

Didactic Fragments

Mental Health Court Phases of Advancement

The mental health court is designed to structure program advancement into a hierarchy of assimilation that reinforces progress toward program completion. The program identifies the following four phases of advancement consistent with the stage paradigms of assimilation theory, the hero motif, and the Transtheoretical model:

Phase 1 (Anticipation phase)

Phase 1 of the program represents the entry phase of participation and incorporates a remedial stage in which the defendant becomes informed as to program requirements and anticipates the development of an individualized plan for clinical rehabilitation and judicial reconciliation. The anticipation phase includes the processes of mental health court referral, plea agreement, legal and clinical screening, mental health court observation, the initial appearance at mental health court, and the development of an individualized judicial/clinical reconciliation plan. Defendants are engaged in the development of their plan for reconciliation and outline of their judicial and clinical course of program participation.

The mental health system works with the defendant within the framework of “person-Centered Planning” and engages the defendant through the interdependent approach in the development of the individualized plan of care. The approach of person-centered planning is an initial step through which the participant assumes ownership and personal investment in the process of therapeutic jurisprudence critical to program success. Additionally, level I would include work in the clinical setting to establish a measurement of the defendant’s readiness for change, which is a determination of what stage they are in relevant to the Transtheoretical model of behavior change. Throughout Phase 1, the mental health court participant, with both the assistance of clinical as well as court personnel, are engaged in processes to raise consciousness, develop emotional arousal, and self-evaluate their behavior in order to overcome the barriers of denial, work through ambivalence and successfully reinforce their decisional balance in favor of commitment to personal life and behavior change.

Phase 2 (Encounter phase)

Phase 2 represents the encounter stage of program assimilation in which defendants have demonstrated a higher level of commitment and adherence to program requirements. Throughout the encounter stage, Phase 2 participants work closely with the mental health court team to refine their clinical goals and objectives and begin a more intensive level of group and individual psychosocial and functional skill development. Through the development of maturity in functional living, which may include effective behavior skills, interpersonal communication skills, medication management skills, goal setting and personal motivation skills, etc., the court participant begins to refine the skills necessary for life and work toward enhanced community involvement or community re-integration.

The generalization of psychosocial skill sets from the learning to the living environment is the measure of program and participant success and is in part the focus of the mental health court paradigm. The mental health court program is in some respects a transitional learning environment and not designed as a foster care program or a therapeutic womb from which there is no functional birth. Functional adequacy within an in-vitro (artificial) environment alone, where the client is engaged and supported by a compliment of corrections and mental health professionals and where there is less risk of social threat and scrutiny, is generally only a sure measure of dependency, whether the environment is one of legal or clinical incarceration. To establish community tenure in terms of longevity and interdependent participation requires the application of psychosocial skills in the real world. Subsequently mental health court participants are released from incarceration to participate in mental health services that can be tested in the community. Otherwise without in-vivo (living environment) learning, clients are merely trained to function within the context and safety of the artificial or exclusionary and over-controlled settings only to avoid both the greater challenges and opportunities of harsh reality as experienced in open community settings.

Phase III (Transition phase)

Phase 3 represents both a transition and pre-disengagement phase of the program as well as a metamorphosis in assimilation. Metamorphosis refers to a stage of transition from initial and limited system and organizational encounter to full engagement and committed participation where the defendant begins to self-initiate program activity. This stage represents the shift from a position of passive voice, in which the participant merely sits on the fringe of the system and follows the course outlined by others, to an active voice in which the defendant proactively self-determines their own success. In the metamorphosis stage, the program participant undergoes the transformation of attitude, perspective, motivation, and identification necessary to move toward the intentional fulfillment of program completion. The transformational defendant contributes their energy, thought, talent, creativity, and individuality in pursuit of self-determined success. The metamorphosis stage of assimilation also incorporates the principles of self-determination consistent with the recovery process and person-centered models of rehabilitation.

Every participant, as they advance through program phases, should naturally progress through a succession of challenges and trials. Each phase should require a greater level of commitment and demonstrate a greater level of accomplishment in terms of success toward mental health recovery. The legal and clinical trials and tasks in Phase 3 ultimately prepare the individual to achieve metaphorically, the mythological goal or quest, and in reality the goal of program graduation that merges the success of judicial rehabilitation with the success of clinical rehabilitation. The trials of program participation are intended to move the participant along an ascending continuum of growth and development toward personal recovery.

In Phase 3, program participants should be further engaged in the processes consistent with the maintenance of acquired behavior changes, preparation for disengagement from the mental health court program and a return of investment to the community in some form of service or shared participation.

Phase 4 (Disengagement Phase)

The fulfillment of the mental health court program does not symbolize independence, but rather simply represents another point of transition that requires preparation, planning, and support in order to sustain the interdependent progress made toward mental health recovery and judicial reconciliation.

As with all facets of the mental health court program, disengagement is conceptualized as a process and not an event. Eligibility for advancement to the final program phase requires a minimum of 12 months of program participation. This phase of the program adds the functional skill modules of relapse prevention and self-efficacy training (when developed) both of which focus on the acquisition and application of tools designed to enhance social survival, social assertion, and functional mastery of preventative recidivism. As incorporated within the Hero Motif described previously, the process of disengagement also involves a return of community investment primarily through the activity of mentoring. Phase 4 participants as mentors of the system of therapeutic jurisprudence work directly as program pathfinders to assist lower level participants through the conceptual and practical territory of the stage paradigms utilized in the mental health court program.

Mentoring other defendants provides the opportunity for coaching and demonstration of functional competencies learned and applied during the course of their participation as well as a technical and modeling peer resource for participants who are working through the struggles of ambivalence and commitment to personal change. The mentoring process also provides the necessary weight of credibility that communicates the actual possibility of program success and completion beyond mere conceptualization or wishful thinking characteristic of participants in the early phases of therapeutic jurisprudence.

The mental health court mentoring program follows established models of Peer Recovery Support Services developed in conjunction with the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA).