

FIRST DISTRICT MENTAL HEALTH COURT

Judicial Education and Training



Mental Health Court Program
Advancement Brief

FIRST DISTRICT MENTAL HEALTH COURT PROGRAM

PROGRAM ADVANCEMENT BRIEF

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 I (Anticipation phase)

Phase I 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, Phase 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 I, 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 II (Encounter phase)

Phase II 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 II 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 III 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 III 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 III, 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 IV (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 IV 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), and is defined as follows:

Forensic Peer Mentoring

Research has established that both mental health and addiction recovery are better facilitated through a community-based system of peer-to-peer social support (McLellan et al., 1998). Over the past decade, the model of peer support has gained greater recognition as an effective strategy of service delivery with greater impact on the mental health consumer's progress toward recovery. Similarly, forensic peer support involving specialists with histories of mental illness and criminal justice involvement embody the potential to assist in the recovery of people who experience the dual stigmas associated with serious mental illness and criminal conviction.

Forensic peer support specialists can effectively communicate and instill the qualities of hope, self-determination, empowerment, and self-direction and serve as valuable and credible models of possibility. Additionally, peer specialists may adopt allied roles which can help individuals engage in treatment and other support services, as well as anticipate and address the psychological, social, functional, and financial challenges of community re-entry as well as maintain adherence to established conditions of clinical and legal supervision.

Forensic peer specialists may serve as community guides, coaches, and/or advocates who work to help link justice involved individuals newly released from incarceration with housing, vocational and educational opportunities, and a variety of community services. Within the contexts of coaching and advocacy, peer specialists can model functional skills and effective problem-solving behaviors to help prevent or minimize legal and clinical recidivism. Specific supports may include:

- Sharing experiences as recovering offenders and modeling ways they personally advanced their own recovery;
- Helping justice involved individuals to abandon attitudes, beliefs, and behaviors learned as survival mechanisms in criminal justice settings;
- Providing shared experiences and advice and coaching relative to job searching or housing acquisition;
- Supporting active engagement and participation in mental health and substance abuse treatment, including adherence to medication treatment regimens and attending other abstinence-based mutual support or service groups;
- Providing valuable information about the criminal justice or court processes and reinforcing attitudes and behaviors of compliance with requirements and conditions of probation;
- Helping individuals to understand and navigate criminal justice, mental health, educational, and other complicated community systems as they progress toward individual recovery and independent living.

Mental Health Court Peer Mentoring

Given the perceived value of the function of peer support, the mental health court program includes, where possible and practical, an aspect of mentoring as part of phase IV of the program in which identified peers who have been successful in the recovery and mental health court process are able to

provide a more powerful message of hope in addition to a greater breath of experiential knowledge that can help new program participants establish a firm foothold toward program success.

The types of social support delivered by program mentors are categorized into four contexts which include:

1. Emotional Support:

Providing emotional support means that the mentor imparts empathy, affirmation, caring, concern, and personal interest in the peer relationship to help enhance the peer's dignity, integrity, and self-esteem in order to build confidence, self-assurance, and strengthen self-determination.

2. Informational Support:

Informational support involves the provision of experiential knowledge and information about the court and program process and to assist the peer in the delivery of life and functional skills training by co-leading a recovery group that the peer is attending through NAMI or other program affiliation.

3. Instrumental Support:

Instrumental support involves concrete assistance with instrumental activities of daily living (as needed) to help accomplish assigned program tasks (e.g., budgeting, marketing, transportation, job searching, help in accessing community social and educational services, etc.).

4. Affiliational Support:

Facilitate contacts with other people to promote learning of social, leisure and recreational skills, enhance community re-integration, and acquire a sense of belonging. Affiliational support may include opportunities for socializing that are drug and alcohol free, development of positive social connections, encouraging participation in sports or recreational leagues, or encouraging participation in community events and activities.

The mental health court's utilization of a mentoring system is at the discretion of the court. Phase IV participants who receive mentoring assignments will be matched with specific peers considered appropriate and compatible given a variety of personal and other factors of history and demographics most likely to favor the success of the mentoring process.

Pre-Graduation Dispensation

The primary objective of the mental health court program is to facilitate each participant's progress toward mental health recovery and subsequently reduce the risk of recidivism in the criminal justice system. Sustaining progress beyond the formal duration and judicial/clinical expectations of the program is the true measure of mental health court success. Sustainability requires intrinsic motivation to maintain the behavior changes and functional mastery achieved during the course of the program and to continue in active mental health treatment without any micromanagement from the court. The test of sustainability in part is achieved in Phase IV which is designed as a pre-graduation period which technically holds out any actual step reduction or dismissal of charges for a six month dispensation following the defendant's advancement into Phase IV and the beginning of the defendant's disengagement from the formal structure of the program. In this way, each defendant must independently demonstrate a commitment to sustained behavior change prior to receiving the final program reinforcement.

Phase IV participants appear in court at three month intervals, at which time they report as to personal progress toward mental health recovery, achievements in productive activity (i.e., employment, education, community service, mentoring, peer support, etc.), as well as leisure, recreational, and social endeavors. At the successful conclusion of the disengagement phase, a graduation ceremony is conducted and the participant formally exits the mental health court program and obtains the anticipated prize in fulfillment of the heroic quest.

First District Mental Health Court

Advancement Levels						
Level	Duration	Stage Model Associations			General Program Focus	
		Assimilation Theory	Transtheoretical Model	Hero Motif		
1	≈ 90 - 180 days	Anticipation	Precontemplation	Departure	FUNCTIONAL SURVIVAL	Program entry, program orientation, development of treatment/recovery plans, completing needs assessments, functional living and community resource acquisition, housing, funding, primary data collection, benefit and entitlement applications, etc.
		Stage at which the individual begins planning for legal and clinical rehabilitation. Through planning the defendant anticipates the prospect of success and forms the commitments necessary for program completion.	Stage characterized by a poverty of thought about behavior change and generally investment in a variety of defense mechanisms that promote denial (rationalization, projection of blame, etc.) and avoidance of personal responsibility.	At the point of departure the individual must decide the context of their circumstance, whether to accept responsibility as a call to adventure and actively or passively resist the challenge, or accept the challenge and proceed through the hero's quest.		
2	≈ 90 - 180 days	Encounter	Contemplation / Preparation	Initiation	FUNCTIONAL RECOVERY	Further development and engagement in treatment and service planning and delivery, personal skills development and behavior management, learning coping strategies, and maintaining symptom remission.
		The initial point where new participants perceive discrepancies between their preconceptions of the program and actual judicial and rehabilitative engagement where planning takes more specific shape and direction.	Stage in which the individual begins to exercise forethought and intention to take action in the immediate future. Preparation involves the development of commitment strategies that will result in successful program completion.	Once the mental health court participant crosses the threshold into the realm of therapeutic jurisprudence they will essentially encounter a series of trials and tasks that ultimately prepare the individual to achieve the goal of program completion.		
3	≈ 90 - 180 days	Metamorphosis	Action	Fulfillment	FUNCTIONAL MASTERY	Community re-integration - establishing and maintaining appropriate educational, vocational, and social support systems.
		Metamorphosis is the transition to full engagement and committed participation where the defendant begins to self-initiate program activity and shift from passivity to proactive self-determination.	Action is the stage in which the individual makes specific modifications in life-style. In this stage program participants must become focused on the acquisition of alternative activities that preclude problem behaviors.	Fulfillment or atonement in the hero's quest is the incorporation of the personal changes brought about by the heroic journey, where the individual is metaphorically "reborn" or fulfills the process of personal transformation.		
4	≈ 90 - 180 days	Disengagement	Maintenance	Return	FUNCTIONAL FULFILLMENT	Community re-investment through peer mentoring, coaching, guidance and support, as well as attainment and demonstration of relapse prevention and self-efficacy proficiency.
		Disengagement refers to the individual's graduation from the judicial aspects of the mental health court program. Although the individual is expected to continue in therapeutic services.	Successful change is an alteration in behavior sustained over time. The factors necessary for maintenance of change are sustained effort, and a restructured lifestyle. Work in this stage is to devalue previous behaviors in favor of healthier alternatives.	As the mental health court graduate arrives at an awareness of the personal gains of the program journey, the true spirit of the return is one's bestowal of these gains to the society in which they reside as acts of restoration which completes the quest.		

The mental health court program is organized into four specific phases of participation designed to fuse the three models described above that incorporate the functions of an applicable stage paradigm.

MENTAL HEALTH COURT PHASE SCHEMA
Fusion of Assimilation, Transtheoretical, and Mythic Hero Models



References

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- Davidson, L., & Rowe, M. (2008). *Peer support within criminal justice settings: The role of forensic peer specialists*. Delmar, NY: CMHS National GAINS Center.