“mental health problem” (James & Glaze, 2006). Based on a variety of sources, the likely proportion is between 15 percent and 18 percent (Ditton, 1999; Lurigio et al., 2003; Adams & Ferrandino, 2008; Beck & Maruschak, 2001; Geraghty & Kraus, 1998; Lamberti, 2007).

Police officers are often the gatekeepers to the criminal justice system for OMI as police contact/emergency service is traditionally the first introduction to the criminal justice system for these individuals (Munetz & Griffin, 2006). About one in seven to one in ten of all police interactions are with individuals with mental illness (Deane, Steadman, Borum, Veysey, & Morrissey, 1999). While police have always been the first responders to calls involving individuals with mental illness, Scheid and Brown (2010) noted that these rates have increased over the last few decades. Also noted, is that a large amount of police contact with OMI is to correct minor infractions such as vagrancy, disorderly conduct, trespassing, and shoplifting. Due to the discretionary powers of police, the initial contact with OMI can result in many different actions, ranging from informal (e.g., de-escalation techniques, leaving individuals in the care of his/her family) to more formal actions (e.g., hospitalization or arrest) (Lamb, Weinberger, & DeCuir, 2002; Lipsky, 2010; Teplin, 1984; Wolff, Diamond, & Helminiak, 1997).

Police are likely to divert from the criminal justice system if possible, but in some instances they do make an arrest. There are many reasons why an officer might arrest an individual with SMI rather than hospitalize or take them to a treatment facility. Offenders who show deviance that threatens public safety, offenders who police feel run the risk of repeated criminal activity, or when the officer fails to recognize the individual’s mental illness, are all reasons for diversion to the criminal justice system (Engel & Silver, 2001; Lamb, Weinberger, & DeCuir, 2002; Teplin, 1985). Also, arrest can happen when mental health facilities refuse or cannot admit OMI (Fisher, Silver, & Wolff, 2006). Referred to as “mercy bookings”, this occurs

when police arrest individuals based on the need for treatment rather than the seriousness of the crime (Teplin, 2000; Watson, Corrigan, & Uate, 2004).

Police traditionally follow the sequential intercept model, a five step organizational tool for the pathways of OMI from arrest to release. Following this model, when offenders are arrested, the individual traditionally is taken to jail by the police officer (Munetz & Griffin, 2006). From there, there are a few trajectories possible. The individual is either released back into the community or proceeds to a hearing, where he/she is sentenced to a term of jail, prison, or community supervision (e.g., standard probation) (Munetz & Griffin, 2006). Offenders sentenced to probation, traditionally will go to a standard probation caseload first. These individuals may then be transferred to a specialty caseload if deemed necessary, based on observed specialized needs (e.g., mental illness, substance abuse). After an individual is sentenced to probation, requisitions to transfer a probationer to a specialized caseload can come from many entities (e.g., probation officer, police officer, judge, psychologist) (Lamberti, Deem, Weisman, & LaDuke, 2011). This requisition can happen at any point after sentencing.

Therapeutic Jurisprudence

Over the last few decades, the structure of court has expanded beyond the traditional punitive objectives. As a result of the significant needs some offenders present, specialty caseloads were created in order to assist offenders with these special needs. Specialty caseloads were built from the framework of therapeutic jurisprudence, which revolutionized the way in which the court and probation agencies were able to address the specific problems of individuals with specialized needs. Wexler and Winick (1991) argued that traditional court was anti-therapeutic and that laws needed to be changed in order to act as a more therapeutic agent for offenders. The theory behind therapeutic jurisprudence is to create courts that act in a more

beneficial way through healing and restoration as opposed to punitiveness only (Rottman & Casey, 1999). In court models founded upon the notion of therapeutic jurisprudence, the judge takes a more hands-on role in advocating for rehabilitation. It has been suggested that therapeutic jurisprudence creates a more effective way for judiciary action to occur because it focuses not only on the criminal aspects of the case, but the factors (root causes) behind the criminal action (Janoff, 1991). Also, it addresses the factors leading to criminal activity and reduces the rates of recidivism for offenders by providing them with the necessary services to be more successful such as mental health treatment, substance abuse treatment, counseling, etc.

Specialty Caseloads

Specialized probation caseloads were created on similar theoretical principles to those of therapeutic jurisprudence. Often, when probationers cannot handle the structure and lack of individualized attention of standard probation, due to a specialized need (e.g., mental health, substance abuse), they will be referred to a specialized probation caseload. Specialty caseloads are designed to work with the court to adhere to the guidelines (e.g., probation conditions, imposed rewards/sanctions) ordered by the judge. Specialty caseloads allow for more face-to-face contact between the officer and the probationer, which can be important in individuals' success on probation. While specialty courts still operate in the same structural patterns, there are generally many differences between standard probation and specialized probation.

Traditionally, specialized probation officers have lower caseload sizes than standard probation. A standard probation caseload size can reach into the triple digits for an individual officer. Specialty probation caseloads are normally much lower, based on individuals' need and the time required by each officer for each individual (Skeem, Emke-Francis, & Eno Loudon, 2006). In theory, by having smaller caseloads, specialty probation allows for more individualized

treatment and a better relationship between the probation officer and the probationer. This is important as it can lead to more positive outcomes for offenders on specialized caseloads. For instance, in a study by Burnett and McNeill (2005), it was reported that a better relationship between the probation officer and the probationer was more likely to lead to the changing of criminogenic behaviors that lead to recidivism.

Specialty caseloads serve individuals who are placed on probation, but have a greater risk of failure within community corrections (Skeem & Eno Loudon, 2006). This higher risk of failure is based on the specialized needs that standard probation cannot offer. There may be many reasons for individual need for specialty caseload management (e.g., mental illness, substance abuse) (Skeem & Petrila, 2004). By being placed on a specialty probation caseload, individuals are able to receive the services they need (e.g., mental health treatment, substance abuse treatment, housing) and work more closely with a probation officer trained specifically to help deal with these issues. Often, individuals placed onto specialty probation caseloads are deemed to have an ailment that is causing them to commit crime, which needs to be addressed/treated all while enforcing punishment for the crime.

Specialty Courts vs. Specialty Caseloads

Specialty courts, commonly known as problem solving courts, are designed to deal with specific issues of probationers, which often involves individuals who are in need of social, mental health, or substance abuse treatment services (Winick, 2002). Along with specialty caseloads, specialty courts were developed, in part, with the intent to help solve a widespread crisis (e.g., mass incarceration). These specialty courts were designed specifically with rehabilitation as a main objective rather than punishment for criminal actions, as traditional courts do (Dorf & Fagan, 2003). Specialty court is a tool that may be used by specialty probation

officers in the aiding of the rehabilitative process. Protocol on the use of these courts varies from department to department. Some agencies require the use of court as a means of both treatment and punishment, while others allow the probation officer to use discretion on whether or not an individual must appear in court. The judge plays a critical role in specialty court. The judge takes a hands-on approach and oversees all of the cases using a “social worker”, “probation officer”, and “activist” approach to their role (Talesh, 2007). They speak to each individual with empathy and enthusiasm (Castellano, 2017). While the judge is the overall decision-maker for the treatment plans, the probation officer is in charge of the caseload and makes sure the probationers are complying with the orders of the court. Rather than overseeing the process, they are the ones who work with the probationers on a day-to-day basis in order to progress in treatment and rehabilitation.

Prevalence and Types of Specialty Courts and Caseloads

Strong and Kyckelhahn (2016) report that in 2012, the number of problem solving courts in existence was 3,052. Of all the specialty courts, it was reported that drug court comprised nearly 44 percent (1,330 courts) of the total U.S. census, with mental health court coming in second with 11 percent (337 courts). According to the Counsel of State Governments (2008), in 2007 there were 175 mental health courts in the U.S. With only five years between the reports, this is an almost 52 percent increase in mental health courts. Based on this large increase in a short amount of time, one can speculate that there has been an even larger increase of this number since 2012.

In 1899, the first specialty court was created for the intent of dealing with criminally involved juveniles in Chicago (Dorf & Fagan, 2003). This caseload was designed to help provide a rehabilitative approach to the issues of juvenile delinquency, and was aimed towards diversion

from the punitive nature of adult court. While juvenile courts have proliferated over the last century, other specialty courts originated more recently. Over the last few decades, specialty probation has increased in popularity exponentially for a variety of specialty populations. There are now a multitude of specialized courts throughout the United States criminal justice system that are dedicated to the rehabilitation of offenders.

In 1989, based on the successes of juvenile court, drug court was the first problem solving court designed for a specialized adult population within probation (Belenko, 1990; Dorf & Fagan, 2003). This specialty probation caseload was created for the intent of drug rehabilitation among adult offenders in Miami, Florida. Due to the drug epidemics of the time, the jails and prisons became quite overcrowded with non-violent offenders with substance abuse issues. It became clear that substance abuse issues were an important contribution in committing crimes for this group (Dorf & Fagan, 2003). In response, specialized drug caseloads were designed with drug and alcohol treatment as the main priority and punishment as a secondary consideration.

Based on the popularity and perceived success of drug courts, other specialized caseloads, such as mental health caseloads, were created to facilitate work among probation officers specially trained in mental illness. Florida (Broward County) was also the first state to implement these innovative approaches in the criminal justice system (Goldkamp, & Irons-Guynn, 2000). Today, there are over 300 mental health courts throughout the United States (Counsel of State Governments, 2017). These caseloads were designed specifically with the needs of OMIs in mind. The caseloads assisted in addressing the overwhelming need for individuals with mental illness in the criminal justice system to help secure treatment and to reduce risk factors associated with recidivism (McNiel & Binder, 2007). Probation officers

trained specifically in mental health care (e.g., understanding mental illness, responding to offenders with co-occurring problems, coordinating services to offender needs, developing therapeutic alliances) were in charge of these caseloads (Slate, Feldman, Roskes, & Baerga, 2004). Today, the specialty courts/caseload model has continued to thrive and expand. Over the last few decades, the problem solving courts model has exploded to include caseloads of other specialty populations such as veterans, DUI, domestic violence, etc. (Strong, Rantala, & Kyckelhahn, 2016).

Unique Aspects of SMI Probation

Social Control

Social control is important in criminal justice because its intention is to reduce criminal behaviors through exploitations of learned antisocial behaviors. Social control has been fundamental in the social sciences since their inception. Liska (1992) stated that social control is defined as “acts, relationships, processes, and structures that maintain social conformity” (p. 2). In the same work, social control was divided into three forms: fatal control, coercive control, and beneficent control. Historically, the criminal justice system has used all three forms of social control. SMI probation, however, is designed for probation officers to be both agents of beneficent control and coercive control from the courts. Coercive control is generally viewed as the stripping of one’s freedom in order to elicit desired actions (imprisonment in order to deter criminal actions). Beneficent control, specific to this study, is described as the linkage of the criminal justice system and the mental health system (Liska, 1992). Those deemed “threatening” (e.g., offenders with mental illness) are able to be beneficently controlled by the mental health and criminal justice systems working interdependently. This allows for OMIs to receive the mental health treatment they need, while still adhering to the coercive control of the criminal

justice system. It is speculated that the need for the interdependency of these two control mechanisms is due, largely, in part to the deinstitutionalization of state mental hospitals and the criminalization of individuals with mental illness (Arvanties, 1992). Also, most OMIs in the criminal justice system have criminogenic need that should also be addressed in addition to mental health treatment. Researchers have argued that less than 1 in 10 of all criminal actions are due to psychosis – meaning that vast majority of all OMIs have criminogenic need also (e.g., substance abuse; criminal thinking) (Peterson et al., 2010).

Management of OMIs

At the start of the decade, there were already over 100 U.S. probation agencies that have implemented a specialty mental health caseload within their department (Eno Louden, Skeem, Camp, Vidal, & Peterson, 2012). It can be assumed that the number of specialty caseloads charged with working with OMIs has only continued to increase since this time. Due to the recent increase in popularity and implementation of these specialty caseloads, researchers have begun to explore our understanding of the unique aspects of managing a specialty probation caseload, what it entails, and the differences from standard caseload management. Skeem, Emke-Francis, and Eno Louden (2006) suggested that there are five key features of managing a specialty mental health caseload that differs from standard probation. First, normally there are smaller caseloads for probation officers on specialty probation. As discussed previously, the average caseload of a standard probation officer can often be in the triple digits (Office of Justice Programs, 2005). Specialty caseloads, on average, take on less than 50 individuals per officer (Skeem et al., 2006; Strong et al., 2016). This allows for an increase in the amount of time-of-contact officers may have with each probationer. Smaller caseloads can be an important aspect in the relationship building of probationers and their officers. Manchack, Skeem, Kennealy, and

Eno Louden (2014) found that specialty probation officers meet with probationers an average of twice as frequently as standard officers and that these probationers, with increased amounts of meetings, experience less violations.

Second, specialty probation officers are trained in relevant issues regarding mental health need, substance abuse and other risk factors that are particularly prevalent in this group. Eno Louden et al. (2012) noted that trained specialty probation officers are more likely to discuss the probationer's mental health need on a regular basis, as opposed to only focusing on the criminogenic tendencies of the individual. Understanding the mental health need of OMI's may be crucial to their success on probation. Eno Louden and Skeem (2013) found that probation officers find OMI's to be at a higher risk of probation violations than standard offenders. As a result of being a high risk population, officers feel the need for closer supervision, to build better relationships, and force mental health treatment for individuals with mental illness on probation, in order to assist in providing support and service for the mental health problems that present.

Third, specialty officers more actively combine internal resources, such as probation, and external resources, such as mental health treatment, in order to ensure the resources are being allocated properly (Skeem et al., 2006). Specialty probation officers work more closely with the external treatment providers and have more treatment involvement than standard officers (Manchak et al., 2014). For example, SMI caseload probation officers may work with psychiatrists to ensure proper medication adherence or better communication with a counselor to ensure probation compliance of therapy. These additional services are used to help ensure proper treatment and better communication between professionals working with OMI's in addition to networking across all agencies involved.

Fourth, specialty probation officers emphasize problem solving in addition to only providing threats of sanction. In fact, researchers have reported that problem-solving is the most important factor for managing OMI's (Skeem et al., 2006). It is important based on the notion that OMI's require rehabilitative attention in order to find success. Furthermore, Eno Louden, Skeem, Camp, Vidal and Peterson (2012) found that reminding and monitoring the conditions of probation are large parts of the managing process of OMI's on probation. Rather than negative pressures (e.g., threats of incarceration) or positive pressures (e.g., rewards), scholars have argued that neutral pressures are most often used in enforcing probation conditions. Neutral pressures often take the forms of reminding probationers of rules, overseeing compliance of mental health treatment, ensuring sobriety, etc. (Eno Louden et al., 2012). Problem solving agencies have been shown to yield significantly lower rates of violations among OMI's than traditional probation, as a result of problem-solving techniques (Manchak et al., 2014).

Finally, the fifth key factor discussed by Skeem et al. (2006) is to establish a firm, fair, and caring relationship with each probationer. As briefly discussed before, a better relationship between the specialty probation officer and each individual probationer is more likely to lead to the changing of behaviors that lead to circumstances associated with the recidivism (Burnett & McNeill, 2005). Skeem et al. (2009) noted that recidivism has less to do with symptom and behavioral changes, and more to do with specialty probation officers' use of correctional practices (e.g., increased meetings, closer supervision, etc.), more so than traditional officers. Despite the dissimilarities in reasons for change, the outcome is the same- better relationships equate to increased probation success.

Eno Louden, Skeem, Camp, and Christensen (2008) discussed the management of discretion among specialty probation officers. It is important to note that most agencies with

specialty probation caseloads do not have policies in place that deal with addressing issues of non-compliance (e.g., missing a probation appointment, missing a treatment appointment, committing a new offense, etc.) (Eno Louden et al., 2008). Issues with non-compliance are generally left to the discretion of the probation officer. Probation officers also have the discretion to choose how harsh of a sanction they use, if any. Eno Louden et al. (2008) described four types of strategies for probationer sanctions: do nothing, apply positive pressure, apply neutral pressure, or apply negative pressure.

Despite possible concerns of ineffectiveness and variation of officer actions, and while research on the effectiveness of SMI probation is in its infancy, the research that has been conducted shows a general effectiveness of SMI probation (Skeem, Emke-Francis, & Eno Louden, 2006; Wolff et al., 2014). As a method for sanctioning probationers, graduated sanctioning is common practice in probation agencies. Graduated sanctions are described as “structured, incremental responses to noncompliant behavior of probationers while they are under supervision” (Taxman, Soule, & Gelb, 1999, p. 183). The concept of graduated sanctions is to use modest steps of immediate punishment to deter current acts of non-compliance in the future. The type and severity of the sanction (e.g., time in jail, more drug testing, more reporting, a curfew, etc.) is left up to the discretion of the probation officers (Taxman, Soule, & Gelb, 1999). Concurrent with graduated sanctions, research shows that agencies generally use harsher sentences as violations become more serious (Eno Louden et al., 2008). It was found that the use of graduated sanctions is similar among both specialty probation and traditional probation, but in terms of the harshness of sanctions used related to the severity of the probationer’s actions, it was noted that traditional officers were more likely to use more punitive sanctions than SMI caseload officers (Eno Louden et al., 2008).

Current Focus

Over the last few decades, the criminal justice system has become the de-facto mental health treatment provider in the United States. To date, research has illustrated that there is a high prevalence of OMIs on probation in the United States. OMIs on probation often need extra services (e.g., mental health treatment, substance abuse treatment) and rely on their probation department to allocate these services. As street-level bureaucrats, research has illustrated that probation officers have a lot of discretion in their jobs (Taxman et al., 1999). Probation officers have the ability to determine who gets each available resource, when they get it, and how they get it. This discretion is especially important for OMIs on probation who typically have a serious mental illness and functional impairment, and rely on their probation officer to provide the help they need. It is known that the relationship and the therapeutic alliance built between the probation officer and probationer is important in the success of the probationer, and that the better the relationship becomes, the more helpful probation becomes (DeLude, Mitchell, & Barber, 2012; Labrecque, Schweitzer, & Smith, 2013). Despite the vast amount of OMIs on probation and the large role SMI caseload probation officers hold in the success of OMIs on probation, there is a gap in our understanding of the perceptions SMI caseload probation officers have about their jobs working with OMIs. This thesis seeks to expand upon what we know to date about the role of a mental health specialty probation officer and their perceptions about working with OMIs and, more specifically, how probation officers use this discretion to manage their caseloads and their work. The study will employ emergent themes by utilizing a grounded theoretical perspective to code and analyze 24 SMI caseload probation officer and supervisor interviews.

CHAPTER III: METHODS

Data Collection and Setting

According to the United States Census Bureau (2016), Maricopa County is the fourth largest and fastest growing county in the United States with an estimated population of 4.2 million people. In addition to being one of the most populous counties in the United States, Maricopa County also has one of the largest probation populations. Originally established in 1972, The Maricopa County Adult Probation Department (MCAPD) served a probation population of close to 52,000 individuals at the time of the initial study (MCAPD, 2013). In 2013, the department was comprised of 1,050 employees working within 19 regional and area offices. The MCAPD had many specialty adult probation units as of 2013. The specialty units include, but are not limited to, DUI court, a drug court, a veterans court, a sex offender program, a domestic violence program, as well as a Seriously Mentally Ill (SMI) caseload (MCAPD, 2013).

The SMI caseload originated in 1995 and was comprised of only a single supervisor and a few officers at that time (Mulvey, 2013). Since its inception in 1995, the SMI caseload has grown considerably. As of 2013, there were, on average, 610 active probationers under supervision on any given day, with the ability to serve up to 680 SMI probationers (MCAPD, 2013; Mulvey, 2013). Probationers on the SMI specialty caseload were assigned to one of 17 different probation officers who oversaw offenders on the caseload under the direction of two supervisors (Mulvey, 2013). In the SMI unit, the ratio of probation officers to probationers averaged 1:37 (Mulvey, 2013) and capped out at 1:40 (MCAPD, 2013). The sizes of the SMI unit caseloads were roughly half of the size of a standard officer's caseload, which capped at 1:80. According to MCAPD (2013), this SMI unit had an average successful completion rate of

73 percent. Knowing that comorbidity of substance abuse and mental illness are a common issue among OMI's, MCAPD also highlighted that nearly two-thirds of all individuals on the SMI caseload were substance free while on the SMI caseload (MCADP, 2013).

During the data collection period, the SMI unit was comprised of 23 officers (17 total at any one time) and three supervisors (two at any given time), split across multiple field offices in Maricopa County. Each office had between one and four SMI caseload officers within, depending on the need and population of that region. To become part of the SMI unit, mental health probation officers normally screen probationers deemed to be a good fit for the caseload. Generally, there are two ways in which an individual is screened onto the SMI caseload. The first occurs at sentencing when the presiding judge refers an individual to be screened based on his/her observations about the probationer's mental health terms in the initial intake assessment (or based on the specific details of the case). The second, and much more common way, is when a standard probation officer determines that a probationer on his/her caseload may need additional mental health services. After referral, a SMI caseload officer will conduct a screening with the probationer to determine if the probationer is ultimately a good fit for the SMI caseload. In the end, the probation officer has the discretion to decide who is admitted onto the SMI caseload.¹ Once the screening is complete, this officer (with an occasional discussion with his/her supervisor) makes the decision to accept the individual on to the SMI caseload, suggests a more appropriate specialty caseload, or deems the person to be inappropriate for specialty probation. Once accepted onto the caseload, each individual must fill out a comprehensive mental health probation court contract, which spells out the requirements of probation set by the

¹ The officer makes this determination by completing a full review of the probationer's case file, consulting with the standard officer, and administering an assessment created specifically by the SMI department at Maricopa County for SMI probation eligibility.

court (e.g., must take medication as prescribed, must stay in contact with probation officer, must not consume alcohol or illegal drug, etc.).

To be accepted onto the Maricopa County SMI probation caseload, two specific requirements must be met. First, all participants must have a diagnosed Axis I mental health disorder according to the DSM-IV. In rare circumstances, individuals with traumatic brain injury, severe dementia or other profound mental disabilities will be considered for the caseload (MCAPD, 2013). Second, and importantly, in addition to a major mental illness, all participants must also have a significant functional impairment. For instance, the participant's mental illness must limit the ability to do life activities, to work, or the ability to fully care for oneself in a daily and/or legal capacity.

Although many SMI caseload probation officers possess some mental health training in their educational or professional background coming into the job, all SMI caseload probation officers receive specialized mental health training post-hire. According to informal discussions with supervisors, the majority of SMI caseload officers start in other probation positions (e.g. standard officers) and then apply for internal transfers to the SMI unit when positions become available. While in rare instances individuals with a background in professions such as case management, mental illness, or social work may be hired on directly to the SMI unit, the overwhelming majority of hires happen through internal transfer. Once a part of the SMI unit, each individual regularly meets with the other SMI caseload probation officers and receives other general trainings regarding mental health and the SMI unit.

While the majority of mental health probation caseloads operate on a drug court model, Maricopa County probation is unique in the fact that it's SMI caseload works as a problem solving caseload. In this model, probation officers have significant discretion over determining

when, and in what capacity, each of their probationers will appear in mental health court. Reasons for a probationer having to make an appearance in court can be both negative or positive as a result of a sanction (missed treatment meetings, missed probation meetings, new charges, dirty drops, etc.) or reward (acknowledgement of advancement in the program, acknowledgement of sobriety, etc.). The mental health court team is comprised of the probation officers, a district attorney, a defense attorney, the judge, case managers, and peer support specialists. At the time of data collection, this team met every Wednesday to discuss the mental health court docket. The mental health court was split across three dockets: one petition-to-revoke docket (taking place in the morning) and two problem-solving dockets (one taking place in the morning and one in the afternoon).

Sampling, Participants, and Procedure

The current thesis project was inspired by a larger project that was completed over a two-year period in Maricopa County. The larger project was an extended field study exploring the lives of SMI probationers through qualitative life-course interviews, analyzing five years of quantitative intake data, and completing over 100 hours of observations of the mental health court. A fourth piece of the study consisted of extended interviews with probationer officers that form the basis for this project. Originally, the Maricopa County SMI probation department was approached to participate in this extended case study analysis of the SMI unit. There were multiple meetings between the SMI caseload supervisors, the director of probation, the head of research at Maricopa county probation, and the research team to discuss the feasibility of the project. From there, a complete application for research was submitted to the MCAPD research department to allow for the study to take place. After MCAPD approval, all of this information was also submitted to, and accepted by, the researcher's institutional review board.

After all approvals were granted from each entity, the researcher then went to a regularly scheduled monthly staff meeting in the SMI unit, to explain the entirety of the project and invited each probation officer to participate in the project with a follow-up invitation letter. Subsequent phone calls were also made to each individual officer to gauge their interest in participating in the study. During the 14-month span that the study was conducted, each time a new officer came onto the SMI unit, they were also invited to participate in the project. A complete census of all officers working on the SMI unit during this time agreed to participate in the study. This resulted in 21 interviews with SMI caseload probation officers and three supervisors during that time span. Each interview was conducted in person with the probation officer in his/her office, or in a private conference room at a probation field office. The researcher traveled to each officer's field office at a day and time that was convenient for the officer.

Prior to conducting the interview, each participating officer signed a consent form with the researcher to be a part of the study. Each officer was guaranteed confidentiality and assured that this interview would have no bearing on his/her job status, or be heard by anyone else in the probation department. All interviews were audio recorded unless the probation officer requested to not be recorded (although all agreed to be audio recorded). Each interview lasted between 45 minutes and 2.5 hours. The interviews were semi-structured in nature and were based on learning about how the SMI caseload probation officers manage their caseloads and their perceptions of their work. Examples of questions included, but are not limited to, "What are the most rewarding parts about working with offenders on the SMI caseload", "What are the most challenging parts about working with offenders on the SMI caseload", "Who are the most difficult probation clients", "How do you personally use the mental health court", "What types of offenders do you normally sanction there" and "What types of services do you utilize in the community for

offenders on your caseload.”² These questions allowed for the probation officers to elaborate on personal management techniques as well as their perceptions of their job working with OMI. In addition, the researcher also asked multiple follow-up and clarification questions.

In the end, data collection resulted in 24 extended interviews with officers who had been a part of the SMI unit for a time-span ranging from a few months to over a decade. As noted earlier, during the interviews, follow-up questions were asked to the participants based on their initial responses. These follow-up questions evolved over time, and were elaborated on, based on grounded theory to account for information the officers were sharing that had emerged in earlier interviews. As a part of the initial project analysis, these interviews were audio recorded and then transcribed by a transcriptionist. Every transcription was then reviewed a second time by the author of this thesis, and fact-checked in order to ensure an accurate word for word account of the interview that was originally completed. As a part of the initial study, the interviews with probation officers were never analyzed beyond this point. Therefore, the goal of this study is to explore emergent content that developed in these interviews by completing a qualitative secondary data analysis of the SMI caseload probationer officer perceptions about their work.

An Overview of Qualitative Interviewing

There are three traditional methods of qualitative research design: participant observation, focus groups, and intensive interviewing (Bachman, Schutt, & Plass, 2017). This thesis project is an analysis of one of these three traditional methods of qualitative design –semi-structured intensive interviews. According to Lofland and Lofland (1984), qualitative interviewing is “a method that involves open-ended, relatively unstructured questioning in which

² A complete list of questions is in Appendix A.

that interviewer seeks in-depth information on the interviewee's feelings, experiences, and perception (p.12). Qualitative interviewing allows for researchers to create data that gives an authentic insight to people's experiences that often can be learned by no other means. It is acknowledged by methodological experts that qualitative interviewing provides "intersubjective depth" and "deep mutual understanding" (Miller & Glassner, 2011). This is done by building on interactive components (e.g., inductive reasoning) rather than trying to control and reduce them (e.g., deductive reasoning).

It is noted that a vast amount of the foundational work in social science that has produced fundamental ways of how we understand our society and ourselves is largely attributed to qualitative interview studies (Weiss, 1995). Weiss (1995) proposed that there are seven reasons for conducting qualitative interviews: (1) developing detailed descriptions, (2) integrating multiple perspectives, (3) describing process, (4) developing holistic description, (5) learning how events are interpreted, (6) bridging intersubjective entities, and (7) identifying and framing hypotheses for quantitative research. These seven reasons present ways in which qualitative interviewing can produce explanations for both internal and external factors, in order to explain the phenomena that researchers search for. Many social scientists argue for the social construction of reality and qualitative interviewing allows for researchers to take part in the creation of these constructs to determine individual "truth" (Josselson, 2013). Miller and Glassner (2011) suggested that while it is understood that this research "cannot provide a mirror reflection of the social world" (p. 133), it can uncover attributes to and explanations of people's experiences and social worlds as they view them. Due to the lack of knowledge about the perception of SMI caseload probation officers on their roles and their perception of working with OMI, this study seeks to use this unanalyzed source of data to help explain this social

phenomenon (the perceptions of SMI caseload probation officers) as they go about their daily work – an area ripe for study despite the fact that the field has focused little on it.

Grounded Theory and Analysis

The initial study, from which the secondary data is derived, was conducted based on a grounded theory method (Mulvey, 2013). Grounded theory starts with an inductive approach and then builds upon a systematic theory, which is built upon observations and emergent logic (Bachman, Schutt, & Plass, 2017). By using grounded theory, the initial study was able to learn what occurs in the setting of the study, as well as what the participants' jobs are like. By using grounded theory, the original study was trying to gather data to engage in “sense making” of the participant's actions, perceptions, and statements, while also trying to gain a logical sense of what the researcher can deduct from the interviews.

Glaser and Strauss (1967) pioneered grounded theory and were the first to propose the idea of conducting emergent analysis in qualitative research. Their main goal for grounded theory was to create intellectual, theoretical explanations of social processes, proclaiming that, “qualitative analysis had its own logic and could generate theory” (Charmaz, 2014, p. 7). Charmaz (2006) discussed how grounded theory could also be used as a method of explanation and emergence. By taking a systematic, inductive, and comparative approach to research, using grounded theory as a method of observation offers several open-ended approaches for conducting emergent analysis. This allows the researcher to create their own methodological strategies to handle questions of inquiry, as they arise.

Emergence is a fundamental property of grounded theory and the main objective of using grounded theoretical analysis is to “create emergent theories from the data that account for the

data” (Charmaz, 2008, p. 157). In other words, the objective of using grounded theory as a method is so that researchers are able to use qualitative data to create theories based on what is present, and how the data evolves as the researcher continues examining it. Charmaz (2008) further discussed the fundamental components of emergence – the concept of methodologically taking into account that the unexpected may occur. Thus, using emergent methods allow researchers to continue pursuing what they could not have anticipated from the data at the onset of their analysis.

In the original consideration of Glaser and Strauss’s grounded theory, experts have posited that researchers should conduct their analysis of the data without heavy reliance on preconceived notions from earlier theories or research. Charmaz (2008), however, argued that this is simply not realistic in many studies. Over time, grounded theory has evolved into a collection of methods rather than a traditional unitary method. Charmaz (2008) discussed that often, researchers now use grounded theory to study a preconceived problem, but doing so can undermine the effectiveness of the theory. In turn, researchers must instead use grounded theory in application. When considering this topic, she noted:

In keeping with constructivist premises, researchers must also (1) entertain a range of theoretical possibilities and (2) examine their own epistemological premises and research principles and practices. Grounded theory fosters openness to what is happening in the empirical world. That means studying data and developing an analysis from conceptualizing these data rather than imposing a theoretical framework on them (p. 163).

As the current thesis project is a secondary data analysis of a previously completed qualitative field study, the notion that there would be no preconceived hypotheses about the

findings, is somewhat disingenuous. Literature discussed in the last chapter provided multiple initial assumptions on how SMI caseload probation officers may view their work and their perceptions about SMI offenders. As a result, the current study used an emergent thematic analysis, while also utilizing a “grounded” inspired approach. To explain, the project proposed to construct themes in the probation officers’ accounts based on a constant comparative analysis (i.e. borrowing from grounded theory, the thesis developed themes derived from the interviews). By using a “grounded” approach, the project sought to “direct, manage, and streamline the data” and construct an original analysis of the dataset (Charmaz, 2014, p. 1). To complete the qualitative analysis and the classifying of all interview content, the project used the qualitative computer software NVivo (version 11) to code and analyze each probation officer interview. NVivo provided the ability to compile narrative data to assist in creating summaries of the material (Bachman, Schutt, & Plass, 2017). It also allowed for the cataloging of thematic content in each of the individual probation officer interviews, so the interview content could be grouped efficiently by different themes.

Finally, it is also important to consider reflexivity regarding the author and researcher in any qualitative project. Defined, reflexivity is the self-understanding of the researcher’s personal experiences in dealing with the type of individuals being studied, and how these personal experiences may shape their views and interpretation of the data (Creswell, 2016). Reflexivity is important in all qualitative research and it is important that all researchers be reflexive of their roles. The author’s involvement in this study is noteworthy in this regard given that during my undergraduate internship I experienced, first hand, what it was like to work with OMIs on a specialty mental health probation caseload. Therefore, based on this personal experience with OMIs, I am able to empathize with the difficulties, frustrations, emotional taxing nature, etc. that

goes along with working with these individuals on a specialty caseload and OMIs in general. It is important to note that this experience has implicitly and explicitly shaped my general notions about SMI probation caseloads and about OMIs. To maintain my reflexivity in this instance, however, I took notes throughout the analysis about things such as hunches about the findings, observations on this process, and personal reactions to the findings (Creswell, 2016) in an attempt to maintain as much objectivity as possible about the perceptions and experiences of the SMI caseload officers in this particular study.

CHAPTER IV: FINDINGS

Interviews were completed with 24 probation employees on the SMI caseload (7 men and 17 women) as officers or supervisors during the 14-month span of data collection (see Table 1). The ages varied among the officers, ranging from early 20s to over 60 years old. Four (17 percent) of the officers were in their twenties, six (25 percent) in their thirties, eight (33 percent) in their forties, and six (25 percent) were fifty or older. Nineteen (83 percent) of the officers identified as White and five (17 percent) of the officers identified as a racial/ethnic minority. Every officer had earned a four-year college degree. A couple officers were pursuing graduate school education at the time of their interview. Furthermore, nine officers had completed a graduate degree by the time of their interview. The tenures of the officers on the SMI caseload varied considerably, ranging from a few months of experience working on the SMI caseload, to multiple officers who had been employed on the SMI caseload for over a decade. In almost all circumstances, the officers interviewed had been employed in different departments of MCAPD at some point before beginning their tenure on the SMI caseload.

Officer Pathways to the SMI Caseload and Clinical Orientation

Although the primary focus of this thesis is on exploring the perspectives of SMI caseload probation officers and the discretion they use in their caseload management, I first contextualize the different officers' pathways to SMI probation in order to better understand officer backgrounds in education, work history, and personal philosophy regarding supervision style. I do so by overviewing their previous employment and education experiences, how the officers describe those experiences, and consider how those experiences may have shaped their clinical orientation – based on the narrative information provided during the semi-structured interviews.

The pathways to the SMI probation caseload for these officers are important to consider because they often were central to the origins of their supervision style and fundamentally shaped officer attitudes in the management of their caseloads. Overall, the clinical orientation of probation officers, as considered in previous work with non-specialty officers, traditionally varied based on personal philosophy (Clear & Letessa, 1993; Schwalbe & Maschi, 2009).

In consideration of the pathways to employment on the SMI probation caseload, many officers were drawn to the mental health caseload based on their contact with individuals with mental illness in previous employment. For instance, before becoming an officer on the SMI caseload, Autumn D. held a position as a counselor working with individuals with SMI. Many of the individuals on her caseload were probationers and, in turn, Autumn was often interacting with their probation officers. These interactions peaked her interest and developed a desire within her to work with the SMI caseload. She described that over time she “became very interested in what kind of assistance they offered the mentally ill population.” As interactions continued, she was “drawn to it more and more and became more and more interested.” As a result, Autumn ultimately decided to apply to be an officer on the SMI caseload. Most of the officers working on the SMI caseload came from backgrounds that were similar to the work they were completing on the SMI caseload. This work normally focused on helping individuals, but some work involved the exertion of social control, such as caseworkers, police officers, correctional officers, or probation officers on other units. Also, individuals were sometimes recruited based on their previous experience with OMIs. It was very rare (only one instance) where an officer was hired to work on the SMI unit directly from school/the academy without having considerable experience in law enforcement and/or social services.

Officers on the SMI caseload had a variety of college education degrees, ranging from history to psychology, and in certain instances their prior educational training appeared to have an impact on seeking SMI caseload employment. For example, those with a background in psychology often talked about their interest in mental illness in general and described their education as a driving force to work with this population generally, as opposed to criminally involved individuals specifically. On the other hand, one officer with a significant background and training in the legal system described legal education as the catalyst for wanting to be a part of the SMI caseload. In the interview, the officer discussed the desire to spend more time within the courtroom as the driving force to work on the specialty SMI caseload. The officer saw the SMI caseload as an opportunity to work more closely with the courtroom work group as a part of the weekly mental health court. This job provided the perfect opportunity to do so given its unique problem-solving court model connected to the SMI probation caseload that was far less common for many probation officers in other departments.

Personal feelings about employment were also a factor considered in some officers' reasoning for their interest in working on the SMI caseload. Often, individuals would convey that they felt complacent in their previous work, and gravitated towards the SMI caseload because it provided a more challenging environment due to the demanding nature of working with OMIs. Other officers discussed wanting to help individuals become successful but were tied down to regulations in their job on many other caseloads. For instance, Frank was previously a standard officer and described how working on the SMI caseload allowed him more flexibility in his role as a probation officer:

We have more ability to do things than you do as a standard case officer. A standard case officer is kind of tied into, you know, in their set criteria in things they have to do. We have a lot more flexibility as SMI officers to get things done, to get things accomplished and that's usually one of

our main selling points when we are trying to recruit other people...you know you're not tied to...Okay, you have set criteria; this is what you have to do if this happens <as a standard officer>. We can look for other ways around it and we can be creative in what we do.

A final important consideration on what drew certain officers to the SMI caseload was that of personal philosophy. Kylie, for example, described feeling a change as her career progressed as a standard officer. She discussed that there was a “pendulum swing” from her department’s clinical orientation as *social workers* to *law enforcers*, but she still found herself attracted to the *social worker* aspects and wanted to work in a more therapeutic environment. For some officers like Kylie, the personal desire to be more of a “helper”, and a personal evolution to embrace more therapeutic and rehabilitative ideals, made the SMI caseload a particularly appealing place to work in the probation department. Sally also described her pathway to the SMI caseload as being influenced by her personal philosophies. Coming from both a social service background and previously working for the government, she explained that she didn’t like “the extremes of both.” She had a desire to move to a position that allowed her to “feel the middle ground.” This led to her interest in working on the SMI caseload as it provided the opportunity to “move on the spectrum per client and tailor it to [each] individual.”

Overall, pathways to working on the SMI caseload for individual officers had important significance to the development of the officers’ supervision styles. The experiences of past work and education impacted their views and helped shape their clinical orientations over time. This was not always the case, however. For example, Sharron described her pathway to the SMI caseload rather differently than most officers. She explained that she had been working at a local grocery store when she applied for a probation officer position and was placed in the SMI caseload right from the academy. She had no experience with probationers, or working with individuals with mental illness. She applied out of interest and felt lucky that she was given the

“rare opportunity.” In this instance, an officer was needed immediately on the SMI caseload, and Sharron was seen as the best option for the caseload given the time crunch and selection pool of applicants the SMI caseload supervisors had available to them to choose from.

Supervision Styles

As clinical orientation evolves for an individual, supervision style begins to be shaped by that orientation. As a result, the pathway to SMI probation that shaped an officer’s clinical orientation is often what in turn influenced their supervision style. An officer’s supervision style is a critical aspect of their role as a SMI caseload probation officer because it determines how they will use discretion in the management of their caseload. Due to the difficult, yet rewarding nature of the caseload (as posited by many officers in their interviews), the SMI caseload attracts officers of various backgrounds and styles of clinical orientation. In accordance with Klockars’ (1972) theory on probation supervision styles, all SMI caseload officers interviewed in the current project generally fell into one of his three main supervision styles: *law enforcer*, *social worker*, or *synthetic officer*. The findings now turn to explore how each of these fundamental categories of probation supervision were displayed in the MCAPD SMI caseload.

Law Enforcer Orientation

Overall three officers (~12 percent) embraced the *law enforcer* style of supervisor. *Law enforcer* officers were generally more concerned with crime control aspects of the justice system (e.g., supervision, surveillance & risk management). In the current analysis, SMI caseload probation officers with *law enforcer* orientation usually discussed two specific viewpoints in their work on the SMI caseload. First, *law enforcers* emphasized a sense of community protection in their narratives when considering their work on the SMI caseload, and their work

with OMIs in general. This attitude was largely in conjunction with the general duty of a probation officer, who are often seen in the criminal justice system as partially responsible for the protection of society (Epperson, Canada, Thompson, & Lurigio, 2014). Officers often discussed in their interviews that it is an individual priority of theirs to protect the community, sometimes at the detrimental cost to the OMIs on the caseload. Sometimes, *law enforcers* failed to consider the difficulties associated with OMIs (e.g., substance abuse), and put any rehabilitative orientation they may possess on the back burner in lieu of enforcing the law. For example, during her interview Sharron discussed her role as a *law enforcer* in detail. She described an instance where a probationer failed to show up for his court date and also missed a drug test. As a result, she put out a bench warrant for his arrest. What she failed to consider, however, was that the individual had recently checked into a drug rehabilitation center. By sending him to jail, it could have potentially impacted the individual in ways that may have been detrimental to his success, such as a loss of public assistance and his therapeutic alliance with his probation officer.³ She noted, however, that she perceived this as a positive outcome because:

He said [to me], “it made me realize that you are my probation officer and not my friend.” And I said, “you’re right. I am your probation officer and [if] you don’t do what you’re directed in writing, there is going to be consequences.”

In this statement, Sharron’s perceptions of her duty as a *law enforcer* put her strong feelings about public safety and compliance ahead of any rehabilitative practices or considerations she may have regarding the importance this probationer continuing uninterrupted public health coverage, or the importance of the therapeutic alliance between the officer and the probationer.

³ While the project was being completed, individuals would lose their public health insurance if they spent more than 30 days incarcerated, and would have to reapply upon their exit.

A second common narrative for probation officers on the SMI caseload with the *law enforcer* orientation was centered on the topic of compliance. These officers described setting high expectations of compliance for their probationers at all costs. Officers with this supervision style sometimes showed signs of misunderstanding the difficulties probationers on the SMI caseload often face when it comes to compliance due to their mental illness and/or functional impairment. This is a large reason why many probationers with SMI get transferred from standard caseloads in the first place. This notion is illustrated in an interview with Antony, who discussed this type of lack of empathy on the part of the probation officer when considering compliance with his caseload:

This is what you signed up to do [as being a part of the SMI caseload] and you either do these stipulations or you pay the consequences, period. It doesn't have to be heavy consequences, they can be whatever, but be consistent.

During Antony's interview these thoughts were described as it being similar to trying to "deal with or discipline" a child in his approach. He explained further:

Yeah, definitely I mean, you know. If I'm going to sign on to buy a new Mercedes, then I have to make the payments or I'll lose it. You know what I mean? It's just like I don't understand why in society we get these black and white things, but when you get into the court system, with criminals, it's gray.

Officers with the *law enforcer* style of supervision also sometimes considered their use of fear as a motivator in their work on the SMI caseload. In further discussion of his management style, Antony also overviewed this notion as he described his utilization of the mental health court as a motivator of fear:

We use [mental health court] as kind of a scare tactic. It's just a reminder, you know, that this is the consequence if you don't do what you need to do. They kind of forget the law enforcement aspect. So, I try to do that to bring them back into the arena. We're still a part of the justice system here.

Fear as a perceived means of motivation (on the part of the SMI caseload probation officer) was often instilled through threats of sanctions, such as increased randomized urinalysis drops, a required status hearing in court, or short periods of jail time as a graduated sanction, or even filing a petition to revoke (PTR) on the probationer.⁴ Officers with a *law enforcer* supervision style proclaimed that fear was an extremely effective method of motivation. One must, however, also consider if using fear as a motivator is also a detriment to building rapport in the relationship between individuals on the SMI caseload and SMI caseload probation officers. Furthermore, it is important to consider if fear is an effective strategy in the long-term rehabilitation efforts of a problem-solving court / specialty caseload based program that is dealing with a particularly vulnerable group of individuals – those with significant and long-term mental illness.

Social Worker Orientation

The second supervision style embraced by some officers was that of the *social worker* type officer. This orientation has traditionally focused on rehabilitative aspects of probation such as therapy and counseling, mental health treatment, substance abuse treatment, housing assistance, etc. (Klockars, 1972). Five officers (~21 percent) were labeled as strictly having the *social worker* supervision style. In contrast to the strictly *law enforcer* officer, these *social worker* oriented officers would more fully embrace the rehabilitative aspects of SMI probation and utilize rehabilitation in probation work much more frequently. For example, when faced with compliance issues, these officers would take all possible measures to avoid a punitive response fearing this might have devastating consequences for the OMI. Andrea, an officer with the

⁴ When a PTR happens this is where the probation sentence is revoked and probationer must serve their original jail/prison sentence.

social worker supervision style, elaborated on her orientation towards punishment during her interview:

Everyone always says I'm the softy person. I don't like to request jail. I really don't unless they're a danger to themselves or what not, I don't like to do jail. I'd rather just work with them and try and get them back on track because if they do lose their [public health insurance], then they get put in the category with the [people who have been determined to have a serious mental illness but do not qualify for public health insurance] and then it's even more difficult so, you know...So when I'm recommending jail, I don't really care if they lose their [public health insurance] because they're probably not coming back to my caseload. They are going to be violated and either going to prison or just serving the rest of their time in jail.

Here Andrea describes taking every possible option to keep from filing a PTR on any of the OMI's on her caseload. PTRs created a huge headache for probation officers like Andrea on the SMI caseload, because these individuals were highly invested in the probationer getting every possible service they could, even if it meant not formally sanctioning the OMI's when they technically should have been. As a result, Andrea managed her caseload around these structural constraints in a more "helping fashion" than many of her colleagues who were also probation officers on the SMI caseload. Andrea also noted that in the very unlikely chance she did revoke someone on her caseload, it was for a major infraction (e.g., a new violent crime) that warranted the probationer to serve the rest of their time incarcerated. For social work oriented officers like Andrea, resorting to a harsh punishment was an ultimate last resort after every other attempt to be rehabilitated on the SMI caseload had been completely exhausted – leaving long-term confinement literally as an option of last resort.

Like Andrea, Audrey also fit the category of a *social worker* type officer. During her interview, Audrey described how she went above and beyond for individuals on her caseload who she understood needed more services, but did not have access to them. During her interview she described a 19-year-old young man who came onto her caseload with major symptomology of acute psychiatric illness while on standard probation. Because he had admitted to smoking

marijuana, the agency that decides SMI determinations for individuals in Maricopa County deemed him as only having “general mental health terms”, and thus leaving him unable to apply for public healthcare. To be eligible for this type of assistance, one must be classified with a “serious mental illness” determination. Frustrated by this OMI’s predicament, but vowing to get public insurance for this individual so he could have more adequate mental health treatment, Audrey fought for six months on this case. She constantly called and begged for the agency to re-submit the paperwork on the probationer until they eventually relented and agreed to do so. Through constant use of mental health court to prove need, not to mention Audrey’s persistence by consistently badgering those who could make a change in the determination, she was able to eventually get this individual the SMI determination he needed to gain appropriate mental health services (e.g., medication, a case manager, etc.). This is most likely what also led to his eventual successful termination from probation. Audrey concluded that “luckily enough for those individuals, I have no problem being annoying, I’m pretty sure it’s on my resume.” Based on her supervision style and her personal philosophies, an individual who had 18 suicide attempts the year before she took on his case, was now successfully discharged from probation.

Synthetic Officer Orientation

Although some of the officers embraced either the *law enforcer* or *social worker* orientation, the majority (16) (~67 percent) of officers on the SMI probation caseload at MCAPD interviewed for this project fit into Klockars (1972) *synthetic officer* role. This officer typology embodies a combination of both the *law enforcer* and *social worker* types. The *synthetic officer* style illustrated that there is often a fine line between law enforcement and social work in an officer’s management style. It was common for officers in this management style to hold

personal philosophies that embraced both aspects of the *law enforcer* and *social worker* roles of supervision, often leaving officers vacillating between the two supervision styles, depending on the case. To explain, these SMI caseload officers understood the true importance of rehabilitative services and the impact a *social worker* style of influence could have in the success of probationers on the SMI caseload. On the flip side, however, these officers also realized that they had a duty to protect the general public and acknowledged that they must enforce graduated sanctions on OMI's on their caseloads that were consistently non-compliant, despite the probation officer's personal feelings on the matter. The struggle between these two competing supervision styles were quite evident in Autumn's description of her work:

This affects his ability to be successful on probation and affects my ability to be a successful officer. I don't want to direct my client to fail, but at the same time I don't want to tell him not to do something he has to do.

Autumn's description here came from a larger discussion of the difficulties many officers face in the management decisions they must use for probationers. In this instance, Autumn had to decide whether or not she wanted to send her client to jail as a sanction, but was worried about the probationer losing some of their services as a result. This internal struggle was actually quite common with the majority of the officers on this SMI caseload (and also points to the important considerations of SMI caseload probation officer discretion discussed in detail later). Similarly, Lauren also discussed the need of SMI caseload probation officers to be able to switch back and forth between a *law enforcer* and a *social worker*, depending on the case and the situation:

That's the same complex (internal struggle) I go to, you know, so it always brings back oh, you know, cause normally for this caseload, we're kind of social working, you know, and then on the other side of it is like you take your DT (defense training) and you take your training but you never let your guard down. Oh, don't let my guard down... (and you think) "oh but he's nice to me... why aren't you being nicer? Oh, okay, I'll be a social worker. No, I won't be a social worker. I'll be... no, what are you doing?" You know, question everything you know. So it's walking a fine line.

In this instance Lauren’s discussion of her process or inter-dialogue came from a broader discussion in which she was recanting a recent incident where a police officer got shot on a house visit with a probation officer. This was particularly impactful to Lauren because this is an apartment complex she often frequents. She described this internal struggle as “walking a fine line” because even though she was still providing her probationers the resources they need in her role as a *social worker*, it was often nearly impossible for her to let her *law enforcer* guard down at the same time.

Perceptions of Standard vs. SMI Probation

More often than not, individuals placed onto the SMI caseload come from a standard caseload (about 80 percent of the officers in this department). Generally, past scholarship in the area has found that standard probation officers do not have the time or resources to provide adequate care to an individual with a pervasive mental illness (Skeem & Eno Louden, 2006). Research has also demonstrated that differences in probationer characteristics, job duties, and overall management styles of standard probation versus SMI probation are apparent (Skeem & Petrila, 2004; Skeem, Emke-Francis, & Eno Louden, 2006; Skeem & Eno Louden, 2006). Less information, however, is known about the impacts that SMI caseload officers’ perceptions have on these differences. As a result, I now explore in detail SMI caseload probation officers’ (many of whom were once standard officers) perceptions of the differences between the caseloads.

Probationer Characteristics

There were many ways that the SMI caseload probation officers viewed probationers on their caseloads to be different from those on standard probation. One area of emphasis for these officers was the consideration of mental illness and criminogenic need. Probation officers

interviewed were more likely to describe standard probationers as being more criminogenic by nature. Furthermore, during the interviews some SMI caseload probation officers conveyed that they felt many individuals on standard probation were simply sanctioned there to have a small amount of surveillance over them, and to provide a payment (sometimes literally) of retribution to society for their crimes. Probationers on the SMI caseload, however, were more likely to be seen as having some criminogenic need as a direct result of their mental illness. These individuals were first on probation to receive mental health treatment, as well as other community services to assist in their lives, and second as punishment for their crimes. In a discussion about probationers on the SMI caseload, Nichole mentioned that OMI's placed onto SMI probation are sometimes convicted for offenses related to their mental illness rather than criminogenic need. As a result, she stated, "you see more resisting arrests and aggravated assaults, um, more because they're psychotic." Resisting arrest and aggravated assault are common offenses discussed by the SMI caseload officers as to why probationers on their caseload were placed on probation initially. Nichole provided the following example:

I just looked at a case where um, he was throwing himself out into traffic so he was in and when he swung at the officer, when the officer tried to get him out of traffic. So he's on for aggravated assault. So I think we see that more... I think that mentally ill people that are on probation for assault type behaviors tends to be more related to their illness than maybe aggression.

Lauren described a similar viewpoint:

They're not doing crimes, because that's what they want to do, they want to do you know, rob someone or steal from someone or hurt someone usually um, they're doing it due to their mental illness. So, you'll find a lot, I mean I've had a few where they're suicidal at the time and then having this confrontation with the police and they're not stable and then hit the police – aggravated assault.

In instances like this one, it was perceived by most probation officers working on the SMI caseload as obvious that these criminal actions were a result of a mental illness rather than specific criminogenic risk around violence.

Another common comparison made by the SMI caseload officers was how they viewed functional impairment, and its repercussions, to be one of the biggest differentiating factors among probationers. Examples of this type of functional impairment were forgetting to make an appointment, not understanding they have certain conditions they must meet (officer meetings, therapy sessions, urinalysis, etc.), inability to hold a job, as well as many other factors. These characteristics of individuals on an SMI caseload are often described by the SMI caseload officers as one of the main differences between SMI and standard probationers.

Job Duties

Probation officers on the SMI caseload also described differing aspects of supervision between standard probation and the SMI caseload, which significantly impacted their work. A general consensus among SMI caseload officers regarded the fact that they had multiple opportunities for enhanced involvement in the lives of each of their probationers that standard officers usually did not. Andrea described that as an SMI caseload officer she was able to “work more closely with SMI [probationers].” As a result of being able to work more closely with the probationers on their caseloads, Andrea perceived that SMI caseload officers were also “more involved in their lives.” SMI caseload officers universally appreciated the fact that they have a smaller caseload than standard officers. Likewise, they generally appreciated the one-on-one time they had with each of the probationers on their SMI caseload. During a conversation about caseload size and workload during her interview, Julia was asked if a smaller caseload on the SMI probation unit equated to less work for her in comparison to a standard caseload with more probationers, or if the two workloads were comparable. She discussed how SMI caseload

officers have more time to focus on individual cases because of smaller caseloads, and how this is beneficial to the success of probationers on the SMI caseload:

It's comparable, yeah, because on standard I felt like you're just putting out fires. It was just... you just had so many people, um, and those office days gets so busy so quickly. I just felt like you're putting out fires. It's really hard to say that you're actually changing the lives of every single person on your caseload. You know, a lot of the time you feel like you're just making sure they're doing, you know the minimum requirements, you know to appease the courts rather than really, really changing their behaviors. Cause a lot of them they know the system too, what do I have to do, get it done, get it done early, just show up, you know and they'd be okay. But with this [SMI] caseload, um, I have more time to invest you know, in those, in those behavioral changes than, just you know, changing some of their framework in their thinking.

As a result, Julia felt her work on the SMI caseload to be more valuable where she could spend her time building stronger relationships with fewer clients as opposed to “putting out fires” with a larger standard caseload.

The differing duties were not always perceived as a positive aspect, however. Officers also described how working on the SMI caseload sometimes made their job duties more difficult. Often, probationers on the SMI caseload were connected to an array of services and this required significant time commitment on the part of the SMI caseload officer as they assisted the probationer with outside resources, taking away time that could be spent on other aspects of their jobs. SMI caseload officers normally worked in accordance with their probationers' case managers, family members, the mental health court workgroup, psychologists, addiction specialists etc. on a daily basis, which increased the many tasks that SMI caseload officers had to complete. This time commitment generally went well beyond the time standard officers spent connecting with these different entities for single cases. In a discussion about the differences between standard and SMI probation, Audrey described how having a smaller caseload is not always beneficial because smaller caseloads for officers working with individuals on the SMI

caseload normally meant a significant increase in time spent with each individual probationer on the caseload. Audrey noted:

You're dealing with a lot more players in the game. You're dealing with a lot more communication with individuals. You know, somebody that's on a standard caseload, you usually just deal with them. But somebody that's on a mental health caseload, you know that if they're on that caseload, you're probably going to be dealing with a case manager, you're probably going to be dealing with a counselor, you're probably going to be dealing with family members that support them. You're going to be dealing with a lot more people. So it's part of the reason that caseloads are smaller and it's almost like you have not just one person on your caseload, they come with four people. So you have a lot more communication to do.

These added individuals that came with each probationer on the SMI caseload frequently took valuable time that the officers used to do other important aspects of their jobs. Audrey described how even though the caseloads may be smaller, the duties are increased based on the amount of communication and coordination officers must now embrace, whereas standard officers generally just deal with their probationer and not the other "players." On top of the extra involvement of outside resources, probationers on the SMI caseload, themselves, generally require more individualized time and attention from their officers. This is illustrated through frequent and lengthy phone calls (at any time during the day, night or weekends), increased office visits, or in many cases the officer traveling to the probationer's residence due an individual's inability to come to the office as a result of being too clinically ill to leave the home, or safely reach the probation office.

Differences in Caseload Management

Similar to job duties, the increased amount of involvement probation officers on the SMI caseload spent with individuals on their caseloads also appear to have impacted their management style in some instances. Many probation officers believed the increased involvement in the lives of their probationers allowed for an improved and deeper relationship between the officer and the probationer. For example, Sabina described how the SMI caseload

allows for better relationships to be built, saying “Here [SMI probation] you’ve built more relationships because you see them more often and you’re able to participate in their treatment.” She went on to describe a recent instance of this where probationers invited her to a treatment center’s “friend and family night.” She said:

They had their friends and family night and my clients were really excited for me to come. They didn’t tell their parents, they didn’t tell their siblings, they didn’t tell their significant other. But they wanted me there.

This rapport building between the probationer officer and the probationer on the SMI caseload also aided in establishing more trust and collegiality between the two. Prior research has argued that the therapeutic alliance is extremely important to the overall success of the probationer (Burnett & McNeil, 2005). The therapeutic alliance built in the relationships discussed in the current sample of probation officers not only impacted the probationers, but the SMI caseload officers as well. Carrie, for instance, discussed this notion when she surmised, “this is really rewarding, really! Very. It’s hard to leave this [the SMI caseload] and you’ll see that SMI [caseload] officers usually stay SMI officers.” Here Carrie was alluding to the fact that the turnover in officers on the SMI caseload is so much lower than in other departments within the probation office based on the significant and lasting relationships that these officers are able to build with the individuals on their caseloads. Kylie, also discussed the idea of building a therapeutic alliance with probationers on her caseload. She said, “you become their friend so you feel like you have 40, not 40 friends because you don’t make that connection with all of them, but you know let’s say 20 or 25 are really strong connections.” As a result of the time spent and the connection built with her probationers, Kylie often became invested into the cases as more than a probation officer, even referring to herself as a friend. She described her commitment to these relationships by stating that she is a “fanatic” and that she remained available 24/7 via cell

phone, which she never turns off.

SMI caseload probation officers frequently centered their narrative explanations on knowledge of mental health. Not surprisingly, perhaps, given these were probation officers on an SMI specialty caseload, officers interviewed nearly universally conveyed that mental illness was an important consideration in their work on this caseload. In the majority of instances, probation officers on the SMI caseload interviewed were intimately attuned to the impact of mental illness on the lives of their probationers. As a result, this regularly impacted the way SMI caseload officers would manage their probation clients in positive ways as they advocated for and worked with individuals in the criminal justice system with mental illness. A few officers on the SMI caseload viewed standard officers as stigmatizing for labeling individuals who were on the SMI caseload as “crazy.” At the same time, some officers on the SMI caseload often viewed standard officers inept to care for individuals with mental illness and believed these standard officers might fear working with this group. It was perceived by some officers on the SMI caseload that this fear forced them to maintain a *law enforcer* supervision style to try and control individuals’ actions. Carrie, for instance, discussed her understanding of mental illness and how it impacted a SMI caseload officer’s management compared to standard officers. When she was asked about why many standard officers are hesitant to work with offenders with SMI, she offered:

I think its stigma and they’re a lot of work [SMI offenders] in the beginning. If they’re not stable, they’re very time consuming, where again the standard probationer you just tell them what to do and if they don’t do it you probably just revoke them. Mentally ill, it’s the phone calls, it’s the treatment team, it’s the crisis situation that’s so much, it’s very emotionally taxing, mentally taxing, because just the you know, the constant, they’re calling crisis, they’re calling you, and just the behaviors...if you’re not familiar with mental illness, the behaviors can be scary. They can get loud when you know they’re not being aggressive, they’re just loud. And I think that’s what scares standard officers; they just don’t know about mental illness.

In addition to generally being quite knowledgeable about mental illness in most instances, SMI caseload officers also appeared to generally be quite compassionate about mental

health in many situations, and often stressed the importance of having ample patience when working with their caseloads. In their interviews, SMI caseload officers conveyed a general understanding of the difficulties often associated with probation compliance and mental illness and took steps to work with their caseload as a result. While discussing perceived management style differences between the caseloads, Audrey S. described her understanding of working with an offender on the SMI caseload as follows:

Somebody that is mentally ill and involved in the criminal justice system is a whole different ballgame. They're involved usually in the criminal justice system as a direct result of the fact that they are mentally ill. So you're not dealing with someone that necessarily made a mistake or a wrong choice. You're not dealing with somebody that necessarily wanted to engage in that criminal behavior, it's just a whole different thing to consider. So I think that there's an area for a lot more involvement and ability to affect some pretty serious areas of someone's life.

In further discussion, Audrey talked about how individuals on standard probation are generally there because they had a lapse in judgment and made a mistake by committing a crime. She argued that individuals on the SMI caseload, however, are more likely to commit crime as a result of their mental illness. Consequently, her perception is that SMI caseload officers must take more consideration into account when governing over the lives of these probationers on the SMI caseload, due to the large amount of control they hold.

Possibly the most important area that SMI caseload officers discussed about how they were different than standard officers focused on the fact that SMI caseload officers are allotted a large amount of discretion over their caseloads, in many varying ways. In most estimations by officers on the SMI caseload, they felt they had even more discretion on a daily basis than their standard counterparts. The SMI caseload officers often considered the lack of discretion standard officers were allowed in comparison to officers working on the SMI caseload. This was largely due to the increased therapeutic nature of specialty caseloads as opposed to the larger crime control nature of standard probation. Courtney discussed this discretionary difference in detail:

Yeah cause in standard I mean, you committed a crime, now I have to do this...I'm going to do a warrant and then you come to court...you responded you did this, and you did that, and it's so like robotic. Versus here [SMI probation] it's like okay well he did this and, you know, I thought maybe he could go to like to [name of behavioral health treatment center] and do you know, and it's more like a I don't know like sitting around kind of brain storming. What we could do so that he doesn't really get into more trouble but still kind of like I know you hate going to the classes, so you're going to go to classes type of stuff so. It just, it works.

This style of management “just works” because it allows the SMI caseload officer to make decisions based on what is felt are the best options for the probationer. By having the discretion to choose from a multitude of options, it allows the probationer a better chance at success. The impact of enhanced discretion was also mentioned by Jack, in a discussion about the discretionary differences between SMI caseload officers and their standard counterparts:

Now I have the ability to really feel I do a little more for my probationers. For instance, in the standard caseload I can't just look at their money and say “hey, this person can't afford to pay anything.” Um, you know they're stuck with a \$65 probation service fee. In the mental health caseload I'm allowed to be able to petition the court and be able to say this person's on a fixed income from maybe social security disability income that they can't afford a \$65 a month, in fact it would be counterproductive for them to pay that amount.

As Jack described here, SMI caseload officers have the ability to use their discretion even on small issues. What may seem like a petty fine to most, can be detrimental to those on the SMI caseload. Monetary discrepancies are often a large hindrance on SMI probationers due to the fact that so many of these individuals are unable to hold stable employment as a result of their mental illnesses and/or functional impairment. By having the ability to help with commonly overlooked issues, the probationers on the SMI caseload are helped in a way that standard probation officers normally cannot offer. This discretion in turn can also assist the probationer with ultimately being more successful in the criminal justice system.

Control

An important aspect of SMI probation is the social control officers hold over their caseloads. Due to the discretionary nature of their job as street-level bureaucrats, SMI caseload officers have the ability to use multiple forms of control over their clients. Not all officers use

control in the same way, but they all use control in some form. Overall, discussions of control during the interview with the SMI caseload officers centered around two traditional forms of social control – beneficent control and coercive control. The SMI caseload officers often talked about the variety of sanctions that are used among the SMI caseload. In the current study, SMI caseload officers commonly discussed the idea of graduated sanctions (imposed sanctions that gradually get more drastic as actions get worse or continue). Furthermore, many officers interviewed considered these graduated sanctions to be useful in managing their caseload. Examples of graduated sanctions ranged from increased call-ins and urinalysis (Colors), to mental health court visits, to PTRs being filed. To create control over their caseloads, probation officers utilized these sanctions, but supervision style also played a factor in the way the officers chose to employ these sanctions. For instance, officers falling under the *social worker* supervision style were more likely to lean toward beneficent control. Those with a *law enforcer* supervision style, however, often focused more on coercive forms of control. The *synthetic officer* was most likely to use a combination of both forms of control to manage their caseloads in higher frequencies than other supervision styles.

Beneficent Control

The use of beneficent control was common in the narratives of SMI caseload probation officers. Officers consistently provided examples of situations where they were faced with issues of non-compliance and, as a result, were required to determine a suitable reaction to help influence probationer success. The connections made between the courtroom workgroup (probation officers, case managers, clinicians, the judge, etc.) also showed to be very instrumental in control over the caseloads. For example, when faced with an issue of compliance, officers would often call a “staffing” as a first point of action. Essentially, a staffing is a meeting

in which all participating agencies connected to an individual probationer (e.g., probation officer, case manager, representing lawyer, therapist, etc.) would determine a future course of action for the probationer on the SMI caseload who was experiencing difficulty. This was commonly done without the threat of punishment. In discussing case staffings, Audrey described her feelings as “loving them.” She discussed in detail her use of staffings as a preventive measure:

I'm notorious for scheduling staffings as a preventative measure for just, you know. This is the team that's involved in that person's life, it's the probation officer, it's the case manager so that person gets to sit down at the table and with these two people that are going to be the most involved in their life and we get to all make sure we're on the same page. Um, like an individual that's not doing very well just because of his lack of insight and I have a staffing for on Thursday. Love to utilize staffings for those issues if multiple people involved are coming to the table with multiple issues, well instead of doing a string of twenty emails and trying to play phone tag with everybody involved everybody needs to come together. We need to have a staffing. We need the client there so that he can explain himself and hear us. We need to come to the table with the problems and then the solutions. It's in my opinion, it's much more time effective and um you know it just makes so much more sense to do all that instead of you know over the phone with twenty different people. I love staffings.

Audrey also explained that there were multiple reasons for calling a staffing. As well as a preventative measure, staffings could also be used as a sanction. She explained:

You know, I have clients that I do use it as a bit of a sanction. Okay if you don't want to tell me the truth about what's going on, and you don't want to communicate with me about what's going on, then we're having a staffing.

While this is technically considered a sanction, it is a very therapeutic form of control in the sense that it creates a platform for individuals to come together and convey to the probationer how they must proceed to continue on a successful path, as opposed to hauling the probationer to court for formal admonishment by the judge, or filing a PTR for not adhering to the terms of probation.

Mental health court, in addition to staffing meetings, was used as an essential method to enforce beneficent control over probationers. This was the most frequently used form of beneficent control by the SMI caseload officers. Mental health court was a major sanction used

to try and promote engagement in the court and on probation. Rather than punishment, officers often sent probationers who they felt were having issues with compliance in order to remind them of what they needed to be doing. When discussing the use of mental health court, Julia J. said:

[I use it] for engagement purposes, and for compliance with people who are just, you know, skimming by; not really doing anything but not really ruffling any feathers either. Just to kind of get them in there just for the judge to be like, “I really need you to work with the team or work with your probation officer.” And then also [to engage] those people who you know are capable of doing it, but just aren’t, just to kind of give them that little nudge. I had a guy [in court] yesterday who when I got him wasn’t doing anything, and he is now going to treatment at least three times a week versus nothing, so I’ll take it!

The use of mental health court, such as in Julia’s case, was a common way for officers to promote positive control over their caseloads, but in a way meant to try and engage a person in their treatment as opposed to punishing them. In her example, Julia illustrated how small acts meant to “circle the wagons” and reengage the probationer on the SMI caseload and/or reengage the treatment team working with the probationer on their treatment had the potential to become notable triumphs in many cases.

Another use of mental health court as beneficent control was for the linkage of services for probationers. Officers often talked about how they would sanction individuals to court who were having issues with compliance as a means of connecting them to resources (e.g., mental health treatment, substance abuse treatment, etc.). Individuals’ compliance issues frequently stemmed from their mental health or substance abuse issues. A few officers discussed sending certain individuals to court only so the judge could see first-hand how in need of services the probationer was. According to some officers, this tactic frequently succeeded in helping the probationer get assistance. In Frank’s discussion over his use of mental health court, he described this benevolent use of control:

[What] I use it for is people who I think have a need who aren't getting the services they need, you know, so I can bring them into court and say look you know this person has a team but you know I think they need this, this, and this in they're not getting it, you know, so we can bring those people in.

In this example, Frank felt that the mental health court could be used in many ways to better help the probationers. As described here, he would often take clients to court that he felt were not being provided with the adequate resources they needed to be successful on probation and in life. He would use the court as a platform to show the team how the lack of resources was impacting the probationer in a negative way. He discussed that this extra attention would often help place the individual into the right treatment programs and help create more successful outcomes.

For those who were able to stay on course to successfully finish probation, it was common to see the use of mental health court also as a method of positive reinforcement. This can be seen through efforts of encouragement from the team, applause from the whole courtroom, and earning gift cards for positive milestones. As a result, officers often talked about sending individuals to court not only for positive reinforcement but also as a visual demonstration for other probationers facing punishments. Frank also provided insight to this type of control during his discussion of the mental health court. He stated:

I like bringing people who do well so I can use them as kind of a pro-social resource for our other clients. A person coming in, whose doing what they have to be doing, they're getting their gift cards or, you know, they are getting rewarded. You can see that [other] people can be successful, you know?

Officers and the court sometimes use successful probationers as positive examples to other probationers in the court, "look how well he/she is doing. You can do this too!" Frank described how the court recently expanded because there was so little room on the dockets for officers to reward their clients. He felt like this positive reinforcement was a valuable use of the mental

health court, as well as his time, in order to provide beneficence to his clients, while doing so in a therapeutic way under the jurisdiction of the court.

Unfortunately, when those forms of beneficent control did not work, many officers felt they were left with no other choice than to use forms of coercive control in an attempt to gain compliance over some individuals on their caseloads. In selected instances, however, (mainly seen with the *law enforcer* officers) beneficent control was not used as the first form of control, if at all. Officers may also elect to use coercive control over the caseloads from the beginning.

Coercive Control

While coercive control was generally not the first form of sanctioning used by the majority of officers on this SMI caseload, it is used frequently, and extensively by a few. Some SMI caseload probationer officers discussed particularly difficult probationers that were rarely compliant, especially early on in their sentences. This non-compliance was due to a multitude of things (criminogenic need, not taking their medication, anger, mental health symptomology, challenging the court's authority). The most common sanction used, as discussed with beneficent control, in these instances was the mental health court. In the same way that some officers used the mental health problem solving court as a way to try and help their clients through beneficence, others primarily used it as an agent of coercive social control.⁵

One chief way that officers exerted coercive control through the mental health court was to try and force greater probationer accountability. If officers were having incessant issues with

⁵ An important note, however, is that officers used the mental health court for varying reasons and some officers elect to not use it at all. This is discussed in further detail in the "discretion" section.

probationers (not attending meetings, not taking medications, new charges, etc.) then they would often send the probationer on the SMI caseload to court for admonishment by the mental health court judge. This would assist in helping the probationer be held more accountable for their actions by forcing them to answer to the judge. Unlike the use of a staffing where the “courtroom team” came together to make a plan of action, the use of mental health court allowed the judge to solely make the decisions. It is understood that the judge had the ultimate say and could apply sanctions at will. In discussion of the use of mental health court, Autumn described using the court for an accountability measure:

If we need them you know to try to get them to comply, it's a good, good tool to bring them in front of a judge and just say okay, this is serious. You need to do this. So, it's kind of you know, I think of a little eye opener for um, for our people. So, it's good.

Often in the beginning, these sanctions would be minuscule in the realm of things, such as increased office visits or urinalysis and increased treatments. If the actions persist, or continue to get worse, then jail would be used as a sanction. The mental health court judge was allowed to sentence any individual on the SMI caseload for up to 120 days of jail as a means of sanction without permanent revocation of the probation sentence. Some officers talked about how the use of jail, or even the threat of jail, was effective (short-term). The time in jail allowed the probationer to reflect on their actions and prescribe change in their life. This form of sanctioning did not work for everyone, however. Probationers on the SMI caseload sometimes had a long criminal history and those who had spent time in jail/prison did not always respond to jail as a sanction: meaning there may be no other options thereafter. In discussion over his use of mental health court and sanctions he imposed, Dustin spoke about how jail was the ultimate last resort sanction for his caseload before a PTR:

I'll use mental health court like if, if we're, if we've (officer, case managers, treatment team) been working with this client over a period of time and we're not getting anywhere with that client. [If]

I feel like I need to start doing paperwork to revoke their probation, then I'll use mental health court too. I'll use mental health court like as a last ditch effort [to force change before having to file a PTR].

In further discussion Dustin spoke about how jail (these short episodes of shock incarceration) were used as a last-resort effort before having to file a PTR. He described that he would use jail days as a way to reprimand the individuals and let them “cool out” for a couple of days to get back on track. Unlike beneficent control, coercive control is often harsher and more punitive. If short-term jail days (usually no more than a few days) did not work, the final option was to file a PTR for permanent revocation. While this style of sanctioning is unique to specialty courts, what is really distinctive to SMI caseload officers in this sample is the discretion they use in their everyday duties surrounding these caseload management options. These decisions made by officers are important in the lives of the probationers, as the officers hold vast amounts of social control over each individual on their caseload. The choices made on the part of the SMI caseload officers, and the uses of social control that the individual officer embraces, impact the probationer's daily lives with potentially long-lasting effects in all facets of the probationer's life on the SMI caseload. These uses of control may be reflective upon the overall supervision style of each SMI caseload officer, and can impact the probationer both positively and negatively.

Discretion

As street-level bureaucrats, discretion played a fundamental role in the jobs of SMI caseload probation officers. Due to the large amount of discretion given to probation officers and the nature of SMI probation, the officers in the current study employed discretion in almost all decisions made while managing their caseloads. Overall, as discussed by the SMI caseload officers and the three supervisors interviewed, there is little supervision of the day-to-day management of the officers' caseloads. Therefore, there is a substantial amount of discretionary

power given to these officers and there were many themes that were discussed during the interviews that illustrated different ways officers used that discretion. First, before an individual is even accepted onto SMI probation, the officers had a significant amount of discretion deciding who is placed onto the SMI caseload. Second, as discussed above, once on the caseload, officers had a wealth of discretion over the use of control (beneficent and coercive) over probationers. This was often evident in the way the individual officer used the mental health court and other tools available to them. Lastly, officers interviewed also discussed issues surrounding the use of discretion in relation to gender, and how discretion was often employed differently for men and women on the SMI caseload. It is important to understand how the officers used this abundance of discretion in the management of their caseloads because ultimately it equates to power over their probationers' lives. Furthermore, this power, as a result of immense discretion, came with very few mandates on how to best execute it.

Discretion in Acceptance to the Caseload

Probationers are subjected to SMI caseload officers' discretion before they even get accepted onto the SMI caseload. In the department studied in the current thesis, the officers were responsible for doing the referral screenings to determine if referred probationers qualified to make it onto the SMI caseload. Officers often spoke about using their own discretion to determine if a probationer would be suitable or not. When individuals were accepted, the officers would often collaborate to determine which officer would be responsible for this probationer, while still being mindful of the caseload size restriction (40:1). This discretionary use of authority was perceived as a positive aspect in their jobs because certain officers often worked well with specific types of probationers on the SMI caseload (e.g., because of different

diagnoses, specific genders, etc.). By matching probationers with specific criteria with an officer they worked well with, this was seen as a win-win situation for both the officer and probationer in the long-term. In discussion of probationer placement on the SMI caseload, Audrey noted the discretion involved in this decision:

Um, and then there is the other trend that was done on purpose. I get more often, than it seems anybody else, I get a lot of...any men that I have usually suffer from the antisocial personality diagnosis. [My supervisor] felt that I handle that population better for some reason, so I seem to get a lot of them.

As discussed by the officers, antisocial personality disorders can often be some of the most difficult individuals to work with (especially when the individual also has an Axis I diagnosis in addition to this personality disorder). By placing them onto an officer's caseload that is perceived to have the best skills to work with that particular population, there is a better chance of success for that probationer. Jack also described how similar decisions are made between officers informally in his field office. He described that they are "a very cohesive group" and sometimes they will discuss cases and say, "you know I think you'd be better with this person, rather would you mind taking this case and we can trade a case?" While some officers liked to pick and choose who they accepted for their caseloads, other officers were quite lenient on who they accepted onto their caseloads. For example, Mary described herself as being "a little bit more lenient for the criteria for me to accept a case." She discussed how she would often like to sit down with the individual and have a conversation to determine their acceptance. After asking them a few basic questions of her choosing, with "no rhyme or reason", she sometimes based her decision off of a "gut feeling." She rarely denied people's acceptance on the caseload if she felt there was even the smallest chance that the probationer's mental illness was significant enough to warrant consideration for the caseload. Mary admitted that this sometimes was simply the

result of her belief she would be better at working with many individuals than the standard officers they had been assigned.

When probationers were referred to the SMI caseload, they were not always accepted. If they were not accepted, they simply remained under the discretion of a standard officer. Often, when the unit would deny acceptance of a prospective individual it was for reasons that were described as harmful to probationers' success. According to officers during their interviews, the main reason individuals were turned away was because of substance abuse. Officers often had a hard time with probationers on the SMI caseload with compliance and overall treatment when substance abuse seemed to be the number one factor for their justice involvement (and mental illness was a more underlying issue). Substance abuse could often be a catalyst for symptoms of mental illness and, due to their lack of knowledge of mental health symptomology, standard officers sometimes erroneously assumed substance induced psychosis was actually significant mental illness. As a result, standard officers would sometimes refer these substance users to the SMI caseload. In discussion of probationer acceptance to the SMI caseload, Carrie noted that, "usually the reason for rejecting is there's a drug issue" and that, "you got to weed those out because they can be confusing." This was a common point SMI caseload officers made during their interviews. Officers would often "weed out" the drug users because they knew the propensity of non-compliance with substance abusers is higher, and as a general rule substance use alone was not enough of a reason to warrant admission to the SMI caseload. In discussion of how probationers make it onto the SMI caseload, one of the officers also considered the main reason for denial of acceptance was for substance abuse. Rhonda described that despite the caseload's relatively high acceptance rate, drug induced psychosis was the main reason why officers would turn probationers away. She described that while in a "drug induced psychosis,

individuals will be ‘acting crazy’”, recounting an example about an individual running around naked on a busy avenue in town. In response to their actions, “they get picked up and put on probation.” After referral to the caseload, SMI caseload officers turn them away because they know that once the substance abuse diminishes, the mental illness symptoms do too.

Another reason as to why the officer may not accept them onto the caseload is because they tried to reserve the space for individuals they felt needed it the most. During a discussion of caseload acceptance, Nichole conveyed that the SMI caseload officers must maintain the attitude that they can only take the “worst of the worst.” She described that there were 2,000 to 2,500 individuals on probation with mental health terms.⁶ The problem, however, was that there are only 680 available spots for the SMI caseload. Therefore, officers occasionally would consider individuals who might need the help of the caseload most by taking into account the level of functional impairment of the probationer. Most often if an individual was diagnosed with a mental illness, but was linked with services and reasonably compliant with standard probation, they would be denied acceptance on the SMI caseload in order to save the space for an individual who had no services. The officers completing intake assessments would each use abundant discretion and clinical judgment to determine if the case was suitable for them to take, or if the probationer was manageable on standard probation.

While substance abuse and linkage to services were often the reasons for denial of acceptance on the SMI caseload, the majority of individuals on the caseload did in fact have substance abuse issues when accepted onto the caseload (one supervisor estimated around 90

⁶ Individuals with mental health terms have been diagnosed with having a mental illness, but have not received a serious mental illness determination. Not all of these individuals, however, were eligible for the SMI caseload as they did not have a significant functional impairment.

percent) and a large percentage of these individuals were also connected to services at the time of acceptance. It is important to note that some officers frequently made discretionary decisions based on what they perceived to be the best choice for the probationer, the officers, and the SMI caseload overall.

Mental Health Court

The use of mental health court was one of the largest uses of discretionary power the officers on this SMI caseload were given. SMI caseload officers generally used the mental health court as frequently or infrequently as they felt necessary. As discussed previously, mental health court was used as a form of both beneficent control and coercive control over the probationers. Depending on the clinical orientation and supervision style of each officer, probationers were subjected to mental health court through the discretion of that supervising officer. Some officers made individuals report to mental health court very often while other individuals reported almost never stepping foot into court. The decision to use mental health court or not could be crucial in a probationer's success, and as discussed by the officers, there were many factors as to why they may or may not have utilized the court in their work. The decision was almost entirely left to officer discretion (of course there would be certain times when committing a new crime would force an officer to file a PTR), and there were a variety of discretionary reasons for which the officers utilized the mental health court that go beyond the social control examples considered earlier.

Some officers loved to use mental health court and would go as often as possible. When it was used, the mental health court was often seen as a resource in the management of each officer's caseload. They viewed it as a useful tool in their case management and used their

discretion to delegate both sanctions and rewards. The control over the caseloads, both beneficent and coercive, was an important aspect in the management of the caseloads. For example, while discussing the mental health court Frank said, “we can use it pretty much for who we want to.” Many viewed the mental health court to be a positive aspect of their job because it allowed them to reward individuals they thought were doing well and sanction those who were not. This discretion allowed them to make more individualized treatment plans and enforce control, as needed, for each individual. The use of court would also allow them to engage probationers in ways that other probation units could not. For example, Carrie described this difference, stating “that specialty court is really fabulous because the standard officers don’t have that [discretion], it’s either compliant or non-compliant.” Furthering this discussion, she expanded on how the discretionary availability of sanctioning, such as jail time, was an effective measure in some cases:

We’ve got that intervening factor that we can take them in, round them up and it’s nice. It’s too bad standard didn’t have that and say, “here’s your wakeup call. Now we’re going to do this and then if you don’t, you can go to prison.” But we have this little piece, that usually turns it around.

Carrie described this use of the mental health court as a way to help keep the probationers accountable and was viewed as a way to maintain probationer compliance, which was critical in their success. In some officers’ views the use of rewards would help keep probationer participation high as well as help build their therapeutic alliance. With the ability to use the court at their discretion, the officers believed that this indeterminate sentencing style allowed them to create a more fluid, and more rehabilitative pathway through the labyrinth that the criminal justice system could often be.

One officer even described their decision to use mental health court as a personal learning tool. Being new to the SMI unit and not knowing much about mental health at one point, Jack

would often use the mental health court as his “classroom” early in his career. He discussed his decision to use it:

It’s like the university of mental health. I just learned so much from listening to the other officers and listening to the judge and listening to the supervisors. I mean there’s a lot of wealth of knowledge out here and it’s free. So, that’s another good reason to utilize Mental Health Court.

Jack was a “big believer” in mental health court and felt that it was an important aspect of his job. He used it for the more standard reasons such as rewards, sanctions, and social control (beneficent and coercive) for compliance standards and engagement, but he also used the court for his own knowledge advancement as well.

While almost all of the officers had used the mental health court, at least sometimes, there were also reasons why some chose to avoid it. Frequent concerns with the use of mental health court were time efficiency and the judge would often undermine the officers’ authority. A commonly discussed issue as to why officers did not use the mental health court was that it simply was too far away from their office and was too much of a time constraint to be worth the officer’s time. This was especially true if they were only using it for one individual. Often, going to mental health court would take the majority of a work day for most officers and this would set them back on the other work they needed to complete. In a discussion over the use of mental health court, Frank described the constraint the mental health court could also impose on an officer’s workload:

[Court] is kind of a hassle, it takes a lot of time. You have to be there all day usually. They hear cases in the morning and the afternoon; you may have to be in two separate courts, you know, uh, you know, the preparation time and, you know, getting cases ready. All this information you have to have together for the court you have to be, you have to be ready for that, you know, again you know, it does take time away from seeing your people at their residences or seeing your people in the office. So, that’s the biggest drawback is the time it could take.

It was viewed that the time they spent going to court for one individual was often a wasted day. Because of the time constraint, some officers would choose to not use the court. Likewise, Dave felt that using mental health court, specifically for rewards, was a waste of time. He provided:

Some people do when they want to give somebody a gift card, but I figure it's a 50-mile round trip for me to go to and from Mental Health Court and I don't want to go and it takes up the whole morning to do. So I don't want to do it unless I got a good reason and I'd like to have two or three people on the docket, you know, so that it is more time effective.

So in response to the time constraint, officers would often stack multiple probationer cases to appear in court on the same day. This would, however, contribute to the back-up of the mental health court and make getting a spot on the docket even more difficult. The issue that arose with this is that often by the time court days would come up, the problems would either be resolved or the probationer would need to be revoked for their escalating noncompliance. So as a response, many SMI caseload officers used their discretion and only sent individuals to mental health court as a last resort.

Another factor that impacted officer's discretion on the use of mental health court was that it often would undermine the authority of the probation officer. It is important to remember that while officers hold a large amount of discretion over what happens on their caseloads, the judge and court has the final say over all sanctions and rewards imposed in court. Officers often spoke about fear of the judge and how a recent mental health court transition to a new judge created personal issues (fear, lack of authority, etc.) and had caused some officers to stop using court as often. Sally is perhaps the best example of this. She discussed her recent lack of use of the court because she felt that the judge was undermining her. She explained that "there had been a shift [the transition to a new judge] and because of this particular judge's way of dealing with things, it's created problems for me." She attempted to shift her way of doing things in order to

accommodate the judge, but what it ultimately did was create difficulties with her relationships between her caseload and herself. As a result, she stopped using the court for positive aspects. She previously used the mental health court quite frequently (up to 7 to 10 people weekly). Because of the issues that she had with the new judge, she described that she has dropped to almost no uses of the court besides one individual that was in revocation at the time of the interview. This was a significant change in Sally's "toolkit" of options to work with individuals on her caseload, and she felt it might in the end be a damaging change in the eventual success of her probationers. She explained how this shift in court use will impact her caseload, "which probably means my petitions to revoke will start going up since I can't utilize the court the way I, you know, before I'd been so successful which is [what I am doing now is] detrimental to success, but it's the shift that had to be made." In this example, clients would lose out on services and the positive aspects of court, and in return be more likely be sent to revocation court (often a last resort of officers, including Sally).

Examples of a lack of the use of the mental health court were seen with other officers as well. For example, in a discussion about her use of the mental health court, Tonya described how she tried to avoid using the court and she had to "kind of modify" her supervision to try to do it as much outside of the courtroom as possible. Her reasoning, similar to Sally's, focused on her feelings that she had been undermined, unsupported, and poorly treated by a mental health court judge. As a result, she would only use court as a very last-ditch effort for her clients, and then only very reluctantly. Tonya gave a justification of her feelings:

Comments were made [by the judge] about my ability to work in this field and my empathy, and I'm like I've worked here with this population my whole entire adult life and if I did not feel passionate about this population, I would not be here!

She felt as if the judge's comments were a personal attack on her ability to do her job and her ability to empathize with her caseload. As a result, she opted to use the court less and started taking matters (that would have normally been sorted out in court) into her own hands as a means to avoid confrontation with the judge.

These concerns impacted the decision of officers to use mental health court, for both sanction and rewards, due to feeling undermined or questioned by certain judges. While officers had no choice other than to use mental health court for some punitive sanctions, such as jail, officers would often choose to impose sanctions with their own discretion by way of avoiding the court in general. A couple officers who had historically used the court for rewards and probation encouragement, were beginning to use the court less for this, as a result of personality conflicts with the mental health court judge and hurt feelings about comments that had been made regarding their ability to work with the SMI population. This could be potentially harmful because probationers, both those being rewarded and punished, were at potential risk for maladaptive outcomes on SMI probation as a result of the discretionary powers and personal feelings held by their probation officer.

Gender

Gender demographics varied among all officers' caseloads throughout data collection in the current study. In many instances probation officers alluded to ways their perceptions about gender differences on their caseload would impact their discretionary decisions such as sanctions, management style, etc. for men and women in different ways. There were many factors that played into these discretionary decisions. It was found that, for some, an individual's

gender intersected with other factors such as past histories of abuse, criminogenic needs, and mental health diagnoses.

The overall SMI caseload census was predominantly male during the time of data collection (approximately two-thirds to one-third). Officers often discussed women offenders in more detail than men when considering gender on their caseloads. One common theme mentioned was some officers' acknowledgement that women in the criminal justice system were faced with more life challenges than men normally were. During a discussion about gender differences among her caseload, Amber described her perceptions of women with SMI in the justice system:

The females have a lot more problems and take a lot more time because sometimes families are involved quite often. Even though for the most part they don't have their children, there is some kind of visitation or something like that involved.

Often, women were faced with the challenges associated with having children, familial ties, and unhealthy romantic relationships, in ways men on the caseload did not. As a result, women were much more likely to be shown compassion from some officers based on these extra life factors.

Children, familial ties, and unhealthy romantic relationships were discussed as issues with the women. This is different for men on the SMI caseload, as Audrey points out:

Unfortunately, most of the women on my caseload are in unhealthy relationships and they're also struggling with no income and caring for children and multiple family members and that's a big difference. It's a set of challenges that come with the females that doesn't seem to come with the males.

Men on the SMI caseload were described as being less involved with problematic partners (probably as a result of being in less relationships as a whole, as opposed to being in healthier ones), and less responsibility over children. When coupling these factors with the common issue of substance abuse, women were often considered to be more difficult to work with than men, simply because they had more family and relationship risk. For these reasons, however, it was

felt by officers that they must be weary of how they sanction and reward some women on the SMI caseload.

It was also acknowledged that some officers viewed men as more criminogenic than women on the SMI caseload. Similarly, the men were often perceived as being more aggressive and violent, while the women were more likely to be victimized. By having past bouts of victimization, the situation of sanctioning and the use of coercive control could be perceived as threatening, especially if the officer was a male. While discussing gender differences Edwin spoke about the impact gender had on his discretion involving sanctions. Edwin noted that he personally was less likely to sanction women on his caseload harshly based on their past histories of violence:

You excuse that behavior. Well, you would not excuse it, but you definitely wouldn't sanction that behavior. So yeah, I'd say there's a difference. Oh, absolutely, yeah for between the two genders. If you took two criminal histories and put one on a female and one on a male and I took the same mental illness factors, it completely...you completely have two separate cases even though they read identical.

For these reasons, a few officers might even be more likely to sanction men, and be more likely to be lenient on the women due to their backgrounds of victimization.

It was also perceived by some officers that women required more attention, and it was more important to build a therapeutic relationship with them. As Andrea suggested, "I think the females are more needy" in general, even comparing herself to her husband stating that she is clearly more needy too. This preconceived notion that "women are needier" may play a role in the management style officers on the SMI caseload use. As Andrea refers to women as needy, there is also a notion that men "just want to get in and do what you have to do and then leave." These perceptions may also impact the way officers manage men on their caseloads. Based on this, officers would often use their discretion in their supervision styles in order to maintain good

relationships in ways that best suited their individual cases based on gender. Overall, not all officers discussed gender-based discretion in their work. There were, however, some officers who discussed discretion around their work that was impacted by gender in an indirect manner.

Throughout the study, the discussion of mental health diagnoses often accompanied discussions of gender. A common perception in the discussion about gender, however, focused on the types of disorders that impacted men and women on the SMI caseload in different ways. As a result, some officers argued that gender did not impact their decisions directly, but mental illness did. For instance, those who were often described as the hardest individuals to work with were the individuals diagnosed with Axis II personality disorders (e.g., schizotypal, antisocial, borderline, obsessive-compulsive). More specifically discussed, were those individuals diagnosed with borderline personality disorder. The issue with this perception is that borderline personality disorder is also a disorder in which at least 70 percent of those diagnosed as borderline are also female (Torgersen, Kringlen, Cramer, 2001). Because borderline personality disorder is more likely to be diagnosed in women, officers noting that clients with it are more difficult to work with, is indirectly also noting that many women on the caseload are more difficult to work with. While the discretionary decisions being made for these individuals were described as being made based on mental health diagnosis and not gender, it was clear that it impacted women more often than it did men on the SMI caseload in certain situations.

More time and effort was needed, according to some officers, in order to manage an individual with borderline personality disorder. In turn, more individualized treatment plans were required which meant more discretion had to be used. More discretion was used in these cases because the individuals were often viewed as manipulative, resistant, and less compliant with probation conditions. As a result, officers were often faced with the decision on the use of

sanctioning as a form of control. Due to the difficulties with this population, officers more often would default to the *law enforcer* style of supervision over these individuals. This was illustrated by Amber in her interview when she considered the difficulties of having individuals with borderline personality disorder on her caseload:

They're borderline and that is a real challenge because right out of the gate you've got a problem because it is very...it is very...I can't think of the word, but they do not want to be told what to do. And this is probation! They don't want to be told to take their meds. They don't want to be told what they need to take. They know more than the doctors. It's not their fault that they are on probation. That is a difficult one [disorder] because they never take responsibility for the fact that they are there. And "What could I have done differently?" is not something they'll even venture to guess or consider...So - that is challenging.

Just as Amber discussed, individuals with borderline personality disorder were often described as opposing authority, and also deploring being told what to do. As a result, these probationers were believed to comply with probation conditions set forth by their supervising officers less frequently. It was noted that officers would often chose to use the court as reinforcement because individuals with borderline personality disorder felt threatened by having their freedom taken away. It was sometimes believed by officers that this coercive control, as a result of officer discretion, would work for this specific population and the threat of jail time or a PTR from the judge/probation officer would often set the probationer back on track.

Women diagnosed with borderline personality disorder were also often described as being difficult to manage due to their manipulative nature. Frequently discussed as a "splitting behavior", individuals with borderline personality disorder were considered powerful manipulators that could make officers question their own judgments. Autumn provided an example of this:

Sometimes they can be manipulative and then they try to take I don't know...Sometimes they try to it seems like they try to make you feel like you don't know what you're [doing], you're crazy...

I mean, they'll play on, you know, what I might have told them. They'll say, "well I talked to this person and they said this" and that it's totally not, you know, not true.

She goes into further detail describing how an individual with borderline personality disorder may tell two different stories, one to her and one to the case manager in an attempt to manipulate each of them into believing she was doing what they wanted. Another example was described by Antony, who referred to the manipulative behavior often displayed by individuals with borderline personality disorder as a "smoke screen." What he meant by this was that individuals with borderline personality disorder would act how they were supposed to when he was looking, but when he looked away they would go "back to their old behavior." This would make it hard to manage because they were showing that they were compliant, but in reality were breaking probation conditions behind his back.

For those officers who considered women to be more difficult to manage on the SMI caseload, Amber noted, "there are many fewer women on the caseload, or even in the criminal justice system." As a result, she perceived that the reason why the SMI caseload gets "the sickest of the sick" women is because women have the ability to get screened out, or have the ability to be diverted away from the justice system quicker than men, streamlining the "worst" women in the end to SMI probation.

In the end, discretionary decisions made by SMI caseload officers were almost always situational, and were frequently discussed in the narratives of their work. This discretionary power allowed the officers interviewed to determine the best management style to help probationers on the SMI caseload remain compliant, as well as the best ways to utilize the rehabilitative resources available to them. Officers used this discretion on a daily basis and it was a critical part of their jobs, as discretion is also a fundamental component of the work of all street-level bureaucrats. This is an important consideration as individuals in these roles generally

hold abundant control over individuals who have little power over decisions that may be so impactful in their lives. These discretionary decisions made by SMI caseload officers in the current analysis ultimately hold important implications for success and failure for OMI. Whether talking about acceptance onto the caseload, mental health court, or differences in gender and extenuating factors, discretion was a primary enabler for the variety of management options officers had at their disposal.

CHAPTER V: DISCUSSION

The current thesis project sought to expand upon what we know to date about an important, yet understudied topic in the research on criminal justice systems – the role of a mental health specialty probation officer and their perceptions about working with OMIs. More specifically, this thesis explored how probation officers use differing aspects of discretion and control to manage their caseloads and their work. The results of semi-structured interviews with 24 probation officers and supervisors working on the SMI caseload at Maricopa County, Arizona revealed several important considerations surrounding the perceptions of specialty mental health probation officers working with OMIs. Using the SMI caseload probation officer narratives as a guide, five thematic topics developed in the interviews surrounding SMI caseload officers and their perceptions and feelings about their work. These findings showed the importance of clinical orientation to inform the work of probation officers on the SMI caseload, supervision styles, unique perceptions of SMI caseload officers' work in comparison to beliefs about standard probation, aspects of social control officers employ in their duties, and the use of discretion throughout their work. Before delving into the findings in greater detail, I first list five key findings identified in the current thesis:

- (1) Clinical orientation is an important factor in the consideration of officers' perceptions of their role as specialty mental health court officers, and it impacts current work on the SMI caseload. Stated specifically – Who you are, is shaped by who you were.
- (2) Traditional officer supervision styles extend into specialty probation. *Law enforcer*, *social worker*, and *synthetic* supervision styles were all evident in the narratives of probation officers on the SMI caseload. Each varying supervision style impacted the use of control and discretion differently among each officer's caseload.
- (3) SMI caseload probation officers perceive differences between standard probation and SMI probation in many ways, including probationer characteristics, job duties, and management styles.

- (4) Social control is viewed as an important aspect of the SMI caseload officer's job. Both beneficent and coercive control were used by SMI caseload probation officers to maintain social control over the caseload. Methods and means for the use of control varied, often dependent on the supervision style of the officer.
- (5) Discretion is argued to be the most important aspect of the role of a SMI caseload probation officer. SMI caseload probation officers use discretion daily to make decisions that control aspects of probationers' lives, specifically those with a pervasive mental illness. This discretion can impact the offenders both positively and negatively. In this study, common themes surrounding officer discretion included acceptance onto the caseload, the use of mental health court, and the intersection of discretion and gender.

In the next section, I will elaborate on each of these key points in further detail, discussing the findings of each, its importance, and subsequent implications for the criminal justice system. More specifically, I will focus this discussion on specialty probation programs, specialty mental health probation officers, and policies for OMIs overall on specialty caseloads.

The first key finding discussed considers the perceptions SMI caseload officers have about clinical orientation. Overall, SMI probation caseloads are greatly influenced by the clinical orientation of the supervising officer. The clinical orientation of an officer influences all aspects of probation supervision, including supervision style, use of social control, and the use of discretion. Similarly, the current analysis revealed officers' clinical orientation to be one important aspect to consider regarding their perceptions and attitudes about their work. Historical features of the officers' lives inform and impact decisions on their personal philosophies, clinical orientation, and supervision styles. This finding largely supports earlier work that has explored how personal philosophies can play a part in the perceptions of probation officers (Schwalbe & Maschi, 2009). In other words, the past experiences of the SMI caseload officers in this study were likely to serve as a prominent influence in the shaping of their clinical orientation. In sum, who you are is shaped by who you were. Furthermore, because of the impact that history holds in one's supervision style, perhaps SMI caseload supervisors should be examining pathways to the

SMI caseload for officers, as well as previous clinical orientation, and taking them into account during the hiring process.

Employment history, education, and personal philosophies showed to be the most common factors of influence in the shaping of clinical orientation. Previous educational interests proved to be an influence on the desire to work with OMIs, and in turn, on the SMI caseload. Likewise, officers who spoke about their pathway to the SMI unit often reminisced on their previous employment experience. Prior employment frequently served as a catalyst toward interest in working on the SMI unit. For some, social interactions with OMIs and the justice system were common during previous employment (case managers, standard probation officers, etc.). As a result, officers desire to work with the specific population of OMIs would grow. Others desired a more challenging work environment or were attracted to the unit's therapeutic nature. Still others wanted to work on the SMI unit because the job could offer more discretionary freedom or the ability to work more closely with the court system.

It is important for the reader to remember that Maricopa County is one of the fastest growing counties in the U.S. and home to the fourth largest probation department (United States Census Bureau, 2016). As a result of a growing probation department, sometimes supervisors were forced to hire outside their general range as an effort to quickly fill positions in an expanding workplace. This is an important policy consideration because one must question if the hiring of an individual with a differing clinical orientation than supervisors generally strive for would be beneficial, harmful, or make no difference in the supervision of probationers. Community corrections departments need to continue in the "pendulum swing" towards rehabilitation. Consequently, probation supervisors on SMI caseloads should most likely be aiming their hiring processes more towards the *social worker* supervision style whenever

possible. To determine the effect this policy could have on success rates while on mental health probation, more research must be done on the hiring process, as well as examining the clinical orientations and supervision styles of officers and the subsequent impacts on their effectiveness.

Whether it be directly hiring social workers or training probation officers to be more social worker orientated while in the academy, a universal drive toward rehabilitative probation officers on specialty caseloads (and probably standard caseloads too) would most likely have the most positive outcomes. Skeem, Eno Louden, Polaschek, and Camp (2007) has hypothesized that offenders are more likely to follow the rules if a “firm, fair, and caring” officer orientation is perceived. Likewise, Kennealy, Skeem, Manchak, and Eno Louden (2012), found a “firm, fair, and caring” relationship on the part of the probation officer reduced the chances of future arrests on the part of the probationer. By having a “dual relationship”- a therapeutic orientation aligned with the traditional roles of a probation officer- it allows for a better alliance to be built, which results in less criminogenic tendencies. These findings also hold true for high-risk offenders, which could hold promise for many OMI's given their significant risk/need. In conclusion, the impact past experience and training have on clinical orientation may have more important implications of the criminal justice system than viewed on the surface. More specifically, it impacts the perceptions and the supervision styles of SMI caseload officers, which is a key characteristic in the use of discretion, and has a subsequent impact on the success and failure of the probationer on the SMI caseload.

My second key finding builds upon the first, as the analysis in the current thesis also illustrated the important consideration regarding SMI caseload officer supervision. One might reasonably infer that all officers working on SMI caseloads would be more therapeutic by nature, in comparison to others, based on the empirical support that has demonstrated strong therapeutic

alliances and rehabilitative tendencies on the part of probation officers leads to greater success for probationers (Slate, Feldman, Rosekes, & Baerga, 2004). Klockars (1972), found specific supervision styles for different types of officers in his work examining a standard caseload. Those same traditional supervision styles overviewed by Klockars on standard probation also extended into the current sample of SMI specialty probation officers. In the current sample, the supervision styles of *law enforcer*, *social worker*, and *synthetic officer* were all represented. While there were three *law enforcer* officers, and five *social worker* officers, the majority of officers (16) prescribed to the *synthetic* officer role. This supports Taxman's (2008) suggestion that contemporary community corrections work is defined by the *synthetic* supervision style of probation officer.

In the current study officers' supervision style impacted nearly all aspects of their work as a specialty mental health probation officer, and also influenced their use of control and discretion. The *law enforcers* were most concerned with the official enforcement of rules, increased supervision, risk management, and public safety. Those with a *social worker* style showed a more "firm, fair, and caring" (Kennealy et al., 2012) orientation toward their caseload. This is important because it allows for the traditional values of rehabilitation (substance abuse treatment, mental health treatment, housing assistance, etc.). Those who supervised their caseload with a *synthetic* supervision style showed flexibility to both sides of probation (*law enforcement* and *social work*). An internal struggle often was discussed among these officers, as they were split between being agents of public safety, but also expected (and wanted) to provide supportive services to offenders. As literature suggests, this is a common occurrence among probation officers (Clear & Letessa, 1993; Miller, 2006; Seiter & West, 2003). *Synthetic officers* most often used discretion (clinical judgment) in their decisions to invoke both rehabilitative

and/or punitive aspects of control in order to try and best help their probationers maintain long-term success. These decisions were often made based on officer supervision style, which were normally founded on aspects of personal philosophy and by considering each individualized case.

By incorporating aspects of crime control, due process, and the discretionary power of a street-level bureaucrat, SMI caseload probation officers prescribed to the *synthetic* style arguably provide the widest options of caseload management – an important aspect on caseloads comprised of cases that are highly individualized. The supervision style of an officer on the SMI caseload is an important consideration because, as street-level bureaucrats, probation officers hold a large amount of control over the individual lives of people on their caseloads. An officer’s supervision style is the backbone of their management of all work with probationers on the SMI caseload. As a result, this impacts the type of control probationers are subjected to. Commonly referred to as the “gatekeepers” between the community and carceral settings (Epperson et al., 2014), probation officers essentially control the freedom of individuals’ lives that often rely heavily on their supervising officer for success. Probationers are largely impacted positively and/or negatively by these officers, based on their use of discretion and control. This is why *synthetic officers* are so important to SMI probation because it allows the probationer to receive the benefits from a strong therapeutic alliance, while allowing the probation officer to hold people accountable while still leaning towards the social worker aspects of supervision.

The third major finding of the current project is focused on the important consideration surrounding the perceptions SMI caseload officers hold about the unique characteristics of their positions as officers on the SMI caseload in comparison to standard probation. While practical differences (caseload sizes, probationer characteristics, job duties) between standard and SMI

probation are evident (Skeem et al., 2006), less is understood in the literature about how SMI caseload officers complete their jobs in unique ways as a result of these differences. In the current study, three ways in which officers perceived differences between the two caseloads were illustrated in detail. First, officers on the SMI caseload discussed how the impact of mental illness on their probationers affected the work the officers did with these individuals, and how this was in stark contrast to what most standard caseload officers would do. SMI caseload probation officers were more likely to describe standard probationers as generally criminogenic and hold them accountable for their criminal justice system involvement in ways they often did not for SMI caseload officers. The officers' perceptions about probationers on the SMI unit, however, were different. They were more likely to perceive SMI probationers' criminal involvement as a result (or partial result) of their significant mental health need. As a consequence, the officers from the SMI caseload felt that individuals on SMI probation were there to receive mental health treatment as well as other community services while their counterparts on standard probation were to serve a payment of retribution to society for their crimes, and little else.

The second difference perceived by officers interviewed from the SMI caseload was that standard officers and SMI caseload officers have many differing job duties. This finding is consistent with those presented by previous research (Skeem et al., 2006; Skeem et al., 2008). For example, SMI caseload officers discussed spending a significant amount more time with their probationers, (due to the smaller caseloads) to establish better therapeutic relationships. Standard officers are rarely involved in this endeavor. For several officers on the SMI caseload who came from other departments at MCAPD, building this therapeutic alliance with both the probationer and other members of the mental health court workgroup required them to leave old

duties behind and embrace new ones. Based on these differences, there is often a learning curve with becoming an SMI caseload officer. Therefore, based on the importance of relationships in the success of probationers on mental health probation, SMI caseloads officers should receive more training overall on how to build strong therapeutic alliances, in addition to increasing the frequency of that training.

A third difference between standard and SMI caseloads, as perceived by SMI caseload officers who were interviewed, addressed aspects of caseload management. SMI caseload officers are exposed to aspects of mental illness in their daily tasks more than most in the justice system (and hopefully understand it more as a result). As a result of this exposure, the officers perceived caseload management different from standard probation. In general, many SMI caseload officers viewed standard officers (and standard probation) as stigmatizing and labeling individuals who were on the SMI caseload as “crazy.” These officers also noted that standard officers were more likely to have strictly the *law enforcer* style of supervision, as well as being more likely to use it as a method of control. SMI caseload officers were much more likely to manage their caseloads with a rehabilitative outlook, with mental illness and its impact on individuals in mind. As a result, many SMI caseload officers interviewed felt their work was more rewarding, not only in the lives of the probationers, but their own as well. These feelings on the part of SMI caseload officers are extremely important because they are viewed as positive for SMI probationers too (Mulvey & Terpstra, 2018). They show that SMI caseload officers have a more complete understanding regarding realistic expectations with OMIs on the caseload and that their work must go well beyond surveillance and law enforcement. This is also an important consideration as research has shown officers who are able to build these therapeutic (yet paternal) relationships with OMIs are more successful in regards to caseload recidivism (Skeem

et al., 2007; Kennealy, 2012). Therefore, SMI caseload officers who embrace the nuances of their work with OMI in this way are more equipped to address the barriers to success individuals on their caseload present with (e.g., mental illness, substance abuse, housing).

Unfortunately, this also means that SMI caseload officers sometimes perceived standard officers as less equipped to help OMI. This feeling on the part of SMI caseload officers seems reasonable given that several officers interviewed were once standard officers, and work with standard officers every day in their respective field offices. While standard officers are able to refer individuals to SMI probation, they are not always accepted, and there is a capacity to how many individuals with SMI that can be accepted onto the specialized caseload (680 at the time of the current project). This could mean that some individuals with significant mental health issues might be far less successful on a standard probation load simply because they have a probation officer that does not understand their specific issues to help them, or is too bogged down by their standard caseload to do so. This ultimately may leave many OMI with a probation officer who is generally unable to handle the unique skill set required to help these probationers be most successful. As a result, future work should consider more training *for all* officers surrounding the needs of individuals with mental illness in the criminal justice system. This is especially important considering that almost no criminal justice majors are offered specific courses on mental illness in the criminal justice system while in college (e.g., see Mulvey & Larson, 2017).

My fourth key finding extends upon my previous conclusions, as the current analysis also revealed important considerations regarding social control used by the SMI caseload officers. The use of social control is certainly not a new consideration in the criminal justice system. Historically, social control has been used in the criminal justice system since its inception (Liska, 1992), and is known as an important aspect in the work of street-level bureaucrats (Lipsky, 2010)

According to Lipsky, this is a condition of their work to both communicate and administer the penalties for “failing to display proper deference”, as well as allocate the necessary rehabilitative services to promote success (2010, p. 63). While community corrections are the largest arm of the criminal justice system, little is known to date about the perceptions of how day-to-day workers, specifically in this case probation officers on specialty caseloads, perceive this authority. Therefore, consideration of how SMI caseload officers implement varying forms of social control in their daily work is of importance to better understand. In the current study, it appeared that officers primarily employed two forms of social control – beneficent and coercive, in order to manage their caseloads and to assist in their daily work with OMIs.

Beneficent control was considered as an important aspect of SMI probation because it allows a linkage of probation and rehabilitative treatment (mental health, substance abuse, etc.). Officers often spoke of their use of beneficent control through mental health court, staffings, and increased treatments. Coercive control was perceived as an important aspect of SMI probation because it allowed officers to enforce sanctions on individuals who were non-compliant. Commonly discussed uses of coercive control were increased supervision (e.g., urinalysis, call-ins) and mental health court sanctions (e.g., PTR, incarceration). As one could assume, those officers with the *law enforcer* supervision style leaned towards more coercive control, *social workers* towards beneficent control, and *synthetic officers* most commonly considered both beneficent and coercive control. Not all officers used these forms of control in the same ways, however. It was not uncommon to see *law enforcers* still use forms of beneficent control and *social workers* to use coercive control on occasion when necessary to increase their chances of being successful with individuals on their caseload. This suggests that officers are rarely “purists” in their adoption of supervision style, and not being flexible in this orientation can

constrain their chances at successful interventions with OMIs. The uses of control can vary from officer to officer, case-to-case, and even day-to-day for some individual cases. These characteristic supervision styles are just general frameworks on which the officers convey their supervision styles and may be why researchers have begun to vocalize that the justice system needs to lean towards the “reengineering of community supervision” (Taxman, 2008).

It is important for the reader to remember that the officers have the discretion to use forms of social control in any way they choose. Also, that an officer’s clinical orientation and supervision style play a large factor in their use of social controls. By having the discretionary power that they do, SMI caseload officers hold a *vast* amount of control over the freedoms that many individuals outside of the justice system often worry so little about losing. It is important to consider ways in which these officers are using discretion with a particularly vulnerable group of offenders – those who are SMI and have functional impairment. Equally important is how this application of differing forms of control impacts the success of the SMI probationers, who have little to no control over many aspects of their life. In the end it may be that much of an OMI’s success and failure on SMI probation is simply a reflection of the specific ways that the SMI caseload officer implements aspects of social control over that individual.

The final key point of my findings, perhaps has the greatest importance, with the most to consider regarding criminal justice policy. SMI caseload officers, as discussed in significant detail in their interviews, have immense discretion in their work with OMIs, and this plays a fundamental role in the lives of these probationers. It has been well established that discretion is a core tenet of human services positions like probation officers (Lipsky, 2010; Prukiss et al., 2003). This is no different for SMI caseload officers in the current thesis. One reason that discretion is so important to OMIs on the specialty caseload specifically is because they often

have little control over what happens in almost all areas of their lives while in the criminal justice system. Supervising probation officers holds extensive power in their governing decisions for these probationers. They might govern over everything from the obvious decision of when individuals are and are not incarcerated, to where OMI's live, who they are romantically involved with, where they are allowed to go, work, who they can associate with, and even oversee when OMI's are able to leave their residences. This is a daunting amount of jurisdiction over an individual's life. One must also recognize that SMI caseload officers are able to force OMI's on the caseload to 1.) take psychiatric medication as a condition of their probation (and in what capacity, how often, and how administered), 2.) seek certain case management services, 3.) attend drug and alcohol treatment, 4.) participate in mandatory outpatient or even inpatient psychiatric treatment, 5.) petition the court to assign a payee to be in charge of all finances of the OMI, and 6.) start the process to deem the person legally incompetent in the court. All of this added together is an extensive amount of power in which to make discretionary decisions about the OMI's life.

The use of SMI caseload officer discretion is an important consideration to ponder in criminal justice research. This is especially true given the vast amount of social control, and the copious amounts of discretion to use this control, that SMI caseload probation officers possess. This control and the discretion to use it are greatly influenced by their clinical orientation and supervision style, leaving the probationers susceptible to the officer's control, often with no input into the decisions being made about their lives. The perceptions of these street-level bureaucrats have been widely overlooked in the research and more focus is needed surrounding SMI caseload officers' feelings and perceptions on discretion, and how this impacts probationers on SMI caseloads.

Common discussions of discretion that were focused on in the narratives of SMI caseload officers in this study centered on who was accepted onto the SMI caseload, how officers utilized mental health court, and the ways that gender impacted officer decision making in their work on the SMI caseload. To understand how much of an impact discretion has on the lives of probationers on the SMI caseload, I first explore when this impact begins – at the point of intake onto the caseload. Narratives of the officers illustrated that the discretionary actions of SMI caseload officers can have significant impacts for OMI's on probation before they even make it onto the SMI caseload. Many officers described the discretion to accept individuals on to the SMI caseload as a positive aspect of their job. Sometimes officers would use their discretion to swap cases among each other or place certain diagnoses (e.g., schizophrenia, borderline personality) or conditions (e.g., homelessness) on specific officer's caseloads when it was believed those officers worked better with specific types of probationers. Overall, this can be perceived as beneficial to both the probationers and the officers by placing individuals in the environment most likely to promote success.

Also, this discretion allowed SMI caseload officers to choose individuals they felt needed the services the most. With roughly 2,000 to 2,500 individuals with mental health terms in Maricopa County's probation department and only 680 spots available on the SMI caseload at the time of data collection (MCAPD, 2013), officers had to be judicious in consideration of individuals they accepted. But, for their mental health caseload model to be successful, they also had to consider carefully who were best fits for their caseload. Sometimes, officers would decline a probationer for the caseload with concerning substance abuse issues as this can often be a catalyst for substance induced psychosis, and not indicative of a long term major mental illness. This finding again points to the need of greater education for standard probation officers

around long-term mental illness, as they generally are the ones referring probationers to the mental health caseload.

Mental health court was also an important aspect discussed by the officers. The Maricopa County SMI caseload is unique in that the use of mental health court is left completely up to the officers' discretion. As a means of rewards and sanctions through beneficent and coercive control, the mental health court was seen by several officers to be the most important tool in an SMI caseload officer's workshop. It serves as a platform for rewarding good behavior, engaging individuals who need the extra push, and sanctioning those who are non-compliant. As a result, probationers with differing officers, and supervision styles, are likely to experience the mental health court in vastly different ways. Some officers frequently used court for rewarding, engaging, and/or sanctioning probationers. Some officers do not use the court at all and, in turn, some individuals never see court. This can be argued as a good thing and as a bad thing. For instance, if one officer doesn't send a probationer to the court when the probationer might really need it, because the officer doesn't want to make the round trip to the courthouse and go through the hassle, this could have short and long-term consequences. On the other hand, if an officer consistently schedules a client to court when it is not necessarily needed and drastically increases the anxiety and other mental health symptomology of that individual, this too could have detrimental consequences.

In the end, most decisions about the utilization of the mental health court are left to the individual officer, and these decisions are frequently based on the clinical orientation of the officer. As a result, the most prominent concern is that some officers may not use the court for personal reasons, and as a consequence hurt their probationers (e.g., distance to the court, personal conflicts with the judge, time management of work activities). The discretion of officers

can be a negative thing because individuals may not be getting the services they require based on an officer's personal opinions and/or personal conflicts.

Finally, the impact of gender on the use of discretion is another important aspect to consider as it relates to the findings of the current thesis. Historically, the criminal justice system is based on male-derived theories of crime and often focused on the needs of men (Hannah-Moffat, 2009). What is less considered is how officer perceptions impact women in the justice system in comparison to men. The current analysis revealed that officers varied on how gender impacted their discretionary actions in regards to OMIs on their caseloads. An important consideration, however, was that gender alone was not the primary influence on discretion in the narrative perceptions of some officers. What was commonly noted in these interviews was the impact that the intersection of mental health diagnosis and gender had on the discretion of officers. More specifically, officers consistently noted that individuals with borderline personality disorder were especially difficult to work with. Those with borderline personality disorder were often perceived as manipulative, splitting court staff, overly emotional, confrontational, and "gamey." Officers often imposed stricter discretionary measures on these individuals, who were notably much more likely to be women (70% women vs. 30% men) (Torgersen, Kringlen, Cramer, 2001). I suggest that, because women bring such a complex array of previous issues to the criminal justice system (Salisbury, Van Voorhis, & Spiropoulos, 2009), they also create a wider need for probation officers in the first place (Morash, 2010), and different forms of treatments than have been historically provided. Probation officers must consider gender as an important issue in mental illness and in their work on mental health caseloads. This is especially true if we see women as "mad" more often in society, and pathologize their criminality in a way we do not for men (Thompson, 2010).

Despite being a part of the largest arm of the criminal justice system, research on specialty probation is still in its early stages. While the understanding of the importance of the problem-solving model and therapeutic jurisprudence has been around since the early 1990s (Wexler, 1990), programs designed on these core tenets have drastically expanded across the United States over the last decade. Specifically, the perceptions of SMI caseload probation officers on their role as specialty mental health probation officers, and their use of discretion to manage their caseloads, are relatively absent from social science research. It is important because these street-level bureaucrats are allotted a massive amount of discretionary power. As a result, they also have vast amounts of social control over what happens to the majority of people in the justice system (Matz, Wicklund, Douglas, & May, 2012), often with little supervision over their day-to-day decisions. It would be “short-sighted” to ignore the impact that these officers have on the criminal justice system and society overall (Lutze, 2014). This discretionary power is influenced by the SMI caseload officer’s supervision style, which is influenced by their clinical orientation. The clinical orientations and supervision styles, which result in the determination of their discretionary decisions, are paramount in determining the role of each officer. Ultimately, all of these differing roles are intimately interconnected and have potentially important impacts on the successful completion of SMI probation for individuals on these caseloads.

Overall, it is important to revisit the idea of what the role of the SMI caseload probation officer actually is, and perhaps, what it should be. Based on the analysis in the current study, a question remains – are SMI caseload probation officers really probation officers, or are they actually social workers in the confines of the criminal justice system? And if they aren’t social workers, should they be? Previous research (Clear & Letessa, 1993; Miller, 2006; Seiter & West, 2003) has claimed that SMI specialty caseload probation officers often split between these two

roles, and as a result would be both. It is less clear, however, if they are more or less successful as a result, than if SMI caseload officers would gravitate more towards being one or the other. This question goes beyond what this thesis can answer, but based on the narratives available in the current analysis, one could argue for the benefits of adopting a predominantly social work style of supervision with this group of offenders, and using law enforcement strategies more sparingly. Future research that is more causal in nature, and that can examine a larger, more generalizable sample of probation officers working with SMI offenders and subsequent outcomes, would aid in exploring this hypothesis.

SMI caseload probation officers, as well as all other street-level bureaucrats, must rely heavily on discretion in their daily roles in order to do their jobs well. A unique aspect of the current study was the methods to which the SMI probation caseload operates in that this department combines the SMI probation caseload with the SMI problem-solving court model. This procedural design allows for individualized case planning and treatment for each probationer on the SMI caseload making use of the discretionary decisions of the SMI caseload officers, as they are not bound by specific sanctions and rewards like some mental health caseload/court models. As found in the current analysis, every officer discussed the need for the use of both beneficent and coercive social control (in some capacity) to manage his or her caseloads, despite traditional supervision styles (*law enforcer, social worker, or synthetic officer*). As a result, regardless of an officer's preferred supervision style, or guiding orientation in their discretionary decisions, OMI and the unique obstacles they presented (mental illness and criminogenic need), forced all officers interviewed in the current thesis to demonstrate some flexibility, to a certain capacity, while working with and managing OMI.

In the end, the utilization of discretion by the criminal justice professional, and the subsequent impact of that discretion, perhaps, is the paramount consideration in all the criminal justice system. However, discretion surrounding the criminal justice system is a topic that we often fail to pay sufficient attention to in some areas. This vital tool used in management of jobs all across the criminal justice system, from police officers, to prosecutors, to probation officers, is not always paid proper attention. Although we frequently discuss police officers and their discretion around arrest, and the use of force (especially deadly force), as well as prosecutors and their immense discretion in charging decisions and plea-bargaining with practically no oversight (Pfaff, 2017), we much less commonly consider the discretion of community corrections officers. Probation officers, and in this case specifically SMI specialty caseload officers also have an unparalleled amount of discretion over the lives of individuals on their caseloads. This fact is only bolstered in importance by the notion that individuals with serious mental illness and functional impairment also heavily rely on their probation officers for support and guidance given how small their outside social networks normally are (Mulvey & Terpstra, under review). As shown in this project, the discretionary power of these street-level bureaucrats can impact individuals beyond the initial rewards or sanctions given by officers and may impact the long-term outcomes for probationers on the SMI caseload, for better or worse.

Limitations

This study explored the perception of SMI caseload probation officers from a unique dataset derived from a larger project surrounding probationers on the SMI probation caseload in Maricopa County, Arizona. Little empirical analysis has explored the perceptions of SMI caseload probation officers and their roles on specialty mental health caseloads. Likewise, few studies have considered these individuals' perceptions on their use of discretion. As with all

research studies, however, the findings of the current thesis should be considered with a specific set of limitations in mind.

First, generalizability is a significant limiting factor of the current thesis. While the analysis was comprised of semi-structured interviews from a full census (24) of SMI caseload officers and supervisors during a 14-month data collection window, these are only the perceptions of those individuals. There is no guarantee that the narratives individual officers construct, or their individual perceptions about the caseload overall always equate to factual truth in every instance. Furthermore, Maricopa County's SMI probation caseload and mental health court are only one unit among hundreds across the United States. This particular caseload is not necessarily generalizable to any other specialty caseload in the United States, or even in MCAPD probation as a whole. Other units likely vary in administrative policies and/or officers' clinical orientations, training exposure, demographics, and overall viewpoints, among other factors, that may impact their perceptions of the roles of SMI caseload probation officers and supervisors. Geopolitical considerations for Maricopa County may also impact the generalizability of the current dataset. Likewise, these factors may impact officer perceptions on the use of social control as well as discretion, in ways differing from non-specialty officers, or mental health caseload probation officers in other jurisdictions around the country.

The second limiting factor, common with research with human participants, are issues with self-report. It is important to consider that the officers in this study may have held back some opinions out of social desirability or mistrust about the true intentions of the project. This may have resulted in officer concern about how they "come off", which may have subsequently altered answers, or caused the officers to be less forthcoming. In the end, the current study was focused on individual perceptions as opposed to refutable fact, and as a result, themes discussed

in the current findings are based less on verifiable truth as opposed to individual observation and personal insight.

The third important limitation to consider are the general demographics of the Maricopa County SMI caseload itself, as it has many unique features differing from other SMI units around the United States. First, it is one of the largest probation units in the United States. Second, MCAPD is a relatively progressive probation department in comparison to many traditional probation departments, or other criminal justice agencies in the state of Arizona and in Maricopa County specifically. This may alter the results compared to conducting this study with a more traditional probation department, in other geopolitical climates, in departments with different administrative policies, officer clinical orientations, qualifications for caseload acceptance, etc. Also, it is important to note that this SMI caseload is also attached to a problem-solving court, opposed to many other counties that either have one, or the other. This caseload is also unique in that it allows heightened officer discretion over the use of the mental health court in ways many other departments do not allow. Many other departments with a combination of an SMI caseload and a problem-solving court do not allow for officer discretion to use the court and base the use of mental health court on standardized probation guidelines developed by the department. This allowed for more detailed data collection in the current study on the impacts of discretionary power over things such as the mental health court that other SMI caseloads may not be able to provide.

Future Research

As a result of this thesis, it is hoped that this project may lead to future policy considerations and further empirical analysis surrounding mental health caseloads, and the influence of discretion on mental health caseloads, in addition to the impact of discretion on

offenders. Based on the findings from this study, future scholarship should focus on multiple topics. First, research should consider in greater detail how discretion by SMI caseload probation officers affects the success and failures of OMIs in the justice system. While some research has examined the impacts of social control over individuals on probation (Rothman, 1990), little research has focused on those individuals on SMI caseloads and OMIs on probation in general. Research should continue to explore how officers use discretion and the impact these decisions have on OMIs. Additionally, future research should also examine how clinical orientation directly or indirectly relates to probationer outcomes when specifically considering OMI populations. The current study found that foundational clinical orientation was impressionistic on supervision style for SMI caseload officers, and in turn these supervision styles played a role on discretion. More research in this area may be beneficial in probation departments by addressing the question of which supervision style is the most effective in SMI probationer success in hopes of bettering the rehabilitative process and therapeutic alliance between probation officers and OMIs.

Conclusion

Specialty mental health probation caseloads are relatively new in the criminal justice system and have become much more common over the last two decades (Wolff et al., 2013). Historically, however, we know little about the SMI caseload officers' perceptions of their work despite the large impact they have on society. More specifically, we know little about how these perceptions impact the copious amount of discretion they are allotted, as street-level bureaucrats generally are (Lipsky, 2010), and how they use it in their day-to-day decision making. As agents of social control, it is important to understand how discretion impacts the use of power over these offenders who also have a pervasive mental illness. Similarly, as "gate keepers" of

jail/prison for these OMIs, it is vital that researchers, policy makers, and practitioner supervisors understand how these individuals perceive their experience and how this impacts their work on a day-to-day basis. The current study explored these perceptions through the analysis of 24 semi-structured interviews of SMI caseload probation officers and supervisors on a SMI probation unit.

The findings overall indicate that clinical orientation and supervision style is an important factor in officer perceptions of their role as specialty mental health court officers. Further, this thesis found that traditional officer supervision styles extend into specialty probation and that each varying supervision style impacted the use of control and discretion differently among each officer's caseload. The findings reveal that SMI caseload probation officers perceived differences between standard probation and SMI probation in important ways. These perceptions of differences in probationer characteristics, job duties, and management style add to the existing literature on the differences between standard and SMI probation (Skeem et al., 2006; Skeem et al., 2008) by expanding knowledge not only on the differences between them, but also how officers perceive these differences. Additionally, social control was viewed as an important aspect of the SMI caseload officer's job. Consistent with previous literature, both beneficent and coercive control was used to maintain social control over the caseloads. Methods and means for the use of control varied, however, and often were dependent on the supervision style of the officer and resulting in the discretionary power allotted to the officers.

Finally, discretion is argued to be the most essential aspect in the work of the SMI caseload probation officers, as discussed in their own narrative descriptions. SMI caseload probation officers used discretion daily to make decisions, in large ways, which control so many aspects of OMI's lives. This discretion can impact the offenders both positively and negatively

and is especially important because they are making decisions specifically for those with a pervasive mental illness. In sum, individuals on mental health specialty probation caseloads, SMI caseload probation officers, and SMI probation units alike, can benefit from more research exploring the common themes surrounding officer discretion. As the leading provider of mental health care, it is vital to the criminal justice system, in addition to the public sector, that these OMI are provided with adequate rehabilitative care. Problem-solving courts and specialty probation units have been a progressive step forward in the effort to combat the over-criminalization of mental illness. Early research on these programs has also shown them to be effective (Skeem et al., 2006; Wolff et al., 2014). As a result, it is important to know how we can make these programs even more effective in reducing recidivism, and increasing success stories for individuals with mental illness in the throes of the criminal justice system. By delving further into how these SMI caseload officers perceive and use their vast amount of discretion, we can hope for a better understanding on who should be supervising these individuals and how they should be doing it. This is specifically vital, as it appears probation officer can, at least partially, determine success or failure in the criminal justice system for OMI. It is my hope that this project will act as a driving force behind future social science research on this overlooked, yet imperatively important aspects of criminal justice system policy.

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APPENDIX A: SMI CASELOAD PROBATION OFFICER CHARACTERISTICS

| Name | Education | Time Employed on SMI Caseload | Supervision Style |
|-------------|------------------|--------------------------------------|--------------------------|
| Rhonda | Masters | > 5 years | Social worker |
| Amber | Bachelors | > 5 years | Synthetic |
| Kylie | Bachelors | > 5 years | Social worker |
| Sharron | Masters* | > 6 months | Law enforcer |
| Frank | Bachelors | > 5 years | Synthetic |
| Antony | Bachelors | > 5 years | Law enforcer |
| Dave | Bachelors | > 6 months | Synthetic |
| Sally | Masters | < 5 years | Synthetic |
| Kelsey | Bachelors | < 5 years | Synthetic |
| Andrea | Masters | > 5 years | Social worker |
| Mary | Masters | > 5 years | Social worker |
| Audrey | Masters* | < 5 years | Social worker |
| Nichole | Masters | > 5 years | Synthetic |
| Jack | Graduate+ | < 5 years | Synthetic |
| Lauren | Masters | > 5 years | Synthetic |
| Carrie | Bachelors | < 5 years | Synthetic |
| Dustin | Bachelors | > 5 years | Synthetic |
| Sabina | Bachelors | < 6 months | Synthetic |
| Tonya | Graduate+ | < 5 years | Law enforcer |
| Autumn | Bachelors | > 6 months | Synthetic |
| Courtney | Bachelors | > 6 months | Synthetic |
| Edwin | Bachelors | < 6 months | Synthetic |
| Julia | Bachelors | < 6 months | Synthetic |
| Tim | Masters | < 6 months | Synthetic |

All names were changed, ages and race, gender and other identifying markers removed, and employment was collapsed to help maintain anonymity of participants

* = In school for masters degree at time of interview

+ = Graduate degree other than a Masters

APPENDIX B: SMI CASELOAD PROBATION OFFICER INTERVIEW GUIDE

Stem Questions

1. How long have you worked as a probation officer/supervisor on the SMI caseload?
2. Why did you decide to become an officer on the SMI unit? What types of work did you do before working on the SMI unit?
3. How many people do you currently have on your caseload? Do you primarily see a certain group or type of offender?
4. Tell me a little bit about how a probationer gets placed on the SMI caseload? How does that process occur?
5. Describe the SMI offenders that you have on your caseload.
 - A. Is there a general “type” of offender?
 - B. Are there any particular offenses or diagnoses?
 - C. Are there any similarities you have noticed about SMI probationers?
(Probe for detail here)
6. How do offenders on the SMI caseload differ from other offenders?
 - A. What types of unique challenges and needs do individuals on the SMI caseload bring to probation? (Probe for detail here)
7. What are the most rewarding parts about working with offenders with mental illness?
 - A. Who are the most rewarding probationer on your caseload – meaning, what do they “look” like as far as personality, needs, etc.
 - B. Explain what makes them rewarding in comparison to other probationers
(Probe for detail here)
8. What are the most challenging parts about working with offenders on the SMI caseload?
 - A. Who are the most difficult probationers on your caseload – meaning, what do they “look” like as far as personality, needs, etc.
 - B. Explain what makes them difficult in comparison to other probationers (Probe for detail here)
9. What would you save are the things you notice about probationers who are able to successfully complete the SMI caseload?
 - A. Do they possess any particular traits?
 - B. What things about these people, or their situation might help them?
10. For those offenders on your caseload that have a really difficult time completing probation – is there any specific characteristics you notice about them?
 - A. Are there any particular life circumstances?

11. Can you tell me a little bit about the mental health court? How do you personally utilize the mental health court?
 - A. What “types” of offenders do you normally send to the court? For what reasons? (Probe)
 - B. What ways do you think the mental health court can help offenders in completing probation?
 - C. What are some ways that the mental health court might hurt their progress (if any)?
 - D. Are there any things that could be done to make the mental health court better or more effective? What might those be? (Probe)

12. What types of services do you utilize in the community for offenders on your caseload?
 - A. Which services do you think work best in your opinion? Which are most effective?
 - B. Which do not work? Which are least effective?
 - C. How has service utilization changed with significant budget cuts the last few years in the state?
 - D. How have these service cuts directly impacted offenders on your caseload?

13. If you could choose one thing that would help offenders with mental illness successfully complete probation and stay out of the criminal justice system – what would that be? (Probe)