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Juvenile Justice and the Criminalization of Mentally Ill Individuals

Michael Collins
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Walden University

College of Social and Behavioral Sciences

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Michael Anthony Collins

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Walden University
2021

Abstract

Juvenile Justice and the Criminalization of Mentally Ill Individuals

by

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MA, University of Cincinnati, 2013

BS, Christian Brothers University, 2002

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Criminal Justice

Walden University

November 2021

Abstract

Juvenile justice systems in the United States are using incarceration as a solution to the problem of youths with mental health disorders who commit violent crimes. Juvenile justice systems across the United States have a revolving door effect that arrests, adjudicates, and incarcerates youth offenders but fail to address the factors that contribute to recidivism. The purpose of the qualitative case study was to identify which treatment procedures were most appropriate for juvenile offenders who committed violent offenses in an effort to reduce recidivism for this offender population. For this study, an ecological psychology theory was used as a lens to view the problem. Nine current criminal justice officials from the Juvenile Court and the District Attorney's Office of a mid-south city and county in West Tennessee were interviewed for this study. Participants described alternatives to incarceration, procedures used as alternatives to incarceration, and identified effective mental health treatment programs available to juveniles with mental illness as an alternative to incarceration. Results of this study provided a better insight into an offender population that had been institutionalized and demonstrated how incarceration exacerbated their mental health condition. This study directed more attention to an ongoing societal problem where the United States continued to criminalize the mentally ill rather than seek proper treatment and protocols to address this issue. The findings from this study will contribute to positive social change by identifying appropriate and meaningful alternatives to incarceration of mentally ill offenders.

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Dedication

To my family, I am forever grateful for you being patient with me for all of those times that I demanded everyone to come to a standstill when I needed to think and write. Special thanks to my wife, Christina Elaine Collins, who remained extremely patient and supportive when I wanted to give up. I want to thank my absolutely wonderful children Tiffany, Mikey, Brittany, Desmond, Chris, and Haleigh for not asking me “when are you going to finish?”. I want to thank my siblings, Pearline, Lillie, Juliette, (Bernie Jr./Rest in Peace), Matilda, Brenda, (Ricky/Rest in Peace), Deborah, and Adrean, for always being there for me throughout this entire process and everything that I have ever attempted in life. I want to acknowledge my grandchildren; Ahmari, Mycah, Kaelynn, Kenyan, Jade, Michael, Ivy, and Adonis. Finally, I want to dedicate this dissertation and thank my dear mother, Bessie Mae Collins, for “always” believing that I could accomplish the things that I have accomplished.

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I want to state here that I could not have done this without the Grace of God. God's Grace preserved my mind in order to remain focused and gave me the perseverance to overcome every obstacle that came my way. This is why I give you the glory and praise that you rightly deserve!

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Chapter 1: Introduction to the Study

A significant amount of research has pointed to a need for new and meaningful policies that addressed the mental health of violent juvenile offenders. Current policies have not specifically addressed alternatives to incarceration although mental illness was far more prevalent in individuals that entered America's jails and prisons. Treatment alternatives in most lockup facilities across the United States have been essentially nonexistent.

In consideration of the questions raised in Chapter 1, Chapter 2 provides analysis of findings from classical and peer-reviewed research that established a foundation to fulfill the purpose of this study. Analysis of the research provided a more comprehensive understanding of the effects incarceration had on mentally ill offenders and explored meaningful alternatives to incarceration for this offending population. A preliminary review of the current literature was included in this review to support the assertion that either a sparsity in research regarding mental illness and the incarceration of violent youth offenders was present or the lack of policies that directly addressed alternatives to incarceration of juveniles with mental illness who committed violent offenses was evident.

The findings from this study will contribute to positive social change by identifying appropriate and meaningful alternatives to incarceration of mentally ill juvenile offenders. Results of this study provided a better insight into an offender population that had been institutionalized and sought better understanding of how incarceration exacerbated their mental health condition. Current policies regarding

violent juvenile offenders with mental illness did not have universal treatment alternatives to incarceration, and this study provided some guidance for future universal alternatives to incarceration. Providing meaningful treatment alternatives for juveniles with mental illness who commit violent offences will impact current policies that have used incarceration as a primary response to this problem. This research filled the gap in the literature by revealing better treatment options for violent juvenile offenders with mental illness and provided policies specifically for secured facilities that will reduce mental anxiety than what incarceration in a general population environment would do. The impact of this study changed the way incarceration of violent juvenile offenders with mental illness are housed and treatment procedures necessary for this specific population.

In addressing issues in this study, this chapter begins with an overview of an analysis of ecological psychology theory and how it applied to mental health of juveniles and alternatives to incarceration of this offending population. Chapter 1 is followed by a review of current literature regarding current policies, procedures, and resolutions set forth by policy makers and proponents seeking to address juvenile mental illness, incarceration, and treatment proposals. I also provide a review of treatment protocols available to incarcerated youth and adults with mental illness who commit violent offenses. A discussion of whether Corrections had the legitimacy of being the facilitator of mental health treatment for violent youth offenders and if many jurisdictions possessed adequate and qualified staffs to perform treatment therapy for this offender population was included. Further, I discuss gender differences amongst adolescents and the impact of gender-specific factors such as abuse, neglect, substance abuse, and how these factors

might contribute to mental health. Additionally, the prevalence of adverse childhood experiences and psychiatric disorders of parents with mental health concerns, and the role of family factors that contributed to violent adolescents with mental health problems is included in this section. Lastly, treatment protocols, which included psychosocial intervention, psychiatric medical treatment, and alternative therapies in mental health treatments for incarcerated youths, are reviewed.

Background

Burke (2012) described the complexities in identifying which classification is most appropriate for juvenile sex offenders. Burke outlined the difficulties associated with placement protocols and the challenges for housing, managing, and treatment for this offender population which required a more secure setting. Burke further emphasized the necessity to provide this offender group with managed treatment protocols necessary for their criminogenic needs.

Burke (2012) used multivariate regression analysis to determine the outcome of placement protocols of youth offenders that committed sexual offenses. Findings from that study showed that juveniles benefitted most when there was available housing, management, and treatment for this offender group. However, that study focused specifically on the crimes related to sexual offenses and did not elaborate on the mental health of this offender group.

Cohen et al. (2014) examined how psychotropic medication is an important component in the overall response of detained youths with mental illness. The study addressed the proportion of juveniles in detention settings that received psychoactive

medications and proper mental health services. The research emphasized the necessity of this treatment protocol to reduce reoffending by this offender population.

Cohen et al. (2014) used multivariate regression analysis of 1, 760 observations from 55 counties and the findings revealed that the application of both psychoactive medication and mental health services in detention centers increased contemporaneously with policy changes. This study did not address the gap in mental health treatment and how effective psychoactive medications use is for youth with mental illnesses that commit violent offenses. That study concentrated on the application of psychoactive medication and mental health treatment but did not address specifically the violent offenders with mental illnesses.

Cusack (2013) placed emphasis on procedural due process by illustrating how *Kent v. United States* provided constitutional protection for youths with mental illness being remanded to Adult Court without competency hearings. The article showed how therapeutic justice is a more appropriate avenue for youths with mental health issues than incarceration.

Fernandez et al. (2015) illustrated how the Georgia Council on Criminal Justice Reform developed new recommendations designed to improve public safety while reducing costs in Georgia's juvenile justice system. The new policies included mandatory use of assessment tools and validated risk assessment instruments prior to detention and housing decisions. This implementation would help improve youth offender's outcomes and reduce recidivism.

Grassley and Whitehouse (2014) introduced the Juvenile Justice and Delinquency Prevention Reauthorization Act of 2014 (JJDPRA). The highlights of the JJDPRA stressed the importance of updating this Act by demonstrating that it was necessary to protect youths in the criminal justice system across the nation as well as strengthen policy mandates by reauthorizing funding for most juvenile justice programs. Reauthorization of the JJDPRA provided protectionism and helped to restore vital programs for the juvenile justice systems in America, and it authorized funding for this program for five years.

Grunwald et al. (2010) examined neighborhood advantage and its effect on recidivism. This study was conducted to determine how much influence neighborhoods had on recidivism and the likelihood of reoffending by race. Neighborhood context was also examined to determine how factors such as poverty, exposure to violence, and peer pressure influences adverse behavior and violent behavior of youths.

Kaliebe et al (2011) described how telepsychiatry has become an emerging vital component of mental health focus within the juvenile justice system. Telepsychiatry involves the use of psychological treatment through the direct interaction between a psychiatrist and the patient. It encompasses the mental health professional to cooperatively involve the primary health care provider in delivering the most appropriate services for mental health consumers by offering mental health care consultation and expertise. Telepsychiatry can provide mental health care delivery in a live, interactive communication form.

Knox et al. (2013) examined the tenets of the Juvenile Delinquency Prevention and Control Act (JDPCA) passed by the U.S. Congress in 1968. The purpose of this Act

was to motivate each state to develop plans and programs that would be successful in discouraging juvenile delinquency at the community level. The JDPCA legislation was designed to improve the juvenile justice practices in the late 1960s and would be replaced by the JJDPA in 1974 and modified again in 2014.

Knox et al.'s (2013) study connects to this research by seeking to include and/or modify JDPCA policies regarding juvenile delinquency at the community level to include policies that will address mental illness and violent juvenile offenders. Policy modifications to include violent juvenile offenders will encompass the improvements sought for in the juvenile justice practices that were called upon in the original JJDPA in the late 60s and early 70s that is now modified in the JDPCA in 2014. These policies improvements will possibly improve the outcomes of juvenile offenders with mental illness that commit violent offenses.

Seck et al. (2010) examined the personal, family context, psychological, social, and psychiatric characteristics of juvenile offenders with serious mental illness and behavioral disorders. The research looked extensively into early treatment interventions for this offender group. The study directed its focus on the identification of effective mental health treatment programs.

Trupin et al. (2011) evaluated the impact of the Family Integrated Transitions (FIT) program and examined how much effect it would have on juvenile recidivism. FIT is a family-based intervention for youths that channels its main focus on offenders with co-occurring substance use and mental health disorders that are transitioning to home from incarceration.

FIT is a very important component for juvenile offenders with mental health disorders that commit violent offenses because reintegration is an important phase for this offender group. When seeking alternatives to incarceration for violent juvenile offenders, the family context is a vital piece to include in order to make the transition from a secured setting back into the community a smooth process.

Trupin et al.'s (2011) research correlates to this study through family integration. When seeking alternatives to incarceration for violent juvenile offenders with mental illnesses, the family connection is one the most important components when considering alternatives to incarceration. If a violent juvenile offender is required to be incarcerated for a period of time and juvenile justice officials are exploring alternate housing options, family involvement and reintegration should be considered as a first alternative.

Problem Statement

Juvenile justice systems in the United States are using incarceration as the only solution to the problem of youths with mental health disorders who commit violent crimes (Jose & Hipp, 2017). Residual effects from this phenomenon suggested that youths coming into the criminal justice system continue to be a part of the system well into adulthood (Jose & Hipp, 2017). Smith-Ingley (2010) surmised that juvenile justice systems across America had what appeared to be a revolving door effect. After juvenile offenders with mental health disorders are arrested for violent offenses, juvenile justice systems have essentially become systems that adjudicate, incarcerate, but fail to address the factors that contributed to recidivism (Jose & Hipp, 2017).

One primary contributing factor to offending and rearrests lies within mental illness. Welch-Brewer et al. (2011) corroborated this contention by noting that juvenile crime, delinquency, and antisocial behaviors are directly attributed to mental health disorders. A strong predictor of deviant behavior and crime is correlated with mental health disorders (Welch-Brewer et al., 2011). Therefore, the United States must adopt more meaningful policies to address the lack of attention, funding, and aggressive policies that deal with violent juvenile offenders with mental health disorders.

Further research examining aggressive and violent behavior patterns of youths and the failure to address the mental health services needed for this offender population will contribute to a better understanding of their psychological conditions, decreasing the public demands for more stringent laws that require incarceration (Seck et al., 2010). One barrier that restricted and contributed to the gap in the literature was attributed to researchers' inability to gain access to personal data and to the incarcerated offender themselves. The gap in the literature was the lack of research specifically examining alternatives to incarceration for juvenile and youth offenders with mental illness who commit violent offences. Due to that barrier, researchers have been reluctant to pursue research in this very delicate area that deals with individuals with mental illness and juvenile offenders, which are two protected classes. Other factors were due to researchers' inclination to study phenomena such as neighborhood context, gang affiliation, and other social disorganization issues.

Purpose of the Study

The purpose of this study was to broaden understanding of violent juvenile offenders with mental illnesses and alternatives to incarceration for this offender population. Another purpose of the study was to identify which treatment procedures were most appropriate for juvenile offenders who commit violent offenses. A review of the literature pointed to the need for increased understanding of juveniles with mental illnesses and the lack of appropriate treatment protocols that had currently existed. Knox et al. (2013) surmised that youths had mental illnesses that needed to be addressed in proper treatment facilities instead of being incarcerated. Juvenile Justice Systems should provide secured, in-patient facilities specifically for youths diagnosed with mental illness who committed violent offenses. Therefore, the criminalization of mentally ill individuals was a policy issue that must be handled in the correct secured environment.

Research Questions

RQ1: How do criminal justice officials describe alternatives to incarceration of the mentally ill?

RQ2: What treatment procedures do criminal justice officials currently use as alternatives to incarceration of violent juvenile offenders?

RQ3: What mental health treatment programs are most effective as an alternative to incarceration of violent juvenile offenders?

Conceptual Framework

For this study, ecological psychology theory was used as a contextual lens to view the problem through. Ecological psychology is a research approach that makes

assumptions regarding what is important to understand about the human experience (Jacob, 1987). This theoretical approach is used to examine people by seeing individuals and the environment as interdependent (Patton, 2012). This approach is of particular interest for those researchers conducting program evaluation studies and to assist in organizational or community development programs because it focusses on goal-directed behavior (Patton, 2012).

Ecological psychology theory was related to this study's approach because the tenets of this study examined which community and/or organizational development programs are most effective in providing services unique for youths with mental health disorders, examined which alternative programs to incarceration were used and successful, and which program evaluation studies provided substantive answers to address mental health treatment for youths that commit violent offenses.

Ecological psychology theory helps criminal justice professionals in the juvenile justice systems describe appropriate alternatives to incarceration for those youths with mental illnesses who commit violent offenses. This theoretical concept helped in identifying treatment protocols and procedures available to juveniles who commit violent offenses. Ecological case study identified mental health treatment programs that were most effective as an alternative to incarceration of youth offenders with mental illnesses who possessed violent tendencies. This particular theory was most appropriate to answer the research questions posed in this study.

Ecological psychology provided the foundation for the conceptual framework regarding juvenile offenders with mental illness that commit violent offenses and helped

to inform meaningful alternatives to incarceration. However, a more thorough and detailed analysis of ecological psychology is examined in Chapter 2. The literature review in Chapter 2 also further identifies and defines the phenomena examined in this study.

Nature of the Study

The nature of this study was a qualitative case study. Case study research allows an investigator to study current real-life phenomenon while they are in progress in order to attain accurate information that would be lost in time (Creswell, 2012). Yin (2009) described case study research as the study of a case that involved contemporary context or settings within a real-life situation. This research on juvenile offenders and the criminalization of mental illness was a real-life occurrence that is ongoing. To better answer the questions contained in the understandings of mental illness and alternatives to incarceration, qualitative research was the best methodology.

Qualitative research was best suited for this study because the conceptual positioning was concerned with understanding human behavior from the informant's perspective, whereas quantitative research is more concerned with discovering facts about social phenomena (Minichiello et al., 1990; Zhang & Wildemuth, 2009). This study focused on human behavior described by the informants sampled in this research. Minichiello et al. (1990) noted that qualitative research assumes a dynamic and negotiated reality, whereas quantitative analysis assumes a fixed and measurable reality. In other words, quantitative research is in numerical form and qualitative is not (Punch, 1998). In this study, I collected data through participant observation and interviews,

analyzed data by themes described by its informants, and reported the findings in the language of the study participants, which is one of the foundations of qualitative research (Zhang & Wildemuth, 2009).

Quantitative researchers use data collected through measuring things; analysis of data through numerical comparisons, and statistical inferences (Punch, 1998); and data that had been reported through statistical analyses (Minichiello et al., 1990). Denzin and Lincoln (1994) described qualitative research as multimethod in focus, which involves an interpretive and naturalistic approach to the subject matter. In this study, I used qualitative research as an attempt to study things in their most natural settings and attempted to make sense of and/or interpreted “phenomena in terms of the meanings people bring to them” (Denzin & Lincoln, 1994, p. 239).

Definitions of Key Concepts and Constructs

Social disorganization theory: Shaw and Mckay (1942) described this theoretical concept from their research conducted in Chicago based upon the rates of crime and the tendencies of those rates to remain stable in certain parts of the city regardless of the changes in the population and demographics.

Ecological psychology theory: This refers to the theoretical approach and research program in perceptual psychology developed by James J. Gibson beginning in the late 1950s and most fully articulated by the 1970s.

Ecological systems theory: The theory that explains how human development is influenced by different types of environmental systems.

Juveniles: Generally defined, persons under the age of 18 and above the age of 10 or a minor who commits a crime.

Mental illness: A behavioral or mental pattern that causes significant distress or impairment of personal functioning. Such features may be persistent, relapsing and remitting, or occur as a single episode.

Violent: Using or involving force to hurt or attack.

Violent Offender: A person who is charged with or convicted of an offense that includes the attempt, threatened use of physical force against a person or property of another, or the possession or use of a firearm, or by its nature, involves a substantial risk that physical force against a person or property of another may be used in the course of committing an offense.

Youth: The time of life when one is young; especially the period between childhood and maturity.

Youth offender: A person aged between 17 and 20 years of age who has committed an offence.

Mental health: The level of psychological well-being or an absence of mental illness. It is the state of someone who is functioning at a satisfactory level of emotional and behavioral adjustment.

Ecological psychology theory: The theoretical approach and research program in perceptual psychology developed by James J. Gibson beginning in the late 1950s and most fully articulated by the 1970s.

Delinquency: A minor crime, especially one committed by a youth.

Juvenile delinquency: The act of participating in unlawful behavior as minors.

Psychosocial: An approach that looks at individuals in the context of the combined influence that psychological factors and the surrounding social environment have on their physical and mental wellness and their ability to function.

Case study: An intensive study about a person, a group of people or a unit, which is aimed to generalize over several units.

Alternative punishment: Types of punishment or treatment other than time in prison that can be given to a person who is convicted of committing a crime.

Incarcerated: Confined in a jail or prison.

Assumptions

For this research, I used a self-report study to provide for accessibility by juvenile justice officials tasked with providing assessments for juvenile offenders that commit violent offenses for the diagnostic instrument used for this study. Keeping the participants confidential and informing participants of the preservation of confidentiality helped me get the majority of participants to complete the self-report survey instrument. It was assumed that participants would respond honestly to the survey questions regarding incarceration and alternative treatment options for juvenile offenders with mental illness that committed violent offenses. This assumption was made due to several factors: participation would be confidential and strictly voluntary, participants would be requested to answer each response honestly, and participants could opt out from the survey at any time during the study. Actions taken to support these assumptions were vital to support the validity of the data for this study.

Scope and Delimitations

The scope of this study was limited to treatment alternatives and alternate punishments for juveniles with mental illness who committed violent offenses due to limited national policy implementations addressing alternatives to incarceration for this offender group. I studied alternatives to incarceration of juvenile offenders with mental illness who committed violent offenses because few studies existed for this offender population. The target for participants was limited to juvenile justice officials who were directly involved in decisions related to juvenile offenders with mental illness that committed violent offenses and treatment alternatives to incarceration. Juvenile justice officials and mental health personnel were the targeted participants to provide current policies related to juveniles with mental illness, treatment alternatives, and other protocols that affected incarceration and treatments.

This study was delimited by incorporating a convenience sample using current policies specifically for juvenile offenders with mental illness that committed violent offenses and alternatives to incarceration for this offender group. Participants were delimited to juvenile justice personnel assigned specifically to address juveniles with mental illness and treatment alternatives for violent offenders.

The scope of this study was limited to only juveniles with mental illness who committed violent offenses and treatment alternatives and alternate punishments to incarceration, which used ecological psychology theory as the lens that viewed the problem through. Ecological psychology is a research approach that makes assumptions regarding what is important to understand about the human experience (Jacob, 1987).

The generalizability for this study was improved by using current national policy protocols and procedures used in assessing which treatment alternatives and alternate punishments are currently available to juveniles with mental illness that committed violent offenses. Further, generalizability was improved by soliciting participants who were tasked with implementing current policies specifically related to juvenile offenders with mental illness that committed violent offenses.

Transferability in qualitative research refers to the degree to which the results of a case study can be generalized or transferred to other settings or contexts (Korstjens & Moser, 2018). Transferability is the responsibility of the researcher doing the generalizing. For this study, I sought to draw out thick, in-depth descriptions of participant experiences to overcome the limitation of small sample sizes relative to the qualitative nature of the study.

An analysis of ecological psychology theory was used in determining which treatment protocols and alternatives to incarceration were most effective for juveniles with mental illness that committed violent offenses. Ecological psychology theory has helped criminal justice professionals in the juvenile justice systems describe appropriate alternatives to incarceration for those youths with mental illnesses who committed violent offenses (Haefel et al., 2016). This theoretical concept helped in identifying treatment protocols and procedures available to juveniles who committed violent offenses (Jacob, 1987). Ecological case study identified mental health treatment programs that were most effective as an alternative to incarceration of youth offenders with mental illnesses who possessed violent tendencies.

Limitations

Identification of meaningful national policy implementations specifically creating protocols needed in addressing alternatives to incarceration of juveniles with mental illness that committed violent offenses was limited by the need to use a qualitative ecological psychology case study (Creswell, 2012). In this qualitative case study, the findings were subjected to other interpretations. Purposive sampling procedures decreased the generalizability of findings (Creswell, 2012). This study was not generalizable to all areas of juveniles with mental illness.

Data collected in research is considered vulnerable and can be exposed to varied types of internal threats. Data for this study was collected through the application of various methods of strategies and planning was highly vulnerable.

Selection bias occurs when control and program participants are chosen from populations with different characteristics. For this study, I selected participants who were criminal justice officials and mental health professionals with backgrounds working specifically with violent juvenile offenders and officials tasked with housing protocols with the juvenile justice system and/or adult courts. This limited the exposure to selection bias.

Another threat to internal validity was attrition and mortality. This occurs when there is an introduction of different proportions of participants or participants drop out of the control or program groups. For this study, attrition was monitored by gathering needed information through the interview process as soon as the participant agreed to be interviewed.

The next threat to internal validity for this study was history, whereas external or unanticipated events happened between administrations of evaluation surveys. This threat was minimized by gathering the necessary information in a timely manner and placed into the study as soon as possible. Maturation followed history in which the aging or development of participants occurred. The participants who were chosen for this study were criminal justice officials and mental health professionals who were not necessarily affected by the maturation aspects of internal validity. Lastly, instrumentation was most likely a threat to internal validity, whereas aspects of the evaluation survey itself might change between the pre- and posttest time span. This was minimized by restricting the nature of the study to mental illness of violent juvenile offenders and secured housing for this offender group.

Significance

This study added to the limited amount of current literature addressing juvenile mental illness and incarceration of juveniles who committed violent offenses. The implications for positive social change included a better understanding of juveniles with mental health disorders who committed violent offenses and treatment alternatives to incarceration. This study brought more attention to an ongoing societal problem whereas the criminalization of mentally ill individuals who committed violent offenses in the United States should be a national public concern and seek alternatives to incarceration. These policies should seek to find appropriate treatment protocols that will include secured in-patient care versus incarceration, application of appropriate medical treatment, and proper placement in behavioral modifications programs for this offender group.

The findings from this study will contribute to positive social change by identifying appropriate and meaningful alternatives to incarceration of mentally ill offenders. Results of this study will provide better insight into an offender population that has been institutionalized and seek better understanding of how incarceration may exacerbate their mental health condition. Current policies regarding violent juvenile offenders with mental illness did not have universal treatment alternatives to incarceration and this study provided some guidance for future universal alternatives to incarceration. Providing meaningful treatment alternatives for juveniles with mental illness who commit violent offences will impact current policies that use incarceration as a primary response to this problem. This research filled the gap in the literature by revealing better treatment options for violent juvenile offenders with mental illness and provided policies specifically for secure facilities that would reduce mental anxiety compared with what incarceration in a general population environment would do. The impact of this study will change the way incarceration of violent juvenile offenders with mental illness were housed and treatment procedures necessary for this specific population.

Summary

Given the newly public demands that the American criminal justice systems be re-examined for reforms, direct emphasis should be directed toward juvenile justice policies as well. Current public policy should not only be examined to determine if there should be universal procedures and protocols related to juvenile offenders, in particularly for juveniles with mental illness that commit violent offenses. With the lack of meaningful

universal policies, procedures, and protocols for juvenile offenders with mental illness that commit violent offenses, the responsibility to study alternatives to incarceration becomes even more important and significant.

Very little research had been found that addressed alternatives to incarceration and treatment protocols for juveniles with mental illness that commit violent offenses. This study contributed to a better understanding of which policies needed improvements and what alternatives to incarceration should be implemented for consistency purposes.

Chapter 1 provided a very limited background of research related to juvenile mental illness and the consequences of incarcerating juveniles with mental illness and how incarceration exacerbate mental illness rather than improved mental health outcomes. Chapter 2 provides a more in-depth look at the most current literature related to juvenile mental illness and incarceration. I will outline current policies or the lack thereof regarding juveniles with mental illness that committed violent offenses. Further, I illustrate correctional mental health and current policies, historical significance of juvenile seclusions and its impact on mental health outcomes, legitimacy of corrections and why it is the primary source for mental health treatments. Lastly, in Chapter 2, I emphasize that prisons and jails were used as mental health systems, and gender-specific mental health outcomes of mentally ill offenders were a significant factor.

Chapter 2: Literature Review

A significant amount of research has pointed to a need for new and meaningful policies that addressed mental health of juvenile and adult offenders that entered the American criminal justice system. Ryan et al. (2014) examined violent youth offenders and policies that addressed recurring violent propensities, but did not specifically address violent youth offenders with mental health diagnoses.

Ryan et al. (2014) used propensity score matching and survival analysis to examine recidivism risks for first-time violent juvenile offenders assigned to one of three judicial processes in Los Angeles County. Los Angeles County offered group home placement, in-home probation, or probation camp (a secure setting) as judicial dispositions for violent youth offenders (Ryan et al., 2014). Nearly half (48%) of first-time violent youth offenders recidivated after their initial arrest, and the risk of subsequent offending varied by disposition (Ryan et al., 2014). Comparative to in-home probation, the likelihood of recidivism was 2.12 times greater for youths assigned to probation camps and 1.28 times greater for youths assigned to group homes (Ryan et al., 2014).

Huang et al. (2015) examined crossover youth post arrest, specifically addressing placement status and recidivism outcomes of youths who are victims of maltreatment. Maltreatment of children had significant mental effect outcomes that perpetuated over the lifespan well into adulthood (Halemba et al., 2004; Herz et al., 2010; Huang et al., 2012). Additionally, maltreated youths experienced higher delinquency rates than their peers (Huang et al., 2015). Current policies did not include alternatives to incarceration

although mental illnesses are far more prevalent in individuals that enter the United States jails and prisons (Mendel, 2011; Puzzanchera & Kang, 2013; Sedlak & Bruce, 2010).

Treatment alternatives for youth who committed violent offenses in most lockup facilities across the United States were essentially nonexistent. In consideration of the questions raised in Chapter 1, Chapter 2 provides analysis of findings from classical and peer-reviewed research that established a foundation to fulfill the purpose of this study. Analysis from the research provided a more comprehensive understanding of the effects incarceration had on mentally ill offenders and explored meaningful alternatives to incarceration for this offending population. Recently completed research has been included in this review to support the assertion that either a sparsity in research regarding mental illness and the incarceration of violent youth offenders was present or that the lack of policies that directly addressed alternatives to incarceration of juveniles with mental illness who committed violent offenses was evident.

Tsui's (2014) article placed emphasis on restorative justice for youth who committed violent crimes and offenses. It focused on an isolated incident where the parents of a rape and murder victim were compelled to search beyond more traditional methods of punishments for crimes of violence, such as rape and murder, in order to facilitate their own healing (Tsui, 2014). In their attempt for restorative justice in this particular crime, the parents founded an organization centered on redemption and forgiveness rather than retribution for their daughter's murderers (Tsui, 2014). Forgiveness workshops were established with other crime victims, and the parents even

visited their daughter's killers in prison (Tsui, 2014). This article pointed out one possible solution to address alternatives to incarceration for youths who commit violent offenses but did not specifically address those youths who commit violent offenses with mental illnesses.

Winer and Halgin (2016) conducted research to examine how mental health professionals who work with youths who commit acts of violence attempted to address the potential of their clients to commit such violent acts and explored treatment alternatives to stave off future acts of violence. Counselors sampled in this study were increasingly called upon to understand evidence-based practices used in the assessment and predictability of violence of youths who had the propensity of committing violence directed toward others (Winer & Halgin, 2016). Counseling relationships between the mental health professionals and offender youths offered adolescents a space in which they could share their thoughts and intentions for violence, placing counselors in untenable positions in which they are tasked with the preservation of safety of the public while maintaining to the therapeutic needs of the client (Winer & Halgin, 2016). This study provided therapeutic solutions that could be used in outpatient and inpatient settings for youths who are contemplating acts of violence and can be implemented in universal policies for youths with mental illnesses who commits acts of violence.

Haefel et al. (2016) administered a study examining how a social problem-solving training (SPST) intervention was used for youths detained in the Connecticut Youth Detainee Program. SPST is a cognitive behavioral intervention that is aimed at teaching adolescents how to effectively cope with interpersonal stress and conflict

(Haeffel et al., 2016). In this study, SPST was tested using a randomized-control design administered by detention staff members to determine whether the intervention could reduce depressive symptoms in a sample of detained youth offenders. Results showed that SPST, as a main effect, did not reduce depressive symptoms more than treatment as usual, but its effectiveness was moderated by fluid intelligence. Juvenile detainees with high intelligence scores were more likely to benefit from SPST than from treatment as usual. However, results surprisingly revealed that juvenile detainees with lower intelligence scores had increased depressive symptoms as a result of SPST compared with treatment as usual. Results of Haeffel et al.'s study filled a critical need for intervention effectiveness data on juvenile offenders with mental illness detained for violent offenses and SPST may not be useful for reducing outcomes such as depression.

In addressing issues in this study, this literature review begins with an overview of an analysis of ecological psychology theory and how it applied to mental health of juveniles and alternatives to incarceration of this offending population. This is followed by a review of current literature regarding policies, procedures, and resolutions set forth by policy makers and proponents seeking to address juvenile mental illness, incarceration, and treatment proposals. I then provide a review of treatment protocols available to incarcerated youth and adults with mental illness who commit violent offenses. The review also includes discussion of whether corrections bear the legitimacy of being the facilitator of mental health treatment for violent youth offenders and whether many jurisdictions possessed adequate and qualified staff to perform treatment therapy for this offender population. Further, I discussed gender differences amongst adolescents

and the impact of gender-specific factors such as abuse, neglect, substance abuse, and how these factors might contribute to mental health. Also included in this review is discussion of the prevalence of adverse childhood experiences and psychiatric disorders of parents with mental health concerns, as well as the role of family factors that might contribute to violent tendencies among adolescents with mental health problems. Lastly, treatment protocols, which include psychosocial intervention, psychiatric medical treatment, and alternative therapies in mental health treatments for incarcerated youths, were reviewed.

Literature Search Strategy

Electronic databases used to compile literature for this study include SAGE, ProQuest Dissertation and Theses, EBSCO, LexisNexis Academic, ProQuest, UMI ProQuest Digital, and NCBI Database. Keywords used for searches included *juvenile, mental illness, violent, violent offender, youth, youth offender, mental health, ecological psychology theory, juvenile delinquency, delinquency, psychosocial, case study, alternative punishment, and incarcerated*. Definitions for these terms were provided in Chapter 1.

Iterative Search Process With Descriptive Terms

For this study, I used the following databases to conduct an iterative search: SAGE: Juvenile, ProQuest Dissertation & Theses, EBSCO, LexisNexis Academic, ProQuest, UMI ProQuest Digital, PubMed, CINAHL Complete, PsycINFO, Cochrane Library, EMBASE, Web of Science; Google Scholar, and NCBI Database. Descriptive keywords used for iterative searches included *juvenile, mental illness, violent, violent*

offender, youth, youth offender, mental health, ecological psychology theory, juvenile delinquency, delinquency, psychosocial, case study, alternative punishment, and incarceration.

Theoretical Framework

Ecological psychology theory, also referred to as human ecology theory, is a research approach that makes assumptions regarding what is important to understand about the human experience (Jacob, 1987). I used this theory as a lens through which to view the problem addressed in this study. Patton (2012) indicated that human ecology theory examines people by seeing individuals and the environment as interdependent. This approach is of particular interest for those researchers conducting program evaluation studies and to assist in organizational or community development programs because it focusses on goal-directed behavior (Patton, 2012).

Ecological Psychology Theory

Ecological psychology theory was developed by Urie Bronfenbrenner in the late 1970s (Jeronimus et al., 2014). Ecological psychology theory identifies five environmental systems with which individuals interact: microsystem, mesosystem, exosystem, macrosystem, and chronosystem (Jeronimus et al., 2014). Changes or problems in any one of the systems can cause changes in the others (Jeronimus et al., 2014; Kapke & Gerdes, 2016). These are manipulative factors that alter the empirical analysis of ecological psychology theory (Kapke & Gerdes, 2016).

Microsystems and Mesosystems in Ecological Psychology Theory

Microsystem refers to the institutions and groups that most immediately and directly impact the child's development, including family, school, religious institutions, neighborhood, and peers (Jeronimus et al., 2014). Mesosystem refers to interconnections between the microsystems, interactions between the family and teachers, and relationship between the child's peers and the family (Jeronimus et al., 2014).

Yoder et al. (2015) used ecological psychology theory in their study of families of youths who committed sexual offenses concentrating on the interconnected and interdependent systems of this theory. In Yoder et al.'s study, deductive coding strategies included hypothesizing and elaborative coding, observer triangulation and inter-subjective agreement, continual comparison analyses, and other qualitative techniques. The findings corroborated and expanded upon extant literature. Results showed that a "variety of open and closed family systems and prevalent experiences included anamorphic perceptions of sexuality, family system being shielded, and other contextual influences" (Yoder et al., 2015, p.243). Similar to this study, Yoder et al. postulated that in developing family typologies of youth who perpetrate violent sexual crimes may inform service approaches, adjudication processes, and etiology.

Yoder et al. (2015) showed that familial influences may have some impacts on those youths who committed violent offenses and ecological psychology helped in providing a better approach from a methodological position. Yoder et al. provided directives for this study for policy implementation and alternatives to incarceration of youths with mental illness who committed violent offenses.

Exosystems and Macrosystems in Ecological Psychology Theory

An exosystem involves links between a social setting in which the individual does not have an active role in the individual's immediate context (Jeronimus et al., 2014). A macrosystem is the culture in which individuals live (Jeronimus et al., 2014). Cultural contexts include developing and industrialized countries, socioeconomic status, poverty, and ethnicity. Leve et al. (2015) conducted a qualitative case study using Bronfenbrenner's (1979) ecological systems model to examine intergenerational transmission of the maltreatment of children. There had been numerous documented studies stating the family context in which a child experiences across development, can have a tremendous influence on future risk for engagement in maltreatment (Leve et al., 2015; Thornberry et al., 2014). Multiple aspects of the family context, such as parental experiences of adverse family events, low economic disadvantages of the parent, teenage parenthood, and exposure to family violence in early childhood (Thornberry et al., 2014) are influences of the exosystem and are predictors of perpetration of maltreatment of youths when they become adults (Leve et al., 2015). My study had similarities to the Leve et al.'s (2015) research as to the family context and exosystem and macrosystem components of Bronfenbrenner's (1979) ecological systems model. The strength of Leve et al.'s study regarding the family context component of exosystem and macrosystem concepts helped to support the use of Bronfenbrenner's ecological psychology model in this study.

Chronosystems in Ecological Psychology Theory

Chronosystems are the patterning of environmental events and transitions over the life course, as well as sociohistorical circumstances (Jeronimus et al., 2014). For example, incarceration of a parent can play a significant role in a youth's life. Jeronimus et al. (2014) noted that negative effects of parental incarceration on children often peak in the first year after the event. Murray et al. (2014) examined the effects of parental incarceration on children and the associated difficulties that arise for the families of the incarcerated parent, the hidden victims of the penal system. Murray et al. focused on the impacts of parental incarceration looking directly at the (a) practical and emotional problems of separation, (b) economic instability, (c) unstable relationships, and (d) the negative stigma that is attached due to isolation. Children of incarcerated parents remain a vulnerable population that experiences many challenges from a mental and emotional position before, during and after imprisonment (Murray et al., 2014). In this study, I used Murray et al.'s research to better explain how Bronfenbrenner's (1979) chronosystems component of ecological psychology can explain how familial incarceration can affect youths from a psychological standpoint and contribute to mental instability of youths.

Bronfenbrenner Ecological Theory: Microsystems

Ecological systems theory provided the framework from which community psychologists study the relationships with individuals' contexts within communities and the wider society (Jeronimus et al., 2014; Kapke & Gerdes, 2016). Bronfenbrenner's (1979) ecological research examined the microsystem component in ecological theory because it focused on the impact that institutions had on child development (Kapke &

Gerdes, 2016). In a child's development, the immediate environmental surroundings directly influence their development (Jeronimus et al., 2014). Such influences include family and peers, indirect environmental influences such as the culture in which the child lives, and those influences shape how a child develops (Kapke & Gerdes, 2016, Jeronimus et al., 2014).

Voisin et al. (2016) examined how the microsystem component in Bronfenbrenner's (1979) ecological systems research worked in communities where protective parents employed strategies for African American youths living in violent communities. Violent exposures were directly related to a myriad of physical and mental health challenges (Voisin et al., 2016). For Voisin et al.'s study, community violence was defined as acts of violence taking place outside the home by people who may or may not know each other. Susceptivity to community violence included hearing and/or witnessing acts of violence, such as gun shots with or without injury or death, victimization directly or indirectly, robberies, mugging, gang or gun-related incidents (Voisin et al., 2016). This study had similar mental health and posttraumatic stress disorder components and emphasized the microsystems component of ecological systems theory.

Strengths of Microsystems in Ecological Psychology Theory

Voisin et al. (2016) offered a strength for the analysis of mental illness as it relates to microsystems of Bronfenbrenner's (1979) research but did not include alternatives to incarceration of those youths with mental illness who committed acts of violence. This study filled that gap in the research and will help identify meaningful alternatives to incarceration for this offender group.

Mesosystem was analyzed to examine the interconnections between children with mental health disorders and their parents. Sporer and Radatz (2017) conducted a qualitative research study using grounded theory of mothers of violent children with mental illness and how those parents perceived barriers to effective help. Emphasis was placed upon three themes that were identified that represented barriers or the parent's perception to barriers to help which were (a) denial of mental illness and severity of violence by treatment providers, extended family, and non-family members; (b) limited access to quality treatment and supports; and (c) a recurring cycle from optimism to hopelessness (Sporer & Radatz, 2017). The purpose of this study was to inform policy makers and practitioners on methods to better serve these parents/guardians by removing those barriers (Sporer & Radatz, 2017). This study analyzed the mesosystem and the interconnections between children with mental illnesses who committed violent offenses and their parents/guardians' abilities to gain the necessary services opposite to incarceration. Further studies are needed to address this very important policy protocol for parents/guardians of violent youth offenders with mental illness. This study filled that gap by providing the needed policy implementations necessary for parents/guardians that are seeking the services for youth with mental illness who commit violent offenses.

Correctional Mental Health in the United States

Several studies related to correctional mental health in the United States were available. However, there were none found that specifically addressed the issue of violent juvenile offenders with mental illness. There were no qualitative studies conducted that studied juvenile offenders with mental health disorders that commit violent offenses and

alternatives to incarceration. Further, there were no qualitative research found that set policies in correctional mental health that identified alternative guidelines, protocols, or treatment methods for youths with mental illness that committed violent offenses.

Peterka-Benton and Masciadrelli (2014) examined the legitimacy of corrections as a primary health care provider for the mentally ill. An inordinate number of seriously mentally ill persons were being incarcerated for acts of disturbed behavior germane to mental illness, but yet it has been criminalized (Peterka-Benton & Masciadrelli, 2014). Criminal justice systems are limited on how to manage persons with mental illness and uses incarcerations as its only alternatives and these mental consumers ended up in correctional settings (Peterka-Benton & Masciadrelli, 2014). Problems were identified in Peterka-Benton and Masciadrelli's research in the areas of legitimacy of corrections being the primary source for mental health treatment within correctional facilities and the criminalization of mental illness. However, the study did not include juveniles who commit violent offenses and alternatives to incarceration of youths. This showed the gap in research for the juvenile offenders who commit violent crimes and alternatives to incarceration of the mentally ill.

Correctional mental health has continued to weaken over the past few decades, and this continues to be a policy issue within the mental health community (Dlugacz, 2014). Dlugacz (2014) noted that the American correctional mental health system has fitfully evolved over the past few years, in the context of a more complex system amidst a changing social and political climate. Dlugacz conducted a qualitative case study using concepts of Bronfenbrenner's (1979) ecological psychology research in determining how

effectual changes in mental health facilities influenced the behavioral patterns of individuals with mental health disorders.

The number of patients served by psychiatric hospitals had significantly decreased between the 1950s and mid-2000s from over half a million to well under 50,000 (Dlugacz, 2014; Hoge et al., 2009). Consequently, the community mental health system did not adequately adjust or respond to these changes for formerly institutionalized individuals, and this inept system continued to deteriorate where one prominent report labeled it as “in shambles” (Dlugacz, 2014; Hogan, 2002).

Policy-makers’ faith in restructuring mental health rehabilitation has faltered and judicial discretion to administer alternative sanctions based upon individualized factors such as the need for psychiatric or substance abuse treatment had dissipated (Dlugacz, 2014; Weinstein & Wimmer, 2010). As a result of this inadequate response, jail and prison populations of mentally ill offenders continued to swell (Weinstein & Wimmer, 2010). This had created longer prison sentences for this offender group, and the U.S. prison system grew five-fold (Dlugacz, 2014). Faced with a disproportionate number of mentally ill offenders coming into the correctional systems across America, corrections officials were forced to deal with exorbitant numbers of offenders with mental illnesses and inadequate personnel to properly serve this offender population (Dlugacz, 2014).

Dlugacz (2014) identified important policy issues related to mentally ill offenders and the history of how this societal dilemma came into existence. A 2001 national survey commissioned by the United States Department of Justice (USDOJ) Bureau of Justice Statistics found that

- 70% of state correctional facilities had a screening policy for inmates with mental illness at intake.
- 65% provided assessments by psychiatrists while 71% provided counseling and 73% provided psychotropic medications. (Dlugacz & Wimmer, 2013, p. 215)

The significance of data listed in the Dlugacz (2014) study showed that 70% of state correctional facilities had an intake protocol for mentally ill inmates and 30% of facilities across states did not. This was of importance to this study because this indicated that there is no national standards or consistent policies for intake protocols from state to state, for mental health consumers. Further data indicated that some states provided 65% of assessments by psychiatrist, 71% provided counseling, and 73% provided psychotropic medications. However, there were no set national standards or policies mandating psychiatric assessments, counseling services, and psychotropic medication for those offenders that committed violent offenses and each of these were an important factor when addressing the needs for juvenile offenders with mental illness that committed violent offenses.

Public Correctional Policy on Correctional Mental Health Care

Corrections professionals, such as the American Correctional Association (ACA), believed that it should be policy that offenders with mental illnesses receive appropriate treatment and services, which included referral to external mental health service providers as necessary (American Correctional Association Policies and Resolutions January 2017). A continuum of mental health services should be made available to adult

and juvenile correctional agencies (American Correctional Association Policies and Resolutions January 2017). Mental health services must be available to offenders in correctional institutions, community supervision, and upon release (American Correctional Association Policies and Resolutions January 2017). Seriously mentally ill offenders in detention and correctional centers, should be provided special housing accommodations to reduce potential harm or danger to other inmates, correctional staff, and to themselves (American Correctional Association Policies and Resolutions January 2017).

The ACA outlined the following Policy Statement to fulfill its commitment to offender mental illness. Comprehensive correctional mental health services shall include:

1. Screening and comprehensive assessments, including the evaluation of co-occurring disorders, when indicated, to determine risk and level of impairment;
2. Crisis stabilization services for offenders suffering from acute episodes;
3. Policies on the prescription, distribution and administration of psychotropic medication;
4. Continued access to mental health services while in restrictive housing;
5. Coordination and collaboration among treatment service providers;
6. Establishment of a multidisciplinary treatment team in correctional facilities that includes mental health and other treatment professionals as well as custodial staff to develop and monitor treatment plans, including medication

monitoring. A mental health professional should have a lead role on the treatment team;

7. Suicide prevention strategies, including a policy and training recognition, prevention and treatment methods;
8. Policies on restraint/seclusion and involuntary psychotropic medication use;
9. Development of medical and legal guidelines that address:
 - A. Informed consent;
 - B. Confidentiality;
 - C. Treatment refusal;
 - D. Mental health commitments;
 - E. Right to treatment;
 - F. Guardianship issues;
 - G. Health Information Portability and Accountability Act HIPAA if applicable; and;
 - H. Special needs housing.
10. A holistic approach that emphasizes cognitive, social and coping skills development, relapse prevention, and repayment and restoration to their victim (s);
11. Specialized training on mental health issues on a least an annual basis, including training on mental health professionals on security issues; and

12. Transition treatment planning in cooperation with parole and community mental health agencies and other service providers prior to release to ensure continuity of care.

Most Current Policy Recommendations

Recently, U.S. Senators Chuck Grassley (R-IA) and Sheldon Whitehouse (D-RI) introduced the 2014 JJDP. This act will not only update the necessary protections for youths in the nation's criminal justice system, it strengthens these mandates by reauthorizing funding for some of the key juvenile justice programs (Grassley & Whitehouse, 2014). Despite numerous attempts made by recent congresses, this reauthorization bill has not been made since 2002. In essence, this important policy issue has not been dealt with in at least 19 years. This is too important of an issue to be ignored and neglected for such a long period of time.

The reauthorization of the JJDP bill maintains a myriad of protections and establishes programs within the program and authorizes funding for the law for five years (Grassley & Whitehouse, 2014). Additionally, this bill will help establish steps to improve treatment protocols for youth under the JJDP by strengthening the core protections, seeking to improve the overall conditions of detained youths, developing and implementing new science in adolescent development, will increase accountability and provide oversight in the administration of law (Grassley & Whitehouse, 2014).

Potential Approaches

The potential approaches to this policy issue might be found in the analysis of retired Colorado Juvenile Court Judge Ted Palmer who gave and wrote his perspective

regarding the dilemmas and dynamics of America's juvenile justice system. Judge Palmer labeled his response to the dilemma of juvenile justice issues as "progressive conventional wisdom" (Immarigeon, 2013). This perspective places emphasis on juvenile institutionalization and criminalization, adequate legal representation, more reliance on programs that promote community-based services versus residential programs, resisting states sanctions and interventions and replacing them with modest violations, restricting or eliminating minority overrepresentation, and more reliance on restorative justice (Immarigeon, 2013).

Judge Palmer further expressed his confidence in the future of the juvenile justice system for the following reasons: resources have been directed toward personnel training; more opportunities are provided for "good practice" training; integration expansion of objective risk assessments and options to incarceration; more emphasis on program evaluation and effectiveness; limits placed on costly residential treatment for more serious and violent offenders, more attention directed toward minority overrepresentation; identification of better programs, reduction on the use of secure custody for status offenders; and the implementation of a balanced and restorative form of justice (Immarigeon, 2013).

Policy Strength

The strength of these policies lies within its implementation and execution. Immarigeon's (2013) article listed every facet of a successful policy program. These policies addressed treatment programs, assessment protocols, restorative justice programs, training mandates for staff and personnel, cost effectiveness, and minority

overrepresentation. They are policies that can be implemented within any juvenile justice system in America.

Current Policies and Resolutions by Policy Makers

In March 2014, the USDOJ sought a temporary restraining order to stop the Ohio Department of Youth Services from implementing excessive seclusion of boys with mental health disorders (Justice Department Press Release, March 2014). Ohio Department of Youth Services (DYS) was cited for unlawfully secluding male youths with mental health disorders in its juvenile correctional facilities (Justice Department Press Release, March 2014). USDOJ officials noted that the Scioto Juvenile Correctional Facility unlawfully secluded male youth offenders with mental illness excessively and in the second half of 2013, the state of Ohio imposed a total of nearly 60,000 hours of seclusion on 229 boys (Justice Department Press Release, March 2014). Other findings revealed that; one boy spent 1,964 hours in solitary confinement over a six-month period and another boy was given 21 straight days of isolation, ten male youths spent more than 10% of their time in custody in seclusion, and while these youths were incarcerated, most were on suicide watch, contemplated suicide, or actually hurt themselves (Justice Department Press Release, March 2014).

Former Attorney General, Eric Holder, criticized the excessive use of solitary confinement for juveniles held in custody with mental illnesses (Justice Department Press Release, May 2014). Attorney General Holder went further by calling for an end to excessive solitary confinement of youth with mental health problems citing that this particular practice can contribute to substantial lasting effects that can lead to self-harm

and even suicide (Justice Department Press Release, May 2014). Attorney General Holder (Justice Department Press Release, May 2014) further emphasized that

Solitary confinement can be dangerous, and a serious impediment to the ability of juveniles to succeed once released. At a minimum, we must work to curb the overreliance on seclusion of youth with disabilities. Across the country, far too many juvenile detention centers see isolation and solitary confinement as an appropriate way to handle challenging youth, in particular youth with disabilities. But solitary confinement can be dangerous, and a serious impediment to the ability of juveniles to succeed once released. (p.37)

General Holder followed up with statistical data from documented reports in 2013 by the Office of Juvenile Justice and Delinquency Prevention that showed 47% of America's juvenile detention centers reported locking youth in some type of isolation for more than four hours at a time. General Holder responded by saying that his Department of Justice received a number of reports of youth who had been held in solitary confinement for periods up to 23 hours a day, on many occasions where human contact or interaction was non-existent. There were some instances where children were being held in isolation in small rooms with no windows or the window size was no more the size of a human hand (Justice Department Press Release, May 2014).

Holder emphasized that this practice was not only excessive, all too common, and it was particularly detrimental to youths with disabilities – who were exposed to the increased risk under these circumstances of adverse effects including self-harm and even suicide (Justice Department Press Release, May 2014). Holder noted that in one national

study examining suicide of youths in detention, half of the victims of suicides in juvenile detention facilities were in some form of isolation at the time they took their own lives, and 62% of victims had a history of solitary confinement (Justice Department Press Release, May 2014).

Historical Significance of Juvenile Seclusion

Texas Youth Commission, now known as the Texas Juvenile Justice Department (TJJD), had a history of inhumane conditions and reports of abuse of juveniles resulting in the 1973 *Morales v. Turman* decision (McCulloch, 2013). In this decision, the U.S. District Court for Eastern Texas found a “widespread practice of beating, slapping, kicking, and otherwise physically abusing juvenile inmates” (2013) by the corrections staffs at many juvenile facilities (McCulloch, 2013). The *Morales* decision paved the way for establishing national standards for juvenile justice and corrections across America (McCulloch, 2013).

Decades later, children housed in juvenile detention facilities in Texas, can be held in isolation for more than twenty-four hours for simple behavioral offenses such as “horseplay” (McCulloch, 2013). Current Texas law allows this overuse of disciplinary action, which has drawn the attention of experts such as the American Academy of Child and Adolescent Psychiatry (AACAP). The AACAP concluded that excessive and prolonged periods of solitary isolation can lead to anxiety, depression, and psychosis in youth (McCulloch, 2013). Further, the AACAP suggested that given the particular developmental vulnerabilities of youth, juveniles should not be placed in isolation for

punitive purposes for extended periods of time unless no alternatives exist (McCulloch, 2013).

McCulloch (2013) identified some pervasive punishment routines within the TJJD. These practices contributed negatively to the incarceration factors associated to isolationism of juvenile offenders and produced or exacerbated mental anguish amongst youth offenders. Alternatives to seclusion for juveniles must be found and implemented to reduce anxiety, depression, and self-hurt.

In both March and May (2014) Justice Department Press Releases, neither provided a solution to excessive seclusion of juveniles with mental illness other than calling for a temporary restraint. Temporary restraint does not properly address this societal dilemma and it is imperative that long-term solutions should be imposed. However, it was evident that seclusion is clearly an unlawful act that contributes to diminished mental capacity for youths with mental illness and better policies and protocols are needed.

Historical Significance of Due Process for Juvenile Offenders With Mental Health Disorders

Cusack (2013) examined how the due process clause within the U.S. Constitution affects the legal mandates of juveniles within the judicial system. This article's main focus was centered on the U.S. Supreme Court decision of *Kent v. United States*. In 1966, the Supreme Court ruled in the Kent decision that juveniles should be apprised of the charges against them under the due process provision. Morris Kent was a sixteen-year-old male charged with rape and robbery and his case was moved to juvenile court for a

waiver hearing. Kent's attorney filed a motion that included an affidavit signed by a psychiatrist and a request for Kent's social service file to be admitted as an important component of his hearing. The psychiatrist's affidavit would have shown that Kent was severely psychopathic and a recommendation of institutionalization of Kent for observational purposes would have been included. No hearing was given, and Kent's case was waived to adult court without his knowledge or presence. On appeal, the U.S. Supreme Court ruled that the lower court should have made a full investigation regarding these crucial facts before waiving this case to adult court (Cusack, 2013).

The Kent case is a major U.S. Supreme Court ruling that provides the significance of due process in mental evaluations for violent juvenile offenders with mental health disorders and this is a very important aspect of this study. This case indicated that absence of due process in the evaluation of mental illness and their capacity to adequately understand all aspects of legal competence, juveniles should not be remanded to adult court. Kent also provided an avenue to addressing universal protocols for evaluative processes of mentally ill juveniles that commit violent offenses such as robbery and sexual assaults, but came short of providing needed standard national policies that would specifically apply to violent youth offenders. These policies are necessary to avoid remanding juveniles to adult court, specifically being housed in adult detention centers where their mental health will diminish rather improve. Further, the Kent case was necessary for this study because it provided the cover of due process in the evaluation and assessment processes for mentally ill violent youth offenders.

Public Correctional Policy on Youthful Offenders

Legitimacy of Corrections to Facilitate Mental Health Treatment

The American Correctional Association (ACA) outlined specific measures regarding juvenile offenders transferred to adult criminal jurisdictions. Measures included juveniles have ongoing developmental needs that necessitate highly specialized management and treatment by experienced correctional professionals (Policies and Resolutions, 2014). Another measure included separate housing facilities for youths away from adults. It was imperative that juveniles had a separate system of corrections from adults. The ACA supported separate housing and special programming for youths under the age of majority as a policy issue (Policies and Resolutions, 2014).

Kaptur and Calabrese (2015) noted that adult inmates with mental illness began their quest to adult imprisonment through inadequate juvenile justice systems that failed to diagnose or treat juvenile mental disorders. To properly address the issue of childhood mental health, early diagnosis and treatment must be done at the juvenile level to avoid continued mental illness decline and recidivism by offenders into adulthood (Kaptur & Calabrese, 2015).

Prisons and Jails as Mental Health Systems

Esteban Gonzalez, president of the American Jail Association, stated in a 2014 Wall Street Journal article that “in every jail in the cities and states that I have visited, the jail systems have essentially become the de facto mental institutions” (Prisons Make Bad Mental Health Centers, 2014). The National Alliance on Mental Illness (Prisons Make Bad Mental Health Centers, 2014) provided data that showed:

- 20% of state prisons and 21% of local prisoners have a history of mental illness
- 70% of teens in juvenile detentions centers have at least one mental health condition and 20% have severe mental illness

State hospital systems provided needed inpatient intensive treatment for mentally ill patients (Prisons Make Bad Mental Health Centers, 2014). Gonzalez (2014) noted that state hospitals had problems finding beds for patients with psychiatric disorders and 17 beds were available for every 100,000 people who needed psychiatric treatment. Unfortunately, those individuals who desperately needed the psychiatric beds only found them in jail facilities (Prisons Make Bad Mental Health Centers, 2014).

States reviewed their hospital systems toward an eye for downsizing and reducing treatment care for the mentally ill (Prisons Make Bad Mental Health Centers, 2014). This process should be more comprehensive and reluctant in reducing services for the mentally ill. Rather than focusing on hospital systems alone, state legislatures and jail/prison administrators should examine the mental health systems in their entirety to determine what role hospitals can take in alleviating the desperate need for outpatient or sporadic mental health treatment for violent offenders. In exchange, individuals suffering from mental illness would benefit from available mental health care and taxpayers would benefit from reduced prison's role as "de facto" mental health centers (Prisons Make Bad Mental Health Centers, 2014).

Kaptur and Calabrese (2014) indicated that mental illness and substance abuse is a significant amount of inmate populations in jails and prisons, especially repeat offenders.

This account pointed to an ever-increasing financial cost for incarceration instead of providing alternatives for offenders with mental illnesses. Inmates who are incarcerated for crimes related more toward mental health factors than egregious acts unrelated to mental conditions, had contributed to the swells in jails and prisons. Recognition of serious mental illness, grounded in biochemical imbalance, called for more humane options for treating people with mental health conditions (Kaptur & Calabrese, 2015).

Constructing seamless collaborations between states' medical communities and lockup facilities, can relieve jail overcrowding and facilitate adequate mental health services for offenders with mental illness (Kaptur & Calabrese, 2015). As local and state officials sought building funding and structural designs aimed at reducing overcrowding, alternative thinking that linked inmates to proper mental health treatments should be sought. Officials should focus more on individualized needs of offenders with mental illness rather than structural designs of jails and prisons to incarcerate them. Kaptur and Calabrese (2014) noted that solutions lie with the acknowledgment that "our society has decided to incarcerate seriously mental ill people than treat them" (p. 2) which is an archaic method that was practiced for centuries.

Legitimacy of Corrections as Mental Health Providers

Correction institutions have long served as governmental entities for offenders with mental health disorders. The largest system for psychiatric treatment in the U.S. is not hospitals or mental health centers, jails and prisons have assumed that role (Peterka-Benton & Masciadrelli, 2014). However, corrections failed to properly administer adequate services for those incarcerated with mental illness. Peterka-Benton and

Masciadrelli (2014) examined the problem of correctional facilities and their ability to deal with mentally ill offenders and whether correctional settings are ethically legitimate entities to house and treat this offender population.

It is evident that criminal justice systems in America have continued to struggle in managing the individual needs of mentally ill offenders in correctional settings (Peterka-Benton & Masciadrelli, 2014). This problem began in the intake process where the inadequate identification of mental health screening and diagnoses was particularly challenging (O'Keefe & Schnell, 2007; Peterka-Benton & Masciadrelli, 2014). Misdiagnoses of certain disorders have resulted in problematic and sometimes volatile situations for the mentally ill offender, other inmates, and correctional staff, due to non-treatment of psychotic disorders (Peterka-Benton & Masciadrelli, 2014). Even in situations where the correct diagnosis is rendered, correctional facilities failed to provide the most adequate resources necessary for the offenders' needs (O'Keefe & Schnell, 2007; Peterka-Benton & Masciadrelli, 2014).

A significant factor that exacerbate this problem pertained to the administration of medication coupled with therapy and counseling, which is the most common form of treatment, and most lockup facilities did not have adequate and trained staffs to perform this job function (Brandt, 2012; Peterka-Benton & Masciadrelli, 2014). In many instances, mental health providers in correctional settings, lack proper correctional training or forensic psychology, and conversely, correctional staff, who engaged in regular contact with the mentally ill offender, lacked proper training on supervision of this offender population (Peterka-Benton & Masciadrelli, 2014).

Inadequate training and proper treatment application shortfalls amongst correctional staff, produced long-term problems for mentally ill inmates, which included; (a) worsening of their mental illnesses due to adverse prison environments which can lead to, (b) aggressive behavior toward other inmates and correctional staff, and (c) increased the potential of suicide for these offenders (Vitiello, 2010; Brandt, 2012; Felson et al., 2012; Peterka-Benton & Masciadrelli, 2014). This domino effect created further isolationism for mentally ill offenders because correctional staffs' only alternatives are limited to inmate seclusion (Peterka-Benton & Masciadrelli, 2014). Peterka et al. (2014) surmised that it is not uncommon for mentally ill offenders to be overrepresented in segregated units as a result of their inability to follow institutional rules.

Due to the problematic nature of correctional staffs trying to deal with mentally ill offenders, it was not surprising to find that this offender group faced much longer periods of incarceration due to adverse behavior and time was added to their sentences for "bad behavior" (Adams & Ferrandino, 2008; Spencer, 2012; Peterka-Benton & Masciadrelli, 2014). Mentally ill offenders' recidivated more often upon release than non-mentally ill offenders (Peterka-Benton & Masciadrelli, 2014). The lack of mental health services upon release from incarceration was the biggest obstacle and impeded successful reentry (Peterka-Benton & Masciadrelli, 2014). Additionally, a lack of treatment efforts directed toward vocational training while incarcerated, more frequently lead released offenders into homelessness, unhealthy environments that contributed to criminogenic behavior, and substance abuse used as a means of self-medication (Lurigio et al., 2004; James &

Glaze, 2006; Soderstrom, 2007; Greenberg & Rosenheck, 2008; Baillargeon et al., 2009; Torrey et al., 2010; Bewley & Morgan, 2011; Peterka-Benton & Masciadrelli, 2014).

Hemsath (2015) looked at gender impact and explained why violent female juvenile offenders committed acts of violence. This was done through a qualitative study commissioned by Judith A. Ryder's book titled: *Girls & Violence: Tracing the Roots of Criminal Behavior*. In the mid 1990's, Ryder examined 24 violent female juvenile offenders who were remanded to adult court and adjudicated for offenses that had violent connections. Ryder's book labeled female juvenile violent offenders as "monsters" according to societal views of women and violence (Hemsath, 2015). Attachment theory was the theoretical framework for Ryder's study to address why young girls commit crimes of violence and to show that this particular demographic is not "monstrous" (Hemsath, 2015). Additionally, Ryder provided suggestions for policy implementation that could direct changes for female violent offenders in order to address their psychological needs.

In Ryder's introduction, readers were given a broad overview of female juvenile violent offenders' problems, background information that could help explain their rationale for offending, and statistical data on the qualitative sample used in the study (Hemsath, 2015). Background trauma and abuse the girls experienced explained why some offended (Hemsath, 2015). However, Ryder simultaneously stated that "female juvenile violent offenders should not be seen as monstrous in comparison to their male counterparts, but that female juvenile violent offenders should be assessed differently

from violent male juvenile offenders specifically because of their different backgrounds” (Hemsath, 2015 pg. 1474).

Self-harm, alcohol or drug abuse is generally used as coping mechanisms for female violent offenders, but these coping mechanisms can lead to violent behavior as well (Hemsath, 2015). Violent behavior is viewed as a direct adverse effect of abandonment and other attachment issues (Hemsath, 2015). Ryder (in Hemsath, 2015) noted that when children were unable to develop secure attachments to primary caregivers, they might display early signs of problems related to emotionalism and were unable to handle these emotional stressors (Hemsath, 2015).

Gender-Specific Mental Health Outcomes

Mayworm and Sharkey (2013) examined specific treatment needs of juvenile females in a delinquency intervention research. This study evaluated the gender-specific mental health outcomes of youths that were involved in a community-based delinquency intervention named – “NEW VISTAS” (Mayworm & Sharkey, 2013). The study’s goal was to find effective rehabilitation services for youth offenders engaged in delinquent behavior to prevent adverse outcomes and promote positive interventions to address delinquency. Mayworm and Sharkey noted that effective rehabilitation services were critical for both girls and boys engaged in delinquent behavior in order to address subsequent involvement with the juvenile justice system to avoid further criminal offending (Colman, Mitchell-Herzfeld, Kim, & Shady, 2010), but also for exacerbated mental health deficiency and academic failure (Chesney-Lind & Shelden, 2004), violence

toward others, risky sexual behavior (Miller, Malone, & Dodge, 2010), and child maltreatment (Colman et al., 2010).

Summary and Conclusion

Justice systems in America is looking at possible ways of improving juvenile engagement through group rehabilitation rather than home probation and incarceration. Children and adolescents from poorly educated, socially maladaptive communities were more susceptible to juvenile crime and were susceptible to recidivating. A dangerous social consequence of violence perpetuated by youth and adolescents is the further reproduction of cruelty itself, therefore other forms of punishments should be used in corrective purposes.

Results from this study showed that comprehensive and individualized delinquency intervention programs such as “NEW VISTAS” were effective in the reduction of mental health problems for both males and females (Mayworm & Sharkey, 2013). When considering gender in the delivery of interventions and alternatives to incarceration such as probationary services, specifically services that addressed mental health concerns, recidivism rates were significantly lower for all youths who successfully completed such intervention programs as “NEW VISTAS” compared to youths in historical comparison groups (Mayworm & Sharkey, 2013).

What is known as it relates to alternative punishments for youth offenders with mental illness that committed violent offenses, is there were no universal policies from state to state that provided treatment protocols addressing alternative punishments to incarceration. Incarcerating youths with mental illness further exacerbated their mental

well-being and this produced dangerous situations for the youth themselves, to staff members, and other incarcerated youths. Current policies did not provide needed health treatments for violent juvenile offenders with mental illness and incarceration was the first option.

What is not known in the discipline related to juvenile offenders with mental illness that committed violent offenses is which treatment protocol was most preferred over incarceration. Also, how can the United States system of criminal justice implement universal policies to address alternative treatment protocols for violent youth offenders with mental illness to ensure continuity? Lastly, what were the most suitable procedures for violent youth offenders and placement in secured facilities other than incarceration?

This study provided a more comprehensive understanding of current policies or the lack thereof, for youths with mental illness that committed violent offenses and alternatives to incarceration. It filled the gap in research regarding alternative punishments to incarceration of juveniles with mental illness that commit violent offenses. It will further the knowledge in this area of discipline by providing meaningful alternatives to incarceration for this offender group.

The necessity of providing meaningful policy changes regarding juvenile offenders with mental illness that committed violent offenses had become more important as the current literature did not specifically provide treatment alternatives to incarceration for this offender group. Current literature addressed the criminalization of the mentally ill but the gap occurred when it failed to specifically address treatment alternatives for youths with mental illness who committed violent offenses. The methodology described

in Chapter 3 of this study helped guide the research for alternative punishments to incarceration of violent youth offenders with mental illness.

Chapter 3: Research Method

The purpose of this study was to broaden understanding of violent juvenile offenders with mental illnesses and alternatives to incarceration for this offender population. The purpose of the study was also to identify which treatment procedures were most appropriate for juvenile offenders who committed violent offenses. A review of the literature pointed to the need for increased understanding of juveniles with mental illnesses and the lack of appropriate treatment protocols that currently exist. Knox et al. (2013) surmised that youths with mental illnesses need to be treated in proper treatment facilities instead of being incarcerated. Juvenile justice systems should provide secured, in-patient facilities specifically for youths diagnosed with mental illness who committed violent offenses. Therefore, the criminalization of violent juvenile offenders with mental illness is a policy issue that must be handled in the correct secured environment.

This study focused on examining and identifying suitable procedures in understanding the significance of alternatives to incarceration of youths with mental illnesses who committed violent offenses, and alternative treatment protocols needed in addressing this offender group. The primary methodology considered for this study focused on qualitative methods in data collection. In qualitative research, it helps to search out the authentic and relevant data for the research topic (Creswell & Creswell, 2017). I developed a survey questionnaire and conducted interview sessions to accomplish the primary methodology for this research. To gather relevant data for the research topic, qualitative data was collected to enrich the interview sessions.

In this chapter, after stating the research questions, I describe the research design, study variables, the design's relationship to the questions being answered, time and resource constraints of the design, and an explanation of the rationale for its use. The sampling methodology, including population, sampling procedures, participant selection, and instrumentation used to operationalize constructs; reliability and validity of instrumentation from prior research; and data collection techniques are also described. Lastly, I address threats to validity and ethical considerations.

Research Questions

Three research questions shaped and focused the purpose of this study by informing research design and defined what data collection must specifically be used to attempt to answer the research questions.

RQ1: How do criminal justice officials describe alternatives to incarceration of the mentally ill?

RQ2: What treatment procedures do criminal justice officials currently use as alternatives to incarceration of violent juvenile offenders?

RQ3: What mental health treatment programs are most effective as an alternative to incarceration of violent juvenile offenders?

Research Design and Rationale

Research design is an important element of research methodology that helped the researcher achieve an overall strategy for his/her research and mitigated its overall research objectives. Research design also helped the researcher to enhance a logical and

scientific way into the study by collecting relevant data to support the research topic. This study's research design was a qualitative case study.

Case study has its roots grounded in several disciplines that included, medicine, education, law, and science. Researchers use case studies when they want to focus on the how and why of a particular phenomenon. It is also used when a researcher wants to observe behavior that is not manipulated, further understand a given phenomenon, and examine if boundaries between the context and phenomena are not clear (Gill, 2020).

Meyers et al. (2016), stated that there are three types of research methods commonly found that will help in research methodology for qualitative studies. Participant observation, in-depth interviews and focus groups, make up the three most common types of methodologies for qualitative research (Meyers et al., 2016). These three methods were used in the academic and social research methodology to help build up suitable strategies for the research.

In-depth interviews are one of the most common methods used in qualitative research. This method is usually carried out in a one-on-one personal interview with one respondent at a time. For this study, in-depth interviews were conducted to collect data from nine criminal justice professionals tasked with examining and identifying suitable procedures in understanding the significance of alternatives to incarceration of youths with mental illnesses who commit violent offenses, and alternative treatment protocols needed in addressing this offender group.

One-on-one interviews were conducted with the respondents by phone and Microsoft Teams. These one-on-one interviews were conducted to gather information

regarding the phenomena of juveniles with mental illness that committed violent offenses and alternative punishment to incarceration.

Juvenile mental illness, violent offending, and alternative punishments were the phenomenon studied in this research. Alternative treatment for juvenile offenders who committed violent offenses provided the rationale for this study. A number of variables that could also predict alternative punishments, protocols, and procedures to incarceration of juveniles that commit violent offenses were controlled in this analysis. These included (a) age, (b) nature of the offense, (c) gender, (d) prior offenses, (e) prior mental history, (f) race/ethnicity, (g) years of education, (h) family economic status, (i) taking medication for mental/emotional health, (j) history of physical abuse (as a victim), (k) history of sexual abuse (as a victim), (l) history of neglect or child abuse (as a victim), (m) learning or physical disability, (n) parent history of mental illness, (o) parent incarceration while offender was a child, and (p) family history of mental illness.

Registration-related data was collected from current and former juvenile justice officials. Data that were collected pertaining to the juvenile included (a) age of the juvenile when first arrested for a violent offense, (b) length of time the juvenile was housed in a detention center for a violent offense, (c) prior arrest history of the juvenile, (d) prior documented mental health treatment of the juvenile, (e) whether juvenile had a school history of violence, (f) whether juvenile had a family history of violence, and (g) whether the records of the juvenile's violent offense is available to the public. These variables were explored for their relationship to alternative treatment for juvenile offenders who commit violent offenses and served to authenticate the participant

response. The court system where the initial and final adjudication process of the juvenile offender for violent offenses, helped to support the authenticity of data provided by participants and generalizability of results.

Role of the Researcher

The role of the researcher in qualitative research is to gather information regarding the study participant's thoughts and feelings. For this study, I operated in the capacity of observer. I interviewed criminal justice professionals in the juvenile justice system and adult courts, who were tasked with examining and identifying suitable procedures in understanding the significance of alternatives to incarceration of youths with mental illnesses who committed violent offenses, and alternative treatment protocols needed in addressing this offender group. My goal was to ascertain the thoughts and feelings of the participants using an in-depth one-on-one interview process.

I did not have any professional or relationships with the participants, nor did I have any supervisory or instructor relationship involving power over any participants that would have created a conflict of interest or created bias. I had no professional and no personal relationships with any of the participants eliminating any potential biases for this study. There were no ethical issues involving the researcher through conducting this study within one's own work environment, providing incentives to participate, conflicts of interest in any capacity or power differentials. If any of these potential biases were to present themselves inadvertently, the participant would have been disqualified from continuing as a participant.

Methodology

Research questions help inform which most appropriate methodology should be used to study a problem (Rudestam & Newton, 2007). Saunders et al. (2015) described a methodological procedure known as the research onion for research methodology. It is an effective way to reveal certain valuable information helpful to the theories and the study of various subjects (Saunders et al., 2015). This form of research has been named as such because of its figurative similarity to an onion, wherein the research has many layers of information revealed to help the study of the concerned research topic. The research onion is an elaboration of various stages that gets coverage in the full study of the research.

First step of the research process is the definition stage. Through this stage the ultimate research approach is discovered and then the process is carried out in that stated manner. The second step includes the approach towards the stated programs that has been selected for the further procedures of the research. In the third step, the strategy that needs to be followed to carry out the particular research is adopted. It is important to use the right strategies since a wrong handling of the strategies can cause a misguidance of the data collected from the research. The fourth stage, which includes the management of time, is a vital stage where the research is given an estimated period to be completed within. This determines the time horizon within which each project or research should take place. The fifth and final stage of the research onion is the identification of the methodology. It is the last stage where the stages of methodologies are to be kept in mind and everything has to be kept in order and in accordance with the methodology type.

The research onion has many benefits in the implementation of any research and its procedures. According to Saunders et al (2007), the research onion comes in varied stages, which is why it is useful to the researcher in order to sort out planning procedures and the way of actions in various clear steps. The classification of the varied steps in the research onion makes it easy and provides a clear understanding of the research. Research planning is done on each aspect of the various layers which will help the reader gain a distinct idea of each step clearly. Further, the research onion gives a detailed account of the precepts of time management in that the research is time limited and does not consume much time. The research onion is also effective in identifying the process of methodologies. According to Fidock (2016), there is a distinct way of identifying the methodologies in the research onion that does not create confusion in the processes that need to be followed during the study.

In this research, the research onion helped in gaining a better understanding of the phenomenon under study. The research dealt with the rectification of the juvenile crimes. This was a sensitive topic that required a lot of patience and sensitivity. In this case, the procedures of the research onion were very effective, since they gave a clear idea to the readers about the topic and also helped in sensitively dealing with the subject of such seriousness.

Research Approach

The research that is observed to bring out the fruitful results of any topic requires an elaborate planning of the approaches that should be followed. A research approach is nothing but a chalked-out procedure of how research should progress in the field (Varpio

et al., 2015). According to Varpio et al. (2015), an approach is an elaboration of the steps that need to be followed in the process of data collection, analysis, and interpretation of the results. The research approach gives an idea of how the entire procedure of the research will be conducted and which steps should be taken to reach a conclusion. Without a proper chalked-out procedure of the research approach, it is virtually impossible to work on the details of the research. The results and the outcomes of the statistics obtained from the research will be completely irregular and indistinct if the research approaches are not done correctly.

There are four types of research approaches. For this study, deductive research was used. This idea of research was idealized by Silverman in 2014. According to Marshal et al. (2017), this approach in research urges the researcher to take the factors on a hypothetical basis and work on the factors to bring the tests or the results. This approach is based on the imaginative and assumption factors of the research. The results of this research were brought out by the assumptions created from the hypothesis. The results were based upon expectations and the authenticity of the results.

In Chapter 1, I framed some hypothetical questions that I attempted to address effectively in this research. Through this basis of the hypothesis, I attempted to ascertain the estimated and expected results of the research dealing with violent juvenile offenders with mental illness and alternatives to incarceration for this offender group. Because mental illness is a serious and sensitive issue for people below 18 years of age, it was not possible for me to acquire all facts and data necessary for this research. Therefore, I opted

for the hypothetical approach, which is also known as the deductive theory of research approach.

Research Design

The idea of research design, broadly, refers to the whole description of the process of the research and how it would be completed. As Guarino (2016) suggested, the effectiveness and the smooth running of the research and the effective outcome of the research, largely depends upon the smooth designing of the research. The research design is nothing but a theoretical presentation of all the procedures that had to be followed to have effective and authentic results for the research. Without the proper and smooth design of the research, it is not possible for the researcher to carry out the work since the research becomes confusing and the outcome might become misleading. According to Creswell and Creswell (2017), research design provides a detailed procedure of the entire methodology adopted, the selection of the respondents, the data analyzed and collected. This makes the work of the researchers more effective and smoother.

There are three types of research designs and for this study, exploratory research design was chosen for this study. Exploratory research is the most effectively used research design for studies that examine phenomena such as violent offending of juveniles with mental illness and incarceration of this offender group. As the name suggests, this design is used to explore the different issues that takes place and need to be known before taking a risk of research in any said topic (Creswell & Creswell, 2017).

Exploratory design has been utilized in research that explores human behavior. This study examined the behavioral phenomena of youths with mental illnesses that

committed violent offenses. This research also dealt with juvenile criminal tendencies and how criminal justice officials sought appropriate treatment alternatives and policies addressing incarceration. This topic was very sensitive and fragile for juveniles with mental illnesses who committed violent offenses, and confidentiality was important for this protected class. In order to conduct research on such a sensitive and confidential subject, it was vital to take into consideration all the issues that had taken place in this topic's surroundings. This design provided enough details on the information related to juvenile offending and mental illness in order that a full aura could be created before entering into such a sensitive topic for this research. In this research, I saw that the full information and the detailing of the above-mentioned matters were presented to me with effective and proper statistical theories that helped me to work more effectively on the spheres of research and provided an elaborate outcome of the research as well. The effectiveness of the exploratory design was evident in this research since there was a polling of the responses in respect to the juvenile criminal behavior and mental status. Without the proper knowledge of the background of this topic, it was impossible to work on such a sensitive subject matter as this.

In this research, the form of research strategies followed were the interviews of criminal justice professionals who are employed by the juvenile justice system and the criminal (adult) courts of a mid-south city and county in West Tennessee. The research was done concerning very sensitive and confidential information of violent juvenile offenders with mental illnesses. The topic of the research was violent juvenile offenders with mental illness and alternative punishments to incarceration for this offender group.

This was a very sensitive and confidential case and had been rooted deep within the society. To gain more knowledge regarding this protected class and to gather more elaborate ideas pertaining to this subject, it was very important for me to get to know the actual mindset of the criminal justice professionals that were tasked with all aspects of the subjects of mental illness, violence, and incarceration towards this topic. For this study the researcher followed the strategies set forth in the interviews and surveys that were conducted in order to bring out the dark and deceptive sides of the criminal justice professionals tasked with dealing with violent juvenile offenders with mental illness and incarceration and judge their reaction towards this topic.

Population

Research population for this study were criminal justice professionals that are employed with the juvenile justice and criminal (adult) court systems in a mid-south city and county in West Tennessee, which were tasked with housing, treatment protocols, policies regarding violent juvenile offenders, and the mental health professionals assigned to violent juvenile offenders. These officials were recognized as a collection of individuals who were to participate in this research's activities. The participants were officials within the criminal justice systems in a mid-south city and county in West Tennessee, that were knowledgeable of the subject matters of violent juvenile offending, mental illness of this offender group, and incarceration concerns of this offender group.

These officials were necessary and helped the researcher collect the relevant data for this study and mitigated the overall objectives of the research. For research that deals with violent juvenile offenders, mental illness, and incarceration of juveniles in general, it

becomes virtually impossible to account for a large number of the populations to gather relevant information and this was the reason the researcher selected a limited number of criminal justice officials specifically tasked with the adjudication processes of violent juvenile offenders with mental illness and incarceration policies regarding this offender group. This selected number of criminal justice officials represented the opinion of a larger population. According to Thieme (2018), when conducting research such as this, a selected group of individuals that have similar characteristics can be representative of the entire population.

For this study of violent juvenile offenders with mental illness and incarceration protocols, criminal justice officials tasked with this adjudication process had similar characteristics in order to meet the parameters for the population needed for this research. Additionally, it helped the researcher to understand the behavioral approach to gather suitable knowledge of the research topic (Thieme, 2018). In this context, the researcher had to consider the entire population of violent juvenile offenders with mental illness, incarceration protocols, and policies regarding housing for this offender group.

Sample Size and Sampling Procedures

Sampling is the method that helps the researcher to search out the relevant data that is required to accomplish the objectives of the research (Creswell & Creswell, 2017). There are two types of sampling methods that has been accounted for in research methodology; probability and nonprobability sampling methods. These two sampling methods help the researcher to collect relevant data according to the requirements needed for the research (Thieme, 2018). In probability method sampling, the population of the

research has been counted as pre-specified and it gets an equal scope in the study to involve in the research sampling. It also helps the researcher to collect statistical data for the research topic and enhance a logical way in the overall progress of the discussion. It includes a systematic way into the method of sampling that helps the researcher to enhance the significance of the research topic. Researchers can select their sample randomly according to Creswell and Creswell (2017). In this type of sampling method, participants operating in the context of sample selection of the entire population, is being represented by the selective sample size. Conversely, researchers often use a non-probability method of sampling that refers to selection samples based on the perspective of the research instead of the random mode of sample selection.

In this research, random sampling was used. For this study, nine criminal justice professionals were recruited to participate from the juvenile and criminal (adult) court systems in a mid-south city and county in West Tennessee, and served as part of the sample size for this research. Similarly, I included mental health professionals who were assigned as case managers for violent juvenile offenders with mental illness for both the juvenile and criminal (adult) courts in a mid-south city and county in West Tennessee, as part of the sample size for this research. Additionally, the researcher solicited the assistance from two psychiatrist to help gather more valuable knowledge for the questionnaire regarding violence, juvenile offenders, and incarceration for this research topic. This size of sampling helps the researcher to gather valuable required data for the research topic.

Participant Recruitment and Data

This research required the participation of suitable participants that could provide a sufficient amount of knowledge in juvenile violence, mental illness, and incarceration to support the necessary information needed for this research. Therefore, the recruitment of participants was specifically channeled toward criminal justice professionals who were either currently employed or were employed with the juvenile court or adult court systems. Recruitment for sampling consisted of posted invitations on the employee's information boards and websites of the juvenile and criminal (adult) court systems in a mid-south city and county in West Tennessee. Further recruitment consisted of posting an invitation to participate in the weekly and monthly employee's newsletters of the juvenile and criminal courts in in a mid-south city and county in West Tennessee. I conducted interview sessions to collect suitable and relevant data for the research. The interview was conducted to ascertain what policies, protocols, treatment options, and alternatives to incarceration was available for violent juvenile offenders with mental illnesses.

According to Rife et al. (2016), the interview process has been used in qualitative research to conduct research with relevant questions that can help the researcher to point out different aspects of the discussion. It also helps the researcher, participants, and readers to understand the significance of the research topic. At the same time, the researcher conducted an interview with a psychiatrist who was involved with the treatment procedures of violent juvenile offenders. The psychiatrist was asked to describe which treatment procedures were available to juveniles with mental illnesses that commit violent offenses.

Relationship Between Saturation and Sample Size

Glaser and Strauss (1967) suggested the use of saturation to achieve an appropriate sample size for qualitative research. Saturation is achieved when additional participants are added to a study and it does not result in additional information or perspectives (Glaser & Strauss, 1967). Qualitative research typically require a smaller sample size to achieve its research goals. Creswell and Creswell (2017) noted that sample size should be large enough to gather a sufficient amount of data to adequately describe the phenomenon of interest and address the research questions. The ultimate goal of qualitative researchers should be the attainment of saturation.

For this study, the sampling of nine criminal justice professionals were recruited to participate from the juvenile and criminal (adult) court systems in a mid-south city and county in West Tennessee. Saturation was attempted from this group of criminal justice professionals in order to answer the research questions and phenomenon of interest.

Data Collection

Data was collected in this research by interviewing criminal justice professionals in the juvenile justice and criminal court systems specifically tasked with all facets of juvenile justice for juveniles with mental illness that commit violent offenses. Qualitative data collection methods were include in an initial survey instrument to ascertain if the participant was qualified to participate in this study. According to Bresler and Stake (2017), the data collection method helps the researcher to add a scientific and logical way in collecting qualitative data.

Data collected from the interviews were stored in online sheets in the form of tables and graphs. The researcher also stored the collected data and placed it on a scan drive disk that could be protected from any kind of damage and from the view of others for confidentiality reasons. A protected cloud was also be used to preserve the collected data. The researcher directed its focuses on the preservation of this very sensitive and confidential data by applying antivirus software in all systems used for this research.

Qualitative Data Collection Method

The researcher can enrich the quality of data based on personal experience and observations of the participants (Bresler & Stake, 2017). For this study, participants were selected from a group of current criminal justice professionals within the criminal justice systems in a mid-south city and county in West Tennessee. The targeted participants had directly dealt with violent juvenile offenders with mental illnesses and/or mental health professional that were assigned to evaluate and treat violent youth offenders.

To accomplish a suitable sampling size for this study, the researcher posted an invitation to participate on the employee's information bulletin boards at the juvenile justice center and criminal courts buildings in a mid-south city and county in West Tennessee. Invitations to participate in the study were also posted on the websites of the juvenile justice center and adult court websites. Further recruitment efforts included posting an invitation to participate in the weekly and monthly agency's newsletter of the Juvenile Court and the District Attorney's Office in a mid-south city and county in West Tennessee.

Data Analysis

In this research, the topic of violent juvenile offenders with mental illnesses and incarceration alternatives for this offender group was a social issue that warranted change. This research dealt with finding alternative treatment protocols and secure housing options for this offender group. This was a serious issue of society whereas the criminalization of mentally ill violent juvenile offenders are judged by the society. In this research, the strategies that were followed by the research processes, were the interviews of criminal justice professionals tasked with treatment protocols and alternatives to incarceration of mentally ill juvenile offenders that committed violent offenses. A significant amount of qualitative data were collected on a large scale to shed light on this topic of concern. The researcher collected data from various interviews of participants within the field of criminal justice that were tasked with addressing housing, treatment, and policies regarding violent juvenile offenders with mental illnesses.

For this study, nine criminal justice officials and mental health professionals through the interview process, were used for this study. The answers that were given through the interview process was stored digitally and in a secure manner. The results from these interviews were represented in tables and graphs. The response frequency were converted to response percentages. There is a graphical representation of the data generated from the interviews. The overall analysis of the data is presented in accordance with the literature review in the previous sections.

The coding strategy for this study is deductive coding. Christians and Carey (1989) indicated that deductive coding is a coding method used when the researcher

develops a codebook as a reference to guide them through the coding process. A rough codebook was developed for this study before the data was collected. The codebook changed as the research interviews continued and categories were changed accordingly. Ultimately, the codebook reflected the structure of the data in the end. Software was used to transcribe and code the data attained.

Issues of Trustworthiness

Qualitative researchers do not use instruments with established metrics regarding validity and reliability, therefore, it is important for the researcher to address how the study's findings were transferable, credible, confirmable, and dependable.

Trustworthiness in qualitative research is established when these four goals of the research is met. For this study, the researcher described how credibility, transferability, confirmability, and dependability was accomplished.

Credibility is accomplished when the researcher is confident in the truth of the research study's findings. For this study, the researcher used triangulation to show that the research study's findings were credible. The researcher used method triangulation whereas interviews and observations were used in this process. Although triangulation may not necessarily establish trustworthiness beyond question, it will provide text's readers and research peers that rigor was attempted in the collection and analysis of the data and the writing up of the text.

Transferability is accomplished when the researcher has demonstrated that the findings from the qualitative study are applicable to other contexts. Other context may come in the forms of similar phenomena, similar populations, or similar occurrences. For

this study, a thick description showing that the study's findings was applied to other or similar circumstances, context, and situations.

Confirmability is accomplished when there is a level of neutrality in the research study's findings. This occurs when the findings of the research is based on the participants' responses and are not influenced by the biases or personal motivations of the researcher. This was established by making sure that the researcher provided an audit trail, which highlighted each step of data analysis that was made in order to provide a rationalization for the decisions made. This further illustrated the study's findings accurately portraying the participants' responses.

Dependability is accomplished when the extent of the research could be replicated by other researchers and their eventual findings will be consistent. Dependability can be established if a qualitative researcher use an outside person to use an inquiry audit to review and examine the research process and the data analysis to determine if the findings are consistent and replicable. For this study, an audit trail and triangulation was be used to establish dependability.

Threats to Internal Validity

Data was collected through various methods and strategies. Planning is important to reduce the vulnerability of data being exposed to internal threats. The data collected in research is considered vulnerable and can be exposed to varied types of internal threats. Selection bias occurs when control and program participants are chosen from populations with different characteristics. For this study, the participants were selected from criminal justice officials and mental health professionals with backgrounds that specifically work

with violent juvenile offenders and officials tasked with housing protocols with the juvenile justice system and/or adult courts. This limited the exposure to selection bias.

Another threat to internal validity is attrition and mortality. This occurs when there is an introduction of different proportions of participants or participants drop out of the control or program groups. For this study, attrition was monitored by gathering needed information through the interview process as soon as the participant agreed to be interviewed.

The next threat to internal validity is history, whereas external or unanticipated events happens between administrations of evaluation surveys. This threat was minimized by gathering the necessary information in a timely manner and placed it into the study as soon as possible. Maturation follows history in which the aging or development of participants occurs. The participants chosen for this study were criminal justice officials and mental health professionals who were not necessarily affected by the maturation aspects of internal validity. Lastly, instrumentation is the most likely threat to internal validity whereas aspects of the evaluation survey itself might change between the pre and post-test time span. This was minimized by restricting the nature of the study to mental illness of violent juvenile offenders and secured housing for this offender group. Threats to the validity of research data is protected by the Data Protection Act of 1991.

Ethical Procedures

For this study, the research largely dealt with the incarceration of violent juvenile offenders with mental illness. This was a subject that contained two protected classes; juveniles and mental ill consumers. Data was collected from the criminal justice

professionals of these two protected classes. The manner in the collection of this sensitive and confidential data and relevant information was a highly secured procedure.

Participants in this study only supplied information that was readily available to the public only. Names, and other personal demographic data was not solicited during the interviews or surveys.

No pressure was placed on the participants who were interviewed. The participants had the right to speak their mind and no pressurization of the answers were made. The participants could exit from the interview at any time they desired. No compulsions were made on the participants to continue in the interview against their will. The next procedure was to follow the confidentiality of the participants being interviewed. Lastly, data collected was only to be used for research purposes of this study and will not be used for any other purpose than for this study.

Summary

For this chapter, the three research questions helped shape which research design would be used for this study. Exploratory research design was chosen to define the data collection process for the three questions and the hypotheses for this study. The rationale for the research design was developed to address juvenile mental illness, violent offending, and alternative punishments for this study. Alternative treatment for juvenile offenders who committed violent offenses would provide the rationale for this study. A number of variables that could have predicted alternative punishments, protocols, and procedures to incarceration of juveniles that committed violent offenses were controlled in this analysis.

Methodological approach for this study centered on the philosophy of the “research onion”. This research methodology had several layers of information revealed to help the study of the concerned research topic. It was an elaboration of various stages that got coverage in the content of which the study was intended.

The research approach for any study focuses on the purpose of the study and informs the research design. It also defines which data collection method should be used to answer the research questions. Research approach gives an idea of how the entire procedure of the research would be conducted and which steps should be taken to reach a conclusion. Without a proper chalked-out procedure of the research approach, it is virtually impossible to work on the detailing of the research.

Population, sample size, and sampling procedures were discussed in this chapter. Research population for this study were criminal justice professionals who are currently employed with the juvenile justice and criminal (adult) court systems in a mid-south city and county in West Tennessee, which are tasked with housing, treatment protocols, policies regarding violent juvenile offenders, and the mental health professionals assigned to violent juvenile offenders.

In this research, random sampling was used. For this study, nine criminal justice professionals from the juvenile justice and criminal (adult) court systems in a mid-south city and county in West Tennessee, served as part of the sample size for this research. Similarly, the researcher included 1 mental health professional with the Juvenile Court in a mid-south city and county in West Tennessee that was assigned as case managers for

violent juvenile offenders with mental illness for both juvenile justice and criminal (adult) court systems, which made up the other part of the sample size for this research.

In this chapter, participant recruitment and data collection was discussed. For this study, research required the participation of suitable participants that can provide a sufficient amount of knowledge in juvenile violence, mental illness, and incarceration to support the necessary information needed for this research. It was also discussed in this chapter that the researcher would conduct interview sessions to collect suitable and relevant data for the research.

Threats to validity and ethical procedures concluded this section by identifying the different types of internal threats in validity. They included (a) selection bias, (b) attrition or mortality, (c) history, (d) maturation, and (e) instrumentation. Ethical considerations included the maintaining of confidential information of the two protected classes; juveniles and the mentally ill, and stressed the importance of security of information and confidentiality.

I opted for the most effective ways in attaining the research design, strategies and planning to get the best outcome for this research. A detailed elaboration of the various methodologies had been presented in this chapter and the best and the most effective ways had been selected to continue this research. A detailed data analysis had been made to extract as much data and information available as possible. The various effective ways that affected the exact numbering and the figures of the data collected was discussed in this chapter. The various methods of data analysis and the research patterns were the main ideas for this chapter.

Chapter 4 presents a representation of the results for the study. This next chapter will include the analysis of the data that was attained and a presentation of the findings. Most importantly, the results of the statistical analysis of the data obtained during collection will be illustrated in tables and figures.

Chapter 4: Results

The purpose of this study was to broaden understanding of violent juvenile offenders with mental illnesses and alternatives to incarceration for this offender population. Another purpose of the study was to identify which treatment procedures were most appropriate for juvenile offenders who committed violent offenses. A review of the literature pointed to the need for increased understanding of juveniles with mental illnesses and the lack of appropriate treatment protocols that had currently existed. Knox et al. (2013) surmised that youths had mental illnesses that needed to be addressed in proper treatment facilities instead of being incarcerated. Juvenile justice systems should provide secured, in-patient facilities specifically for youths diagnosed with mental illness who committed violent offenses. Therefore, the criminalization of the mentally ill was a policy issue that must be handled in the correct secured environment.

For this study, the intent was to look at more meaningful treatment procedures and strategies and seek alternative punishments for juvenile offenders with mental illnesses that committed violent offenses. The following research questions guided this study:

1. How do criminal justice officials describe alternatives to incarceration of the mentally ill?
2. What treatment procedures do criminal justice officials currently use as alternatives to incarceration of violent juvenile offenders?
3. What mental health treatment programs are most effective as an alternative to incarceration of violent juvenile offenders?

Pilot Study

A pilot study was planned for this study. However, the recruitment for the actual study participants presented challenges due to COVID-19 restrictions and this restricted access to participants for the pilot study as well. The pilot study was abandoned due to limited personnel availability to conduct a pilot, and the actual study participants were made available under strict parameters and a timeframe. Therefore, the pilot study was bypassed in order to have access to the actual study's participants.

Setting

For this study, nine current criminal justice officials from the Juvenile Court and the District Attorney's Office of a mid-south city and county in West Tennessee were interviewed for this study with the approval of the committee members, IRB member and URR. I conducted the interviews of the nine criminal justice officials through Microsoft Teams due to COVID-19 restrictions and they were done during business/work hours of the participants because these employees were allowed to do so by the Chief of Courts of the Juvenile Court system in a mid-south city and county in West Tennessee.

Access to participants was limited to virtual contact only due to COVID-19 restrictions. There were no personal or organizational conditions beyond the inability to do face-to-face in-person interviews that might have influenced the participants or their experiences at the time of study. These restrictions had little to no influence on the interpretation of the results. No personal or organizational conditions influenced the participants in this study because all the participants were participant volunteers within the juvenile justice system and/or district attorney's office that supplied only documented

protocols, procedures, mental health treatment options, and laws regulating how to adjudicate juvenile offenders with mental illness that committed violent offenses in a mid-south city and county in West Tennessee.

Demographics

The location of the study was significant because this particular mid-south city and county has one of the highest numbers of violent juvenile offenders with mental illness in the state of Tennessee. The participants for this study were selected based on demographics that I classified as crucial characteristics. These demographics included participants' job description within the criminal justice system, their educational background, and their knowledge of the protocols, procedures, treatment options, current laws regarding juvenile offenders with mental illness, and incarceration mandates. These crucial characteristics were relevant for the participants in this study

Data Collection

Data were collected from interviews of nine criminal justice professionals who currently worked with the Juvenile Court and District Attorney's Office in a mid-south city and county in West Tennessee, through the Microsoft Teams platform due to COVID-19 restrictions. The interviews were conducted during working days and working hours by the permission given by the chief of courts for one week from July 26 through July 30, 2021. The data collection for this qualitative study was in the form of interviews (see Appendix).

Nine criminal justice professionals agreed to participate in the study. I interviewed and recorded these criminal justice professionals face to face using the

Microsoft Teams platform. I began the interview by grouping open-ended responses into categories that had conceptually similar meanings. I also recorded illustrative quotes provided by the respondents for each of the interview questions. My assessment of the protocols, procedures, treatment options, current laws regarding juvenile offenders with mental illness, and incarceration mandates was limited to juvenile offenders with mental illnesses that committed violent offenses.

All participant interviews were conducted in the same manner, which began with a brief introduction, and I explained to the participants the purpose of the interview and their role in the study. I explained that the interviews were being recorded through Microsoft Teams and that I would be taking notes throughout the process as well for data collection purposes. Data were collected through Microsoft Teams recordings and notes were taken from these participants about their perception of juveniles with mental illness who committed violent offenses, as well as alternative punishments, treatment protocols, and incarceration of this offender group. I analyzed the answers to the interview questions (see Appendix) with the use of NVivo 12 software, which helped me to collect, organize, and analyze the content of the interviews.

There were variations in data collection from the plan that was presented in Chapter 3 of the proposal for this study due to COVID-19 restrictions, and all data collections and interviews were done using the Microsoft Teams platform. Contact with each participant was made through the Microsoft Teams platform at predetermined times to comply with the generosity of using business/work hours to conduct my research supplied by the chief of courts. I collected informed consent forms by email that I had

emailed to each participant, and each participant acknowledged their consent by replying: “I Consent” in the body of the email reply, prior to the beginning of the interviews. I requested that each participant use privacy to complete the interview by requesting that each participant locate an area within their work area with no interruptions or influences.

The only unusual circumstances encountered in the process of gathering data for this study were the lack of participation or partner organization agreement from the Public Defender’s Office in a mid-south city and county in West Tennessee, where most of the juvenile offenders would have received their legal representation. I was depending on the Public Defender’s Office to share their sentiment and perceptions regarding protocols, procedures, treatment options, current laws regarding juvenile offenders with mental illness, and incarceration mandates of this particular offender group. This was my intended target for recruitment participation, however, the lack of responses from the officials within the Public Defender’s Office forced me to look at other criminal justice professionals who could substitute and supply the necessary information from a defense perspective. It was found through volunteer participants in the juvenile court staff that provided essential services specifically for juvenile offenders with mental illness charged with violent offenses.

Data Analysis

For this study, an inductive coding strategy was used to analyze the data collected from the nine current criminal justice professionals. After the interview responses were transcribed into a Microsoft Word document and input into NVivo 12 software, an inductive coding strategy was applied to find words that were commonly used. Then, a

tile cloud was used to identify commonly used words or ideas that were repeated in the interviews and these words were then categorized into themes. Responses were categorized into themes that were stored in different nodes and a list of about eight themes or categories emerged. Data were then organized into categories and themes and these themes were presented in charts or tables for easier understanding.

The interviews allowed more gathering of relevant information regarding protocols, procedures, treatment options, current laws regarding juvenile offenders with mental illness, and incarceration mandates from criminal justice professionals who are tasked with implementing and carrying out these adjudication processes. Therefore, accurate data collection was important to ensure the integrity of the research. Creswell (2012) stated that the selection of participants is a vital component in any research for the accuracy in data collection.

Responses to the interview questions were interpreted using NVivo 12 software, which is designed to assist researchers in data collection and uncoordinated ideas. Each recorded interview was transcribed and field notes were reviewed as soon as possible after each interview session. According to Babbie (2009), “open-ended responses must be coded before they can be processed for computer analysis because the coding process often requires the researcher to interpret the meaning of responses, opening the possibility of misunderstanding and researcher bias” (p. 147).

Each participant was assigned a pseudonym (CJP1–CJP9) during the interview, and that pseudonym was used throughout this study. The recordings and the transcriptions were done separately, and these were kept in a locked cabinet to which no

one had access except me. I began the data analysis following completion of the interview process and verified the accuracy of the data by playing back the recordings to the participants to make sure that it was accurately recorded. I also read back to them what I had written down to verify that it was accurate and represented their intended meanings. I transcribed interview responses into a Word document and then used NVivo 12 software and an inductive coding strategy. I also used NVivo 12 software to assemble data collected before I coded this information.

To ensure the protection and security of the data collected, notes and other hard-copied data were locked in a file cabinet inside of my home. To maintain security of all computer-generated data, Microsoft Teams recordings, and any other electronic data, I stored them on a password-protected personal computer. After a period of 5 years, all raw data, both hard copy and computer generated, will be destroyed.

There were no discrepant data or nonconforming data analyzed; however, individual participants had varied perceptions and views because the interviews contained open-ended questions to allow the participants to expand on the response to the questions.

Evidence of Trustworthiness

After transcribing the responses from the interviews, I coded the results into four themes. Validity and reliability are essential elements that includes the collection of data (Creswell, 2012). Validity defines how well a certain method of research claims measurement. Researchers must be concerned with reliability and validity in qualitative research when designing a study, analyzing results, and judging the quality of the study (Patton, 2002). Credibility and trustworthiness are important and must be scrutinized

(Creswell, 2012). Fairness and accuracy were ensured by remaining neutral as much as possible when reporting the findings of this study.

A procedure was created for receiving and recording the information collected to mitigate threats to reliability. To protect the data collected, a locked cabinet was established for all hard-copy documentation collected. All recordings through Microsoft Teams were maintained on a password-protected computer.

Adjustments to the credibility strategies described in Chapter 3 were not necessary because Creswell (2012) stated that credibility in qualitative research means that the study's results should be believable and trustworthy from the participant's perspectives. In this study, I described or explained the event, a phenomenon from the perspective of participants because the participants were most suited, based on their experiences of being criminal justice professionals tasked with interpreting treatment options, policy and procedures, and alternatives to incarceration of juvenile offenders with mental illness that committed violent offenses. In consideration of these facts, I obtained results of the responses of the nine criminal justice professionals because they were better positioned to judge the credibility of the results. Therefore, the results of this study revealed that bias was minimized in the data collected. The strategies for credibility discussed in Chapter 3 were minimal to none and represented the perceptions of each participant who volunteered for this study.

Each participant was asked to listen to their respective interview recordings to verify transferability. Notes were made during the interview in addition to the recordings and shown to each participant to verify accuracy. This strategy was stated in Chapter 3

and did not require any adjustments to satisfy transferability concerns. The audio recordings and written notes were coded according to the participant's ID (e.g., CJP1 through CJP9). Through the exploration of several sources, coding was categorized into a number of themes and eight themes emerged with unbiased analysis from the research.

Dependability is another important factor for determining trustworthiness of a qualitative study, and it relates to how the researcher responds to changes in the setting of the study and its effects on the changes of the credibility in the study. For this study, my plans were to interview 11 current or retired criminal justice professionals with the Juvenile Court, the District Attorney's Office, and the Public Defenders' Office in a mid-south city and county in West Tennessee, who were tasked with interpreting treatment options, policy and procedures, and alternatives to incarceration of juvenile offenders with mental illness that committed violent offenses. However, I did not receive a response from the Public Defender's Office to grant permission to conduct research using their personnel or responses from retired criminal justice professionals. I did receive approval to survey and interview personnel from the Juvenile Courts Chief of Courts to conduct surveys and interviews of criminal justice professionals for the Juvenile Courts and District Attorney's Office, and this was approved by the dissertation committee members, URR, and IRB (approval # 07-23-21-0366647). This allowed me to interview nine current criminal justice professionals and maintained consistency in strategies for dependability discussed in Chapter 3.

Researchers must be concerned with the consistency of their research results with the results of other researchers. Interviews with criminal justice professionals tasked with

interpreting treatment options, policy and procedures, and alternatives to incarceration of juvenile offenders with mental illness that commit violent offenses brought a unique perspective to this study. Throughout the analysis and reporting of the findings of the results, I put strategies in place to enhance confirmability. A procedure was created for receiving and recording the information to mitigate threats to dependability. To protect the consistency of data collected, documenting procedures used for checking and rechecking data received was implemented. A data audit of data collection and analysis procedures was conducted throughout the research to reduce the potential for bias and distortion. Therefore, the confirmability strategies discussed in Chapter 3 were maintained and did not need any adjustments.

Results

The responses of the nine criminal justice professionals interviewed for this study are distinguished with the designation CJP1 through CJP9. The emergence of several themes from the first coding process was based on the responses from the nine participants that stated that there were legal protectionisms in place for juvenile offenders with mental illness that commit violent offenses, but there was room for improvements regarding policy modifications, treatment options, and incarceration concerns. The majority of the participants saw that extremely violent juveniles with a history of mental illnesses needed incarceration in a more secured environment that would provide the necessary mental health treatment to address their mental well-being, as well as to ensure that the public is protected. In the following sections, the findings are reported question by question and summary responses of each participant are provided.

Research Question 1

Research question 1 asked: How do criminal justice officials describe alternatives to incarceration of the mentally ill? Sub-questions were (a) Are these alternatives state or federal mandates? (b) Does your local agency or state have adequate facilities where mentally ill offenders who are not eligible for alternatives to incarceration can be housed safely and securely?

CJP1 responded as follows:

- I am a prosecutor for the District Attorney's Office and as part of the plea bargaining process, we offer the defendants certain programs such as probation with stipulations, evaluation and referral, mentoring, community service, and house arrest.
- Yes, there are state mandates as it relates to options codified by Tennessee Code Annotated for juvenile offenders. There are no federal mandates for alternatives.
- Yes, Youth Villages and other mental facilities provides services for violent youths.

CJP2 responded as follows:

- I am an administrator for Juvenile Court and the alternatives to incarceration includes diversion, different levels of probation, Department of Children Services (DCS) or transfer to Criminal Court, and evaluation and referral (E&R) can be combined with most of these dispositions.

- The state has mandates, but I'm not sure if there are any on the federal level because I don't work for the federal government.
- Yes, services are offered through Lakeside Behavioral Health and other mental health facilities.

CJP3's responses were the following:

- I am an administrator for the Juvenile Court and alternatives to incarceration includes Judicial Diversion, probation, DCS and remand.
- Yes, there are both state and federal mandates in place for alternatives.
- Yes, they are placed in a mental health facility depending on what their specific needs are.

CJP4 responded:

- I am an administrator for Juvenile Court and alternatives to incarceration is determined after a battery of psychological evaluations are administered by a licensed Clinical Professional. This is part of the court hearing process.
- Yes, we are governed by the Tennessee Compilation of Selected Laws on Children, Youth and Families and the court is governed by the Federal Constitution of the United States regarding mandates and protocols.
- Yes, after a series of psychological assessments have been made by a licensed clinical professional, recommendations are made for referral to the best mental health facility according to the youths' needs.

CJP5 responded:

- I am a prosecutor with the DA's Office and alternatives to incarceration for juveniles that commit violent offenses may be placement with probation services or DCS services. It can also include placement at inpatient or outpatient facilities, depending upon the circumstances.
- There are state and federal mandates in place that address alternatives to incarceration, but we do not incarcerate juveniles with mental illnesses.
- Yes, there are adequate housing for mentally ill defendants.

CJP6 responded:

- I am a prosecutor with the District Attorney's Office and juveniles with mental health illness are evaluated individually and an appropriate treatment plan is recommended. Juveniles are not incarcerated in the state of Tennessee.
- Yes, there are state mandates in the Tennessee Code Annotated and federal mandates carried under the United States Constitution.
- Juveniles are not incarcerated in the state of Tennessee.

CJP7 responded:

- I am an Assistant District Attorney General for the DA's Office and I only work with juvenile offenders if they are remanded to Criminal/Adult Court for adjudication. However, the court system has systems in place for psychological evaluations. I do not work directly with juveniles, so I'm not certain of what follow-up procedures are followed if there is a finding of mental illness.

- Yes, the juvenile court system has procedures for handling violent criminal cases that are committed by juveniles. Depending on the facts and charges, it can involve going to court, probation, detention or transfer as an adult.
- I am not familiar with any federal mandates, protocols or procedures for juvenile offenders. I only work with juveniles that are transferred to adult court. I believe a mental evaluation is performed to determine if an offender has a mental health issue. If it's determined that an offender has a mental illness, a determination will be made regarding competency and/or insanity and housing will be determined from those findings.

CJP8 responded:

- I am a supervisor for Juvenile Court and the child's attorney can request a psychological evaluation or any records from any mental health facility the child was admitted to and use that in the child's defense and use this to determine if the child should be housed in a lock up facility, placed in a residential facility for mental illness, or released to the parent or guardian.
- Yes, there are state mandates that regulates how juvenile offenders should be handled if they have mental issues, but I'm not sure if there are any federal mandates because we operates with the state mandates.
- Yes, there are counseling services, a referral can be made to the Tennessee Department of Children's Services, or a referral can be made to outside treatment agencies.

CJP9 responded:

- I am an administrator with Juvenile Court and I oversee all of dependency and neglect and delinquency. We utilize the CANS (Child Adolescent Needs and Strengths) assessment to get a snapshot of the needs and strengths of a youth including mental health. If there's a need, we then connect the youth to mental health services, mentorship programs, and other prosocial programs.
- There are mandates for youth who are a danger to the community (carjacking, aggravated robbery, 1st Degree Murder, and gun related offenses) can be detain in pre-adjudicatory detention until their court hearing and final disposition. There are federal mandates through the OJJDP require for States for apply racial and ethnic disparities policies to reduce youth of color from going deeper into the juvenile justice system and adult criminal justice center. Federal mandates such as the Family First Prevention Services Act of 2018 are requiring states to address mental health and substance abuse prevention and treatment services by a qualified clinician and in-home parenting skill-based services programs, which include parenting skills training, parent education, and individual and family counseling.
- Majority of these youths are required to do inpatient treatment due to the complexities of violent offenses, protecting the community from harm, and rehabilitative services. There are outpatient and inpatient mental health agencies that can provide services for our youth.

Research Question 2

Research question 2 asked: What treatment procedures do criminal justice officials currently use as alternatives to incarceration of violent juvenile offenders? Sub-questions were: (a) Are these treatment procedures regulated by state or federal policies? (b) In your opinion, does these treatment procedures adequately address alternatives to incarceration for juvenile offenders with mental illnesses that commit violent offenses?

CJP1 responded:

- In my role as prosecutor, I communicate with the defense council representing the offender and we present the facts and circumstances from each of our perspectives. If there are issues related to mental health concerns, we both request a mental evaluation before proceeding. If a psychological professional determines that the defendant has a history of mental illness, they would make a determination if the use of alternatives to incarceration would be appropriate. I would then look at the defendant's criminal history and the facts and circumstances of the case and make a recommendation to the court based upon these factors.
- To my knowledge, there are some procedures mandated by state, but from a federal mandate, I don't think there are any.
- As to if I believe that treatment procedures adequately address alternatives to incarceration for violent youth offenders with mental illness, it would depend on a case by case basis. If a defendant take advantages of treatment options and alternatives, then it achieves its goals.

CJP2 responded:

- Our juvenile court system has an evaluation and referral process that assesses the juvenile's mental status and makes a recommendation based upon those assessments. If it is determined that the child should be placed into an in-patient or out-patient program as an alternative to incarceration, it would be submitted to the judge overseeing the case. The judge will then make a determination based upon those things.
- The state has procedures in place to regulate our juvenile courts, but because I do not work for the federal agencies, I don't know if there are any regulations.
- Treatment options are personal when it comes to each individual offender. If they comply or meet the requirements, then treatment alternatives are successful. If they do not, then of course it will not work. It all comes down to that individual.

CJP3 responded:

- In my role, I submit evaluation and referral (E&R) requests to our clinical psychology team and they will determine the treatment alternatives to incarceration. If the defendant has been determined to be better served to be placed into a facility for the mentally ill, then that would be the recommendation to the court. We want to serve the defendant and protect the community.
- There are both state and federal regulations that are followed in the Juvenile Court system for treatments.
- I believe that a treatment program is as good as the person that is receiving it and uses it for the purpose it serves. If a person is receptive of those services provided,

then it works. If they do not take advantage of what's being offered to them, then it defeats that intended purpose.

CJP4 responded:

- I provide oversight regarding services provided, court preparation, counselor development, and quality assurance. Part of that oversight process, we have a partnership with mental health providers making sure that appropriate services are put in place that address alternative treatment procedures and referrals are recommended. We also have a clinical services department in house to assist with this process.
- There are state and federal regulations that must be adhered to address treatment options. They are covered under Tennessee Compilation of Selected Laws on Children's, Youth and Families and governed by the Federal Constitution of the United States regarding mandates and protocols.
- I believe that current procedures are okay, but there should be a federal mandate in place to provide consistency and accountability. Although each situation has its own set of unique circumstances.

CJP5 responded:

- In my role as prosecutor, I must follow the laws in Tennessee. Each juvenile should be looked at individually based on the nature of charges and history as to whether detention is warranted. If a child meets the definition of commitment under the statute, then they cannot be transferred and tried as an adult. We don't incarnate juveniles in Tennessee.

- Our court systems in Tennessee are regulated by state statutes and federal laws and we must comply with them.
- I believe the best alternative is one that addresses the underlying issue of the juvenile. A lot of the juveniles that are in the system suffer trauma or some instability in their life. Addressing that issue would provide for success in the future. A national policy would be nice so that juvenile cases are handled consistently.

CJP6 responded:

- Juveniles with a mental health illness are evaluated individually and an appropriate treatment plan is recommended. Juveniles are not incarcerated in Tennessee. There are community, regional, and national programs available depending on funding and mission.
- Yes, our courts are mandated in the Tennessee Code Annotated (TCA) and the United States Constitution.
- Earlier mental health and trauma support from a younger age particularly in late elementary school and middle school will help in addressing this issue. Mental Illness is such a broad undefined term that this question is impossible to answer in its present form. With no definition of the broad term mental illness you cannot distinguish a mental illness that is relevant to a violent offense or an ancillary mental illness. There cannot be a national policy (Law) without destroying our present Constitutional Republic with sovereign States.

CJP7 responded:

- I only work with juveniles that are transferred to adult court. To my knowledge, a mental evaluation is performed to determine if an offender has a mental health issue. If it's determined that an offender has a mental illness, a determination will be made regarding competency and/or insanity. The court system has systems in place for psychological evaluations. I do not work directly with juveniles, so not certain of what follow-up procedures are followed if there is a finding of mental illness.
- Yes, the juvenile court system has procedures for handling violent criminal cases that are committed by juveniles. Depending on the facts and charges, it can involve going to court, probation, detention or transfer as an adult. I am not familiar with federal mandates, protocols or procedures for juvenile offenders with mental illness.
- I am open to the idea of universal protocols for juvenile offenders that commit violent offenses and treatment alternatives to incarceration. But before they are implemented, I think there should be studies to make sure that there will not be negative unintended consequences for each protocol.

CJP8 responded:

- Currently, Juvenile Court has mental health assessments that are conducted on juvenile offenders that commit violent acts and crimes and this is usually requested by the attorney that is representing the youth. If it is determined that this juvenile needs additional mental health treatment, the court can order either in-patient or out-patient treatment depending on the circumstances. All of these

procedures are overseen by the courts and it must meet a certain level on an assessment.

- Yes, the juvenile court system adheres to state mandates, but I'm not sure if there are any federal mandates.
- I believe that the current system is adequate but can use some improvements. However, juveniles with mental illness should be in treatment or residential facilities and consistency should be in place. As to a national policy regulating these protocols, no, I think it should be up to each state to have their own rights.

CJP9 responded:

- The detention facility has a mental health unit that assist the youth with any mental health needs. There are outpatient and inpatient mental health agencies that can provide services for our youth. As I stated earlier, the majority of our youth are required to do inpatient treatment due to the complexities of violent offenses, protecting the community from harm, and rehabilitative services.
- There are mandates for youth who are a danger to the community (carjacking, aggravated robbery, 1st Degree Murder, and gun related offenses) can be detained in pre-adjudicatory detention until their court hearing and final disposition. There are federal mandates through the OJJDP that requires states to apply racial and ethnic disparities policies to reduce youth of color from going deeper into the juvenile justice system and adult criminal justice center. Federal mandates such as the Family First Prevention Services Act of 2018 are requiring states to address mental health and substance abuse prevention and treatment services by a

qualified clinician and in-home parenting skill-based services programs, which include parenting skills training, parent education, and individual and family counseling.

- I believe restorative justice with community supports should be leveraged to establish effective treatment plans to ensure that youth are not derailed into incarceration. All child serving systems must have strong policies that addresses traumatic experiences for children ensure and serve as a solution. Therefore, policies must be strategically designed to deter youth from incarceration and channel the youth towards pro-social services.

Research Question 3

Research question 3 asked: What mental health treatment programs are most effective as an alternative to incarceration of violent juvenile offenders? Sub-questions were: (a) Is there a particular protocol or procedure used in determining which violent offender receives mental health treatment programs as an alternative to incarceration? (b) Do you believe that placing juvenile offenders with mental illness that commit violent offenses in treatment programs properly address incarceration concerns and protect the community at the same time?

CJP1 responded:

- In my role as a prosecutor, I would be guessing which mental health treatment programs are most effective as an alternative to incarceration for violent juvenile offenders. The goal for both prosecution and defense is that the defendant don't

re-offend. I would imagine that treatment programs that have rehabilitation as a foundation will be most effective.

- In my role as a prosecutor, a mental evaluation is ordered through the court and when there has been a determination as to which or if a treatment program is recommended for a violent offender, we look at the circumstances of the offense, the criminal history of the defendant, and what is in the best interest of the community and society to determine if this defendant should be released into the public again. Regardless of if the defendant is released back into the community or placed into a residential facility, their mental health concerns should be at the forefront.
- Once again, as a prosecutor, I have to look at what is best for community and society from a safety standpoint. I believe community safety takes precedent over a juvenile with mental illness and his or her desire to be released from detention if they have already proven that they cannot be trusted out in the community. I want these type defendants to join back into society if they take their mental health concerns seriously and do not re-offend.

CJP2 responded:

- As a member of the staff at Juvenile Court that assists the victims of crime, everyone's goal is to act within the law and make good decisions with a desired outcome. So, to identify a mental health treatment program that is most effective as an alternative to incarceration for violent youths, I would think that an in-patient or out-patient program that addresses pro-social behavior and one that

addresses the rage and anger that must have been an underlying reason for the crime, would be the best and most effective.

- The normal protocol and procedure used in determining which violent offender receives an alternative to incarceration, is assessed through the mental evaluation by a clinical psychologist and the defendant's prior criminal history. I believe that the judge uses these factors and determine further detention and treatment programs.
- In my job, I have to be concerned about the victim or victims. So safety of the victim and the community is my top priority. I can only believe that if a defendant has committed a violent crime and is released back into society without any mental health treatments, it is all but certain that they will be coming back into our system.

CJP3 responded:

- The most effective mental health treatment programs for those youths that commit violent offenses are the ones that address their criminogenic needs. Absent of that, they are certain to reoffend. Most mental health facilities in the county region has outstanding programs that reinforces pro-social behavior and identify which program is best suited for these youths.
- There is a particular protocol that is used in determining which violent defendant may receive mental health services instead of incarceration, and for those who do not have a mental health disorder. Almost every violent juvenile offender receives a mental evaluation regardless of if they had a history of mental illness or not.

Once the evaluation and referral (E&R) is completed, it is presented to the court.

The court will decide which violent defendant receives further mental health treatment programs or is detained in a mental health facility.

- I believe that defendants who have been placed in treatment programs should be given an opportunity to succeed in those programs, but if they fail to complete or refuse services, they should be detained further to protect society.

CJP4 responded:

- Youth are administered a battery of psychological evaluations by clinical professionals as part of the court hearing process. After the evaluation has been determined, I believe the recommendations provided by those clinical professionals will determine which mental health programs is best situated for that particular defendant. Success depends on the individual rather than the mental health program.
- Yes, it is determined on a case by case basis and the circumstances surrounding the offender's crime and criminal history if there is one. The usual protocol and procedure begins with the mental evaluation of the defendant by a clinical professional and they make recommendations to the court.
- This is a situation where the answer is strictly based upon the individual offender. If the offender is receptive of the services provided through mental health treatment options, then incarceration concerns are met as well as protection of the community.

CJP5 responded:

- As I stated earlier, the best treatment program and an alternative to incarceration is one that addresses the underlying issue of the juvenile. A lot of the juveniles that are in the system suffer trauma or some instability in their life. Addressing that issue would provide for success in the future. So, any facility that incorporates treatment that address underlying factors would be most effective in my opinion.
- I work as a prosecutor and is not familiar with the protocols and procedures used at Juvenile Court other than the mental evaluation and referral process.
- My concern as a prosecutor is keeping the community safe from violent offenders regardless if they have a mental illness or not. If there is a mental health program where a violent juvenile can receive treatment, utilize those services in a manner that would benefit them, then it achieves the goals of the treatment program and keeps our community safe as well.

CJP6 responded:

- I stated earlier that mental illness is such a very broad term and without a definitive definition, it is virtually impossible to answer questions related to mental health. But for the sake of your interview, I will just say that I do not know the effectiveness of any mental health programs as an alternative to incarceration. We do not incarcerate juveniles in the state of Tennessee.
- I am not familiar with any protocol or procedure that Juvenile Court uses other than the standard mental evaluation (ME) process. As a prosecutor, I agree to

order an ME for violent cases and when they come back, I discuss them with opposing counsel.

- I believe that the community must be safe and that is what my job entails. I don't have much knowledge as to mental health treatment, so I will not address that issue.

CJP7 responded:

- As a prosecutor, I am not familiar with specific treatment options. However, in adult court an offender will be evaluated by mental health professionals and a course of treatment can be recommended to the court. As to each treatment program effectiveness, I do not know. I am only familiar with the initial process of ordering a mental evaluation and the findings from that assessment.
- I am not familiar with how the process goes in determining which mental health treatment program is being used in opposition to incarceration. If it is determined that a defendant meets the criteria for mental health services, we just make sure that we supply conditions that the defendant must follow.
- I believe that if a juvenile offender has been placed in a treatment program and that program designs a course of actions that he/she must follow and those conditions are met, then it satisfies the community safety issue as well as incarceration concerns.

CJP8 responded:

- There are a couple of in-patient and out-patient facilities that provides exceptionally good programs for juvenile offenders who has been adjudicated for

violent offenses in the county area. However, the program is only good if the individual participates and take advantage of what that program offers.

- The standard protocols and procedures for Juvenile Court in determining which violent offender receives mental health treatment options versus incarceration is dependent on the defendants' current mental health status, prior mental health issues, and criminal history. Taking all of those things in totality will determine if the treatment option is most appropriate versus incarceration.
- I believe that placing juvenile offenders in alternative programs versus incarceration is the most preferred option. Now if that juvenile pose a threat to the community, Juvenile Court can no longer provide that option. It does achieve its goal if the offender takes advantages of what an alternative program offers.

CJP9 responded:

- Once again, we utilize the CANS (Child Adolescent Needs and Strengths) assessment to get a snapshot of the needs and strengths of a youth including mental health. If there's a need, we then connect the youth to mental health services, mentorship programs, and other prosocial programs. We have a partnership with a number of mental health agencies private and public that provides very good services and programs and these institutions are very effective
- Yes, our juvenile court processes includes if there's a youth with violent offenses, a psychological evaluation can be requested by the defense attorney and it can be presented to the court. Psychological evaluations for the youth who are detained in pre-adjudicatory detention gets priority. Youth are referred for mental health

services based on their needs. From there, a judge will determine which offender receives a mental health treatment option or remain in detention.

- I believe with the correct treatment coupled with the pro-social activities that interest the youth, and with social supports and mentors we can increase positive outcomes for all youth. Restorative justice with community supports should be leveraged to establish effective treatment plans to ensure that youth are not derailed into incarceration. All child serving systems must have strong policies that addresses traumatic experiences for children ensure and serve as a solution. Therefore, policies must be strategically designed to deter youth from incarceration and channel the youth towards pro-social services. When these measures are applied, this will ensure the safety of the community is met.

Discrepant case sampling is described as a sampling method that is used to elaborate, modify, or refine a theory in which its goal is to deliberately select cases that might aid in modifying an emerging theory, but not completely refute it (Hackett, 2015). There were no discrepant case sampling done in this study and there were no non-confirming data applicable for this study.

Interpretations from the interviews of the nine criminal justice professionals who participated in this study were analyzed using NVivo 12 software. In this report, the results addressing the research questions are presented. An inductive coding strategy to analyze the data collected from the interview responses was transcribed into a Word document and inputted into the NVivo 12 software. A coding strategy was designed to find words that were commonly used and a tile cloud was then used to identify

commonly used words or ideas that showed repetition during the interview processes and these words were then categorized into themes. Responses were categorized into themes that were stored in different nodes and a list of about five themes or categories emerged. Data was organized into categories or themes and these themes were presented in figures or tables for easier understanding. Table 1 shows the commonly used words by the nine criminal justice professionals and the number of occurrences from each file when the question was asked to describe alternatives to incarceration for RQ1. Table 1 shows the most explored themes when examining the description of alternatives to incarceration of the mentally ill.

Table 1

Common Words, Files, and Number of Occurrences

Words	Files	Number of Occurrences
Mandates	1	10
Mental Health	1	9
Services	1	8
Alternatives	1	8
Federal Mandates	1	7
Facility	1	7
Mental Health Facility	1	4
Court	1	4
Evaluations	1	4
Programs	1	3
State	1	3
Treatment	1	3
Illness	1	3
Parenting	1	3

The responses of the nine criminal justice professionals interviewed were broken down into three themes to narrow down the data to address the research questions. For example, participant comments such as “evaluation and referral” were categorized into

themes, sources and the number of references. Nodes were created for each theme. Each theme in table 2 shows the number of participants with the comment and the references indicated the number of times the comment was used at each node.

Table 2

Emergent Themes Derived From Interviews

Nodes	Themes	Sources	References
Node 1	Describe alternatives to incarceration of the mentally ill	9	23
Node 2	Procedures used as alternatives to incarceration of violent juvenile offenders	9	14
Node 3	Mental health treatment programs are most effective as an alternative to incarceration	6	9

Participant's responses to each theme were collected based on the number of references in each interview question. Participants were assigned pseudonyms CJP1 to CJP9. Table 3 shows the results of participants' responses to each theme.

Table 3*Participants' Responses to Themes*

Respondents CJP1-CJP9	Describe alternatives to incarceration of the mentally ill	Procedures used as alternatives to incarceration of violent juvenile offenders	Mental health treatment programs are most effective as an alternative to incarceration
CJP1	As part of the plea bargaining process, we offer the defendants certain programs such as probation with stipulations, evaluation and referral, mentoring, community service, and house arrest	I communicate with the defense council representing the offender and we present the facts and circumstances from each of our perspectives. If there are issues related to mental health concerns, we both request a mental evaluation before proceeding.	I would be guessing which mental health treatment programs are most effective as an alternative to incarceration for violent juvenile offenders
CJP2	Alternatives to incarceration includes diversion, different levels of probation, Department of Children Services (DCS) or transfer to Criminal Court, and evaluation and referral (E&R) can be combined with most of these dispositions.	Our juvenile court system has an evaluation and referral process that assesses the juvenile's mental status and makes a recommendation based upon those assessments.	To identify a mental health treatment program that is most effective as an alternative to incarceration for violent youths, I would think that an in-patient or out-patient program that addresses pro-social behavior and one that addresses the rage and anger that must have been an underlying reason for the crime, would be the best and most effective.
CJP3	Alternatives to incarceration includes Judicial Diversion, probation, DCS and remand.	Submit evaluation and referral (E&R) requests to our clinical psychology team and they will determine the treatment alternatives to incarceration	Most effective mental health treatment programs for those youths that commit violent offenses are the ones that address their criminogenic needs
CJP4	Alternatives to incarceration is determined after a battery of psychological evaluations are administered by a licensed Clinical Professional	We have a partnership with mental health providers making sure that appropriate services are put in place that address alternative treatment procedures and referrals are recommended	After the evaluation has been determined, I believe the recommendations provided by those clinical professionals will determine which mental health programs is best situated for that particular defendant
CJP5	Alternatives to incarceration for juveniles that commit violent offenses may be placement with probation services or DCS services	Each juvenile should be looked at individually based on the nature of charges and history as to whether detention is warranted	The best treatment program and an alternative to incarceration is one that addresses the underlying issue of the juvenile

Respondents CJP1-CJP9	Describe alternatives to incarceration of the mentally ill	Procedures used as alternatives to incarceration of violent juvenile offenders	Mental health treatment programs are most effective as an alternative to incarceration
CJP6	Juveniles with mental health illness are evaluated individually and an appropriate treatment plan is recommended. Juveniles are not incarcerated in the state of Tennessee.	There are community, regional, and national programs available depending on funding and mission. Yes, our courts are mandated in the Tennessee Code Annotated (TCA) and the United States Constitution.	I will just say that I do not know the effectiveness of any mental health programs as an alternative to incarceration
CJP7	The court system has systems in place for psychological evaluations. I do not work directly with juveniles, so I'm not certain of what follow-up procedures are followed if there is a finding of mental illness.	To my knowledge, a mental evaluation is performed to determine if an offender has a mental health issue. If it's determined that an offender has a mental illness, a determination will be made regarding competency and/or insanity.	As to each treatment program effectiveness, I do not know. I am only familiar with the initial process of ordering a mental evaluation and the findings from that assessment.
CJP8	The child's attorney can request a psychological evaluation or any records from any mental health facility the child was admitted to and use that in the child's defense and use this to determine if the child should be housed in a lock up facility, placed in a residential facility for mental illness, or released to the parent or guardian	If it is determined that this juvenile needs additional mental health treatment, the court can order either in-patient or out-patient treatment depending on the circumstances.	There are a couple of in-patient and out-patient facilities that provides exceptionally good programs for juvenile offenders who has been adjudicated for violent offenses in the county area. However, the program is only good if the individual participates and take advantage of what that program offers.
CJP9	We utilize the CANS (Child Adolescent Needs and Strengths) assessment to get a snapshot of the needs and strengths of a youth including mental health. If there's a need, we then connect the youth to mental health services, mentorship programs, and other prosocial programs.	There are outpatient and inpatient mental health agencies that can provide services for our youth.	Once again, we utilize the CANS (Child Adolescent Needs and Strengths) assessment to get a snapshot of the needs and strengths of a youth including mental health. If there's a need, we then connect the youth to mental health services, mentorship programs, and other prosocial programs

To have a conclusive finding, the participants that were able to describe alternatives to incarceration of juveniles with mental illness who committed violent offenses, described procedures used as alternatives to incarceration of violent juvenile offenders, and identified effective mental health treatment programs available to juveniles with mental illness as an alternative to incarceration, were then categorized with percentages. Table 4 illustrate the results of the participants' responses to each research question and will show those percentages.

Table 4

Participants' Responses to Research Questions

Themes	Response	References	Percentages
Describe alternatives to incarceration of the mentally ill	9	9	100%
Describe procedures used as alternatives to incarceration of violent juvenile offenders	9	9	100%
Describe mental health treatment programs that are most effective as an alternative to incarceration	3	9	30%

Figure 1

Description of Programs



Figure 1 illustrates the word cloud from which the participants described the type programs available to juvenile offenders with mental illness who committed violent offenses. This word cloud was generated from the programs description node.

Figure 2

Word Cloud for the Discussed Alternatives



Figure 2 is a word cloud that was derived from the alternatives to incarceration node when participants discussed available alternatives for juvenile offenders with mental illness who committed violent offenses.

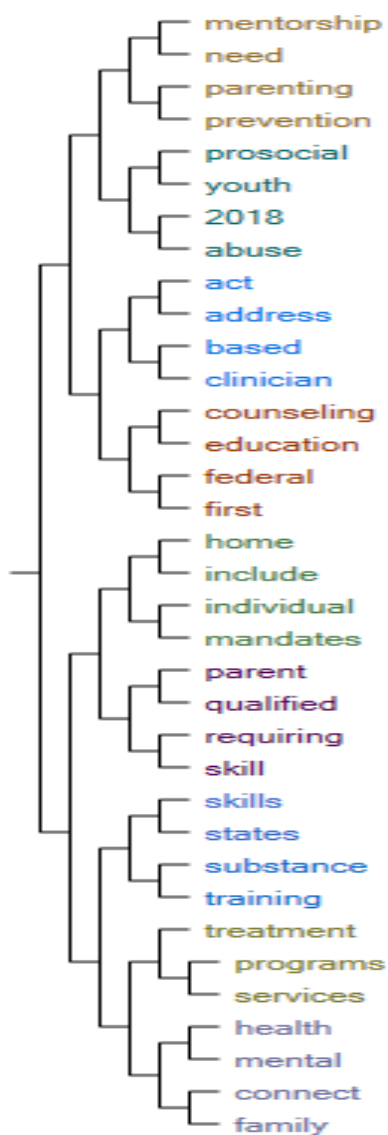
Figure 3*Clustering for the Programs*

Figure 3 is a clustering of words used by the participants for the description of programs available to juvenile offenders with mental illness who committed violent offenses. This word cluster was generated from the programs alternatives node.

Figures 4 and 5 show the “description of services and description of treatment alternatives” word clouds generated from the node that addressed treatment programs that are most effective as an alternative to incarceration.

Figure 4

Description of Services



Figure 5

Description of Treatment Alternatives



Summary

The nine current criminal justice professionals who participated in this study who were tasked with interpreting treatment options, policy and procedures, and alternatives to incarceration of juvenile offenders with mental illness that commit violent offenses, stated that the state of Tennessee had policies and procedures in place to evaluate and refer juveniles with mental illnesses that committed violent offenses, but lacked any federal mandates that would provide consistency. Most of the participants were able to cite some policies and procedures used in determining which treatment options were available, but were unable to identify which treatment procedure was most effective for juvenile offenders with mental illness that committed violent offenses. Most of the criminal justice professionals who participated in this study agreed that incarceration alternatives must be considered when the violent juvenile offender had mental illness, but an alternate facility must be secured and in-patient for most violent offenders.

The majority of the participants agreed that there are several areas that needed improvements when it came to juvenile offenders with mental illness and incarceration alternatives for this offender group. The findings from this study indicated that most criminal justice professionals from the juvenile justice system and the district attorney's office shared concerns for incarceration policies and procedures related to juvenile offenders with mental illness that committed violent offenses, treatment options and incarceration alternatives, but most shared concerns for public safety as well. When balancing the decisions regarding public safety against incarceration concerns of mentally

ill violent juvenile offenders, most of the criminal justice professional participants sided with public safety concerns.

Most of the participants were able to articulate answers to the question of; how do criminal justice officials describe alternatives to incarceration of the mentally ill? Most participants stated that evaluation and referral (E&R) addressed this question and alternatives to incarceration was determined by the presiding judge and the mental health professionals who assisted in the E&R processes. Most participants identified some in-patient private facilities that housed juvenile offenders with mental illness and described state-ran facilities that had the capabilities to house them as well. Some participants stated that “Tennessee does not incarcerate juveniles”.

Most participants were able to articulate answers to the question of; what treatment procedures do criminal justice officials currently use as alternatives to incarceration of violent juvenile offenders? Most participants referred to the E&R processes when determining which treatment procedure criminal justice officials used in determining alternatives to incarceration of violent juvenile offenders. Most participants were not able to identify what specific treatment procedure was available beyond the E&R processes.

Most participants were able to articulate answers to the question of; what mental health treatment programs are most effective as an alternative to incarceration of violent juvenile offenders? Most participants referred to the E&R processes when trying to answer which mental health treatment programs were most effective as an alternative to incarceration of violent juvenile offenders with mental illnesses. Most of the participants

were not able to identify which mental health treatment program was most effective as an alternative to incarceration for juvenile offenders with mental illness that commit violent offenses.

Chapter 4 presented the data analysis for this study, discussed the results of the study, and provided a brief summation of data collected. Chapter 5 will include the interpretation of the results of the study, the conclusion of the research and recommendations for future research. Chapter 5 will also identify the social significance of this study and the future of policy and procedures related to the understanding of violent juvenile offenders with mental illnesses and alternatives to incarceration for this offender population.

Chapter 5: Discussion, Conclusion, and Recommendations

In this study, violent juvenile offenders with mental illnesses and alternatives to incarceration for this offender population were examined. The study was to identify which treatment procedures were most effective and appropriate for juvenile offenders who committed violent offenses and to examine alternatives to incarceration for this offender group. The results showed that although there were certain state policy mandates in place that provided guidelines for treatment options for juvenile offenders with mental illness that committed violent offenses, but there were no federal mandates that would provide consistency in treatment options and alternatives to incarceration from state to state.

This study of juveniles with mental illness who committed violent offenses and treatment alternatives to incarceration in the juvenile justice system in a mid-south city and county in West Tennessee revealed that there are state mandates in place that are used for guidance, however, most of the criminal justice professionals interviewed believed that there should be federal mandates to provide consistency. Information attained in this study showed that most criminal justice professionals in both the Juvenile Courts and the District Attorney's Office believed that policies and procedures should be mandated federally in order to achieve consistency. This information can inform the U.S. Senate and Congress on federal regulations that will improve and/or reform the criminal justice system as it pertains to juvenile offenders with mental illness that commit violent offenses and treatment alternatives to incarceration for this offender group.

These findings were based on data collected from Microsoft Teams face-to-face interviews with nine current criminal justice professionals employed by the Juvenile Courts and District Attorney's Office in a mid-south city and county in West Tennessee. The interview data were used to answer the following research questions:

1. How do criminal justice officials describe alternatives to incarceration of the mentally ill?
2. What treatment procedures do criminal justice officials currently use as alternatives to incarceration of violent juvenile offenders?
3. What mental health treatment programs are most effective as an alternative to incarceration of violent juvenile offenders?

The interviews revealed that each participant was consistent in their knowledge of how the courts, both juvenile and adult courts (after juvenile transfer), determined mental competency through evaluation and referral (E&R), but there were variations as to the policies and procedures that are used in treatment options to incarceration. Most participants agreed that there are state mandates that help regulate the processes through E&R; however, most believed that there should be federal mandates to provide consistency for juveniles with mental illness who committed violent offenses and alternatives to incarceration for this offender group.

Interpretation of the Findings

The aim of this study was to examine violent juvenile offenders with mental illnesses and alternatives to incarceration for this offender population. This study was to identify which treatment procedures were most effective and appropriate for juveniles

who committed violent offenses and to examine alternatives to incarceration for this offender group.

Participants were nine current criminal justice professionals employed with the Juvenile Courts and District Attorney's Office in a mid-south city and county in West Tennessee. Based on the analysis from this research, the results showed that there are state mandates and guidelines in place to evaluate and refer a juvenile offender with mental illness that committed violent offenses, but there were no federal mandates in place to provide consistency. Most criminal justice professionals who participated in the study revealed that there should be federal mandates in place to provide consistency in treatment options to incarceration. Most criminal justice professionals interviewed were not knowledgeable about the most effective treatment options available for juvenile offenders with mental illness that committed violent offenses.

The interviews of the nine criminal justice professionals tasked with interpreting protocols, procedures, treatment options, current laws regarding juvenile offenders with mental illness, and incarceration mandates revealed a variety of perceptions. The participants agreed that the primary goals for juveniles with mental illnesses who committed violent offenses were to ensure that this offender group receive proper mental health treatments, adequate legal representation, adequate incarceration housing, and access to fair adjudication processes was foremost. However, each participant was equally concerned about the harm that the offenders inflicted upon the victims, recidivism, and the protection of the public. Participants also stated that although current protocols, treatment options, jail housing, and alternatives to incarceration were adequate,

there are other ways in which this system can be improved to better address each of these concerns. The majority of those interviewed also believed that each juvenile offender had protections in place under the United States Constitution that allowed them access to fair adjudication. This however, did not mean that every option to address mental illness treatment protocols, incarceration, and alternatives to incarceration had been explored.

The findings from this study did not confirm Peterka-Benton and Masciadrelli's (2014) study that examined the legitimacy of corrections as being a primary health care provider for the mentally ill. Juveniles with mental illness who committed violent offenses in a mid-south city and county in West Tennessee are evaluated and referred to alternative state-run facilities that included private mental health facilities. However, this study revealed that criminal justice systems are limited on how to manage persons with mental illness and use incarcerations as the only alternatives, and these mental consumers ended up in correctional settings (Peterka-Benton & Masciadrelli, 2014).

Findings from this study confirmed what was revealed in Dlugacz's (2014) research that correctional mental health has continued to weaken over the past few decades, that this continues to be a policy issue within the mental health community, and that there were no federal mandates in place to provide consistency. Several criminal justice professionals who participated in this study stated in their interviews that if there were federal policies, procedures, and protocols in place, there would be some level of consistency. Consistency was one of the major themes for this study.

Findings from this study confirmed what Weinstein and Wimmer (2010) revealed in their study that showed policy-makers' faith in restructuring mental health

rehabilitation had faltered and judicial discretion to administer alternative sanctions based upon individualized factors such as the need for psychiatric or substance abuse treatment had dissipated. Most participants in this study acknowledged that the reliance upon mental health facilities to administer treatment protocols was limited and the juvenile justice system in a mid-south city and county in West Tennessee, relied on the E&R process to determine placement and treatment options. Most participants expressed a need for federal mandates, policies, procedures, and protocols for consistency purposes.

Kaptur and Calabrese's (2015) study showed that adult inmates with mental illness began their path to adult imprisonment through inadequate juvenile justice systems that failed to diagnose or treat juvenile mental disorders. The nine criminal justice professionals who participated in this study confirmed the lack of federal mandates for juveniles with mental illness who committed violent offenses produced inconsistency and improvements were needed. Most participants in this study were not able to identify which treatment alternative was most effective and this most likely contributed to what Kaptur and Calabrese (2015) described as "inadequate" juvenile justice systems.

Interpretations of the findings in the context of the theoretical and conceptual framework of this study were appropriate. Ecological psychology was used as the lens to view the problem through in exploring alternatives to incarceration of juvenile offenders with mental illness that committed violent offenses. Ecological psychology is a research approach that makes assumptions regarding what is important to understand about the human experience (Jacob, 1987). The human experience for this study is mental illness of

juveniles who committed violent offenses and alternative punishments to incarceration that was examined. Patton (2012) indicated that human ecology theory examines people by seeing individuals and the environment as interdependent. This approach is of particular interest for those researchers conducting program evaluation studies and to assist in organizational or community development programs because it focusses on goal-directed behavior (Patton, 2012).

The findings from this study showed that current criminal justice officials from the Juvenile Courts and the District Attorney's Office believed that federal policies and mandates should be directed toward program evaluation and assist in organizational policy changes necessary for seeking effective alternatives for juvenile offenders with mental illness who committed violent offenses. Organizational and community development programs should include federal mandates to ensure consistency in implementing treatment options, housing placement, and meaningful alternatives to incarceration for juvenile offenders with mental illness who committed violent offenses.

Limitations of the Study

The main limitation for this study was collection of data during a deadly pandemic. COVID-19 produced numerous limitations, including sample size, inability to conduct in-person interviews, and restrictions that were implemented by the Centers for Disease Control and Prevention (CDC) mandates. The sample size aim for the initial research was 11 criminal justice professionals, but this was reduced to nine due to the limited access to participants. However, the nine participants were adequate to satisfy the sampling for this research study. The inability to do in-person interviews due COVID-19

restrictions was minimized through an equally accessible platform of Microsoft Teams that allowed me to conduct interviews remotely and virtually. This platform allowed better accessibility to the participants which provided each participant flexibility to conduct the interviews at their convenience and during work hours.

Another limitation was my inability to get the Public Defender's Office to grant approval to use personnel from its office to be participants. These criminal justice officials would have provided a perspective from a defense attorney's view of the research problem. However, officials from the Juvenile Courts provided a very meaningful substitute for the Public Defenders.

The limitations described were minor setbacks that I was able to overcome by using alternatives. Trustworthiness of the study was maintained and was not affected due to the listed inconveniences. The limitations did not compromise trustworthiness of the study.

Recommendations

Criminal justice reform has become a topic in the United States that has its sights set on policing and incarceration reform. Never has there been a better opportunity to address these pressing issues than now. Mental illness is at the center for policing and incarceration. For policing, there is an outcry for mental health professionals to be involved in cases where there is an encounter in which police are tasked with dealing with a mental health consumer. Rather than having untrained police officers doing mental health evaluation, assessment, and crisis management, mental health professionals should be given that task.

For incarceration, housing mentally ill inmates is a danger to officers, other inmates, and the mentally ill inmate themselves. Most of these mentally ill inmates are incarcerated from actions pertaining to their mental illness itself. Therefore, we must address incarceration concerns dealing with the mentally ill. It must begin when most mental illness is discovered in individuals when they are juveniles.

The first recommendation is for more evaluation and referrals (E&R) to be administered when the first signs of mental instability are determined and before a juvenile commits a violent crime. This should be included in behavior plans in the school settings. When an E&R is determined, adequate treatment should be implemented and treatment protocols should be recommended and consistent. There should be free federal mental health services provided because most of these mental health consumer's households lack the ability to receive good mental health services.

The second recommendation is for the state of Tennessee to provide policies, procedures, and protocols for consistency purposes until the federal government create, adopt, and implement federal mandates to deal with mentally ill juveniles. Currently, the state of Tennessee operates on protocols that uses E&R as the process for determining mental competence and makes referrals. There are no federal policies and procedures that regulate consistency in treatment and alternatives to incarceration for Tennessee.

The third recommendation is that the state of Tennessee provide research, data, and findings regarding which treatment options are most effective for juvenile offenders with mental illness that commit violent offenses, to those institutions and agencies tasked with the adjudication processes dealing with this offender group. Most effective treatment

options are not known to the criminal justice professionals in the Juvenile Courts or the District Attorney's Office in a mid-south city and county in West Tennessee who participated in this study. There are no known federal mandates regarding treatment options and alternatives to incarceration for juvenile offenders with mental illness who committed violent offenses according to the participants of the Juvenile Courts and the District Attorney's Office in a mid-south city and county in West Tennessee.

The last recommendation is for the federal government to reauthorize the 2014 JJDP. This act will not only update the necessary protections for youths in the nation's criminal justice system, it will strengthen these mandates by reauthorizing funding for some of the key juvenile justice programs (Grassley & Whitehouse, 2014). Senators Chuck Grassley (R-IA) and Sheldon Whitehouse (D-RI) introduced the JJDP in 2002 and despite numerous attempts made by recent congresses, this reauthorization bill has not been made since 2002. This is too important of an issue to be ignored and neglected for nearly 20 years.

Implications

The implications for positive social change includes a better understanding of juveniles with mental health disorders who committed violent offenses and treatment alternatives to incarceration. This study directed more attention to an ongoing societal problem where the United States continued to criminalize the mentally ill rather than seek proper treatment and protocols to address this issue. The findings from this study will contribute to positive social change by identifying appropriate and meaningful alternatives to incarceration of mentally ill offenders.

Findings from this study will assist state and local agencies tasked with the adjudication processes associated with juvenile offenders with mental illness who commit violent offenses, to seek federal mandates that will help regulate consistent treatment options, alternatives to incarceration, and provide policies and procedures for consistency purposes. The findings from this study will provide positive social change by ensuring that juveniles with mental illness who commit violent offenses be afforded adequate mental health treatment options and alternatives to incarceration considerations, rather exacerbating their mental illness through confinement.

The theoretical implications from this study centers around federal policy improvements for juvenile offenders with mental illness who committed violent offenses. Currently, the Juvenile Justice and Delinquency Prevention Reauthorization Act of 2014 (JJDPRA) had not reauthorize any new mandates to address funding and new policies and procedures that would address treatment options and incarceration since 2002 (Grassley & Whitehouse, 2014). Participants for this study confirmed that they were not aware of any federal mandates that would provide guidance and consistency when addressing national treatment options, policy and procedures for determining treatment alternatives, or alternatives to incarceration for juvenile offenders with mental illness who committed violent offenses. This confirms this study's theoretical implications that there needs to be federal policies and procedures, federal mandates regulating consistent treatment options, and federal guidelines for alternatives to incarceration for juvenile offenders with mental illness who commit violent offenses.

Recommendations for practice includes policy improvements that address juvenile mental health, juvenile violence, and incarceration concerns of juvenile offenders with mental illness. Practices should include national policies, protocols, and procedures that will provide guidance for state and local juvenile justice systems and agencies that deals with juvenile offenders with mental illness and incarceration concerns. Practices should also include federal mandates for E&R, treatment options, and protocols to determine alternatives for incarceration of juvenile offenders with mental illness who commits violent offenses.

Conclusion

Mental illness has become an important part of the criminal justice system in America and is an area where criminal justice reform must take place. The most current policy implementations regarding juvenile mental illness, juvenile incarceration associated with mental illness, and funding that would specifically address juvenile violence, incarceration, and mental illness is found in the Juvenile Justice and Delinquency Prevention Reauthorization Act of 2014 (JJDP A) (Grassley & Whitehouse, 2014). The JJDP A has not reauthorized funding for mental health services since 2002. This clearly demonstrates that either the United States does not see juvenile mental health as a societal concern or there is no care or concern for this health problem.

This study aimed to broaden understanding of violent juvenile offenders with mental illnesses and alternatives to incarceration for this offender population. This study also attempted to identify which treatment procedures were most appropriate for juvenile offenders with mental illness who committed violent offenses. The results of this study

showed that there were no federal mandates, policies and procedures, or national protocols in place that would provide consistency from state to state. This study provides the American system of justice an opportunity to reevaluate how juvenile mental health, incarceration, and treatment options should be administered in a consistent manner.

Otherwise, juveniles with mental illness who commits violent offenses will be stuck in the proverbial revolving door of committing crimes associated with mental illness, being incarcerated for these offenses, languishing in inadequate lock-up facilities until they become adults with unattended mental health treatments, and the revolving door continues.

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Appendix: Interview Instrument

Dissertation Topic: A Qualitative Study Examining Juvenile Justice and the Criminalization of the Mentally Ill

Participants Name: _____

Criminal Justice Profession: _____

Date of Interview: _____

Place of Interview: _____

What role do you play in the adjudication process of juvenile offenders?

Answer: _____

Question One: _____

Subquestion A: _____

Answer: _____

Subquestion B: _____

Answer: _____

Question Two: _____

Answer: _____

Subquestion A: _____

Answer: _____

Subquestion B: _____

Answer: _____

Question Three: _____

Answer: _____

Subquestion A: _____

Answer: _____

Subquestion B: _____

Notes: _____

1. How do criminal justice officials describe alternatives to incarceration of the mentally ill?
2. What treatment procedures do criminal justice officials currently use as alternatives to incarceration of violent juvenile offenders?
3. What mental health treatment programs are most effective as an alternative to incarceration of violent juvenile offenders?