FIRST DISTRICT MENTAL HEALTH COURT

Judicial Education and Training

The Stage Paradigm as the Leitmotif for Mental Health Court Program Advancement

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INTRODUCTION

The mental health court, although fundamentally judicial, represents a social program through the inclusion of a rehabilitative or mental health treatment component. Effective programs designed to address the rehabilitative needs of the serious and persistently mentally ill offender must be founded in part on the bedrock of credible theory and rehabilitative practice. In addition, given the realities of individual diversity, whether in diagnosis and symptom manifestation, personality characteristics, or in the myriad diversities of personal habits, histories, and genealogies, viable programs need a broad base from which to develop equally diverse tools and approaches with which to work the complicated landscape of clinical rehabilitation and criminal justice.

As such, the theoretical structure of the rehabilitative aspects of the psycho-judicial program forms the framework for the application of specific yet varied behavioral and psychosocial methodologies. In this way there is a greater possibility that both the theory and practice of the program will better align with the broad scope of needs and objectives of program participants, the admixture of legal and clinical disciplines that comprise the system of therapeutic jurisprudence, as well as the public interest. The inclusion of varied theoretical perspectives therefore helps ensure that the program encompasses a holistic approach with respect to both clinical and legal rehabilitation of the seriously mentally ill offender. With this in mind, the following material describes the theoretical base for program advancement within the context of the stage paradigm.

THE LEITMOTIF OF THE STAGE PARADIGM

Stage-based models are designed to represent a temporal dimension in which individuals are viewed as evolving over time through advancing phases of cognitive, emotional and behavioral development. The stage paradigm is therefore consistent with the temporal dimension of criminal justice which naturally involves significant time spans relevant to the imposition of legal penalties and probationary systems that extend beyond the immediacy of the criminal act. The value of the stage paradigm with respect to the mental health court is that it structures the work of therapeutic jurisprudence into a more manageable succession of progress toward clinical and judicial reconciliation that is better suited to the mentally ill offender. Behavior and lifestyle change is not measured as a fixed point in time. It is not

necessarily a lineal continuum of progression, but is usually an evolving course of ascending steps to a defined goal.

Recognizing the stage aspects of human change, the First District Mental Health Court attempts to utilize a blend of stage-based models as a logical method to structure the fulfillment of therapeutic jurisprudence. As represented below, three models that utilize a stage paradigm, (Assimilation theory, Transtheoretical model, and Hero Motif) are brought together as a conceptual, organizational, and practical framework for addressing the issue of program advancement. These stage-based models and their characteristic feature of ascending or progressive paths toward fulfillment, together represent the "leitmotif" or recurring thematic concept and guiding conceptualization of the mental health court program.

GENERAL PRINCIPLES OF ASSIMILATION

One of the distinct objectives of the mental health court program is the element of change, both with respect to the issues of mental illness and criminal justice. The mental health court system is a dynamic and complex adaptive system that involves the collaboration and cooperative interplay between the defendant and respective judicial and clinical entities. For the mentally ill offender, full program socialization, engagement, and compliant participation in part depend upon the function of assimilation. Given the complexity of the mental health court system, it is important for both court and rehabilitative practitioners to understand and apply various principles associated with the fundamental stages of assimilation theory, which describes the process of integration into new social/organizational contexts.

Through the understanding and application of assimilation theory, mental health court staff and allied practitioners can better adopt effective communication and participation strategies that can help defendants adjust to the often changing and challenging clinical and judicial environments they will encounter. Effective communication between the court, practitioner, and client will help enhance the participant's understanding, morale, engagement, productivity, and participation in the mental health court process. In addition, a remedial understanding of the fundamental stages of assimilation as described below, may factor significantly in any future endeavor toward organizational, programmatic, or social change involving court staff, clinical providers, and mentally ill offenders.

Basic Assimilation Theory:

Proposed by Fred Jablin (1982), Organizational Assimilation Theory attempts to explain how individuals new to an organization, organizational entity, program or social situation assimilate by using communication. Jablin describes three stages that occur as one enters an organized system as ***Anticipatory Socialization***, ***Encounter***, and ***Metamorphosis***. How and in what ways an individual socializes into an organizational system can significantly impact his/her success within that organization over the course of their participation. The scope of this theory can be applied to programmatic entities within organizations or systems which require the recruitment and participation of participants as the principles of assimilation will be applicable to any group of individuals, including mentally ill offenders, as all participants in any organizational system will share the process of organizational and/or programmatic engagement.

As with most systems-based theories, organizational assimilation theory is situated somewhere in the middle ground between the scientific and the humanistic aspects of theoretical perspective. Organizational assimilation theory credits the individual with self-determination to choose to assimilate or not and of course recognizes other factors, such as quality of training and orientation as well as relationship factors that may affect one's ability to assimilate and/or appropriately socialize into an organization or programmatic system as well.

Although organizational assimilation theory states that all people either will or will not effectively assimilate into an organizational system, it also states that the individual may effect an organization as much as the organization affects the individual. This epistemological assumption leans in the humanistic direction and reinforces the importance of the development of interdependent and shared approaches to organizational/programmatic input and process. The axiology of this theory is clearly value-conscious. Admittedly, one's personal and social values and skills will enhance or inhibit the strength of assimilation, and there is essentially no room for neutrality in order for the process to proceed successfully.

Assimilation Theory and Relevance to the Mental Health Court:

As described previously, the mental health court is viewed as a complex adaptive system that in both judicial and clinical respects represents an organized social system. The context of social organization inherently necessitates the function of assimilation in order to effectively operate

in pursuit of the overall mission and goals of the system. All parties involved with the court, including the mentally ill offender, must "buy-in" or otherwise invest some degree of ownership for the organization to achieve its intended purpose. To the degree that any stakeholder remains on the periphery of the system through lack of interest, commitment, perceived value, or motivation, such is either to the detriment of the stakeholder specifically and/or the system generally. Despite the compulsory nature of criminal justice and mandated treatment participation, program participants are initially engaged in the mental health court system by voluntary consent; however each participant must at some point develop the full intention of self-determined participation in order to achieve complete judicial and clinical success. The model of organizational assimilation is therefore utilized in both the theoretical and functional operation of the specialty court as it is consistent with the principles of system collaboration, interdependence, cohesion, and collectivity necessary for the viable and perpetual function and operation of all organizational entities.

Stages of Assimilation:

As referenced above, organizational assimilation incorporates several distinct stage or transition points as the individual newly engages the social network and structure of the system and proceeds to find their fit in the operation of the program. These stages include first ***anticipation***, where the individual is introduced to the organizational entity and the compliment of existing personnel and begins the orientation to their particular role and function within the established hierarchy of the social matrix. Here the newcomer begins to anticipate the various possibilities relative to their organizational future, forms opinion as to particular likes and dislikes of the system, and begins to determine their level of commitment to organizational pursuits.

Secondly, the individual at some point moves from the anticipation of organizational fit to the stage of ***encounter***, where they are more directly engaged in the experience of the organization. In this stage individuals either initiate more invested and committed levels of organizational activity or remain on the fringe and periphery of the system, participating when required but never really generating independent and self-determined contributions to personal and organizational improvement.

Thirdly, the technical newcomer evolves or transitions to the stage of ***metamorphosis*** where they are fully vested in the organizational system and are then positioned so as to contribute in partnership with organizational associates, their full potential for commitment and contribution to personal and organizational improvement. The final concluding stage in the assimilation model is the process of ***disengagement*** in which the individual terminates from the organizational relationship.

The stage paradigm of assimilation theory can be readily applied to the organizational structure and dynamics of the mental health court system and is directly relevant to the process of engagement and motivation for participation by the mentally ill offender. Subsequently, the application of the stages and principles associated with assimilation theory in the First District Mental Health Court are outlined as follows:

Stages of Assimilation in the Mental Health Court:

1. Anticipatory socialization stage:

   The first phase of anticipatory socialization for the mental health court participant involves the exchange of information between the participant and court or program staff, or other sources through which the defendant will begin to form perceptions of the program, expectations about staff and the role of the defendant and what will be required for participation, including the potential for termination as well as graduation. This is a process of preparation and is aided through the use of personal as well as technical communication that will ease the apprehensions of prospective participants and reinforce the possibility for success and the management of failure. In addition to the informational aspects of anticipation, the anticipatory stage of the mental health court is also the choice point at which the defendant begins the process of judicial and therapeutic planning for legal and clinical rehabilitation and recovery. Through the process of planning the defendant anticipates the prospect of success and forms the primary cognitive and emotional commitments necessary for program success and graduation.

2. Encounter stage:

   The encounter stage of mental health court assimilation is concerned with the initial period of program participation in which the individual works to make sense of their new role in

an unfamiliar environment. This is an experiential stage which will be contrasted with the individual's previously held ideas and expectations formed during the anticipatory stage. Entry into the encounter stage is best accomplished through a transitional approach in which the individual is provided an initial accompaniment and introduction to program staff, peers, requirements and expectations. Information exchanged during the encounter stage will be more detailed and specific to the individual's needs and plan for program inclusion, advancement and eventual graduation. During the initial encounter, court and treatment staffs work to build rapport and provide emotional support to embrace the new participant. The defendant's plan of judicial and clinical rehabilitation takes more specific shape and detail that will enable the defendant to follow a progressive course of action that will lead to the dismissal or resolution of criminal charges/conviction. The encounter stage also represents the initial point where new participants may begin to perceive discrepancies between their preconceptions of the program and actual judicial and rehabilitative engagement and other mental health court program realities. The encounter stage represents the hinge upon which the success of the defendant turns.

3. Metamorphosis stage:

   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.

   Finally, the stages of assimilation in the mental health court program are further supported through utilization of the cultural/mythological device described as "the hero motif" chronicled by Joseph Campbell (1949) in which the adventure of the hero character is the

process of overcoming the personal, social, clinical, and legal challenges of life. The context of the hero motif thereby frames the work of accountability in terms of adventure so as to stress and reinforce the importance of self-determination and intention as the foundation for program success.

4. Disengagement stage:

   Disengagement refers to the individual's graduation from the mental health court program and exit from the diversion system. Although disengaged from the judicial aspects of the court program, the individual is expected to continue in therapeutic services to the completion of their individualized rehabilitative treatment plan. However, within the metaphorical framework of the hero motif as described subsequently, the mental health court program graduate may be asked to return to the court for the purpose of mentoring other defendants, providing consultation, reinforcement or testimonial, or in show of support for future participants. In this way the graduate is able to make a contribution to the future success of other participants which further benefits the community in general.

ASSIMILATION THEORY AND THE HERO MOTIF

As stated above, the mental health court approaches the psycho-judicial work of accountability from the metaphorical standpoint of the hero's adventure. The folklore of every human culture is replete with both oral and written tradition describing the quest of the hero through successive trials and challenges. In the face of great difficulty the hero preservers through a variety of trials and completes the chosen quest. For the mental health court, the hero's journey represents the pattern of human experience through the challenges of responsibility and accountability in quest of judicial reconciliation. To embrace legal responsibility and accountability and persevere through the trials of criminal justice is portrayed to every mental health court defendant as a heroic endeavor.

Understanding that the process of human change as indicated previously, is a stage paradigm in which the individual must advance to a cognitive state of contemplation, the program must assist the individual participant to overcome the barriers and patterns of denial before the individual can effectively begin to contemplate the issues of responsibility and accountability. The mechanisms of assimilation and the rhetorical device of the hero motif are employed to help the court participant make the cognitive transition from the context of denial (i.e., rationalization, justification, victimization,

minimization, projection of blame, etc.), to acceptance of responsibility and accountability for criminal conduct. Every hero's adventure through the trials of human experience involves the three phases of departure, fulfillment, and return. Blending both assimilation theory and the hero motif we can construct a basic story of the mental health court adventure in the following outline:

- **Departure** (Anticipation phase of the adventure):

  Every hero must first accept the call to adventure, whether that adventure is a challenge-by-choice or something initially unwanted that occurs as a result of a mistake or blunder on the part of the hero. Mentally ill offenders may either intentionally or inadvertently, through choices that place them within the jurisdiction of the criminal justice system, blunder into an unwanted adventure. However, usually once charged, the possibilities of either escape or avoidance are often out of reach and the defendant must now decide the context of their circumstance, whether their approach will be to refuse the call to adventure and either actively or passively resist the challenge, or whether they will accept the challenge and proceed through the hero's quest as a committed participant. Although the hero motif is both mythological and metaphorical in nature, its utilization as a model for growth and development relative to the issues of functional responsibility and accountability are clearly applicable. It is important for every defendant to understand that the activity of criminal conduct and the avoidance of mental health treatment is the antithesis of heroism and represents a problematic path that leads to a destination of predicament. The structure and operation of the mental health court through the use of the hero motif attempts to reframe the defendant's predicament within the context of possibility. Through committed participation lies the possibility of judicial resolution, the possibility of social restoration, the possibility of functional rehabilitation, and the possibility of personal recovery. The pursuit of these opportunities through the process of accountability is the hero's adventure.

- **Initiation/fulfillment/Atonement** (Encounter and Metamorphosis phases):

  Every hero must pass the first threshold and survive a succession of trials. The threshold of the mental health court is representative of the referral and eligibility process and is the boundary between the known world of the defendant and the unknown territory of the mental health court program. Every threshold is managed by guardians or gatekeepers who determine who

proceeds and who is turned away. As eligibility for mental health court participation lies in two distinct domains of legal and clinical criteria, the primary role of guardians of the court threshold are fulfilled by the County Attorney assigned to the mental health court and the mental health court coordinator or court liaison who represents the mental health court treatment system.

Once the mental health court participant crosses into the realm of therapeutic jurisprudence they will essentially encounter a series of trials and tasks that ultimately prepare the individual to achieve metaphorically, the mythological goal, 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.

- **Return** (Disengagement phase)

  Every hero must return with the trophy and begin the labor of bringing the runes of wisdom back into the kingdom of humanity, where the boon may redound to the renewing of the community (Campbell, 1949). In the mythology of the hero motif it is not sufficient merely to accomplish the quest. No true hero retains the benefits to the exclusion of others or hordes the prize in dedication to self-interest. As indicated previously, successful graduates of the mental health court program are expected to contribute something in return to the court and/or community. As the mental health court graduate arrives at an awareness of the personal gains as a result of the program journey, the true spirit of the return is one's bestowal of these gains to the society in which they reside. These acts of restoration complete the process of accountability and fulfill the participant's journey. As indicated previously, the activities of advising, peer mentoring, education, consultation, and orientation are ways in which the graduate is able to focus attention to the benefit of others and bring their own experience to fruition.

STAGES OF CHANGE

The Transtheoretical model (stages-of-change) is a model of intentional self-change that utilizes principles and processes from many different psychotherapeutic theories and systems (Prochaska,

Norcross & Diclemente, 1994). The basic premise is that behavior change is not a single step or lineal process, but is accomplished in definitive stages. This approach to behavior change as applicable to the mental health court is designed to assist mentally ill offenders as they work through the process of therapeutic jurisprudence until previous behaviors of criminal conduct and treatment ambivalence are relinquished and new behaviors supporting mental health and judicial recovery are successfully developed and maintained.

As a more in-depth description of the Transtheoretical model is presented in another supplemental training module, the following material represents only a brief overview of this particular approach that fits within the stage paradigm context relevant to the mental health court program. Like both assimilation theory and the hero motif, the Transtheoretical model conceptualizes the path of behavior change (or assimilation, or the hero's quest respectively) as a successive progression of activity based on intentional decision-making. Success in the mental health court program requires that the defendant transition away from the position in which there is no ownership or recognition of self-defeating or problematic conduct, where life is a series of predicaments and the defendant is merely a victim of circumstance, to actual contemplation that they personally are the factor of constancy always present in the troubling circumstance. This represents a paradigm shift to which the stage model of change is particularly suited. The movement to contemplating, preparing, and making commitments to change is a process and not an event. As a process, it is much more manageable for the mentally ill offender to comprehend and actualize. The role of the court then is to engage the defendant, recognize their readiness for change, and assist in the change process.

Basic Stages of Change

The stage construct is the key organizing principle of the Transtheoretical model. Generally, the process of change in the context of a stage paradigm implies that certain attitudinal and behavioral phenomena occur over time and within distinct frameworks that differ qualitatively. However, this aspect of qualitative difference at specific choice points in the process of change has been largely ignored by alternative theories of change. Behavior change has often been construed as an event, such as quitting smoking, drinking, or over-eating. The Transtheoretical Model construes change as a process involving progress through a series of five stages identified as (1) precontemplation, (2) contemplation, (3) preparation, (4) action, and (5) maintenance. Each of the stages of change is defined as qualitatively distinct from any other stage, and each stage contains specific processes designed to

work through the problems unique to that stage as a means of progression to the succeeding stage. The paradigm is described graphically as spiral in nature as opposed to lineal, which takes into consideration the possibility of relapse or regression to previous stages, which appears more consistent with the actual patterns of human behavior observed in various studies involving the process of behavior change.

Precontemplation:

Precontemplation is the stage in which the individual is not intending to take action in the foreseeable future, usually measured as the next six months. People may be in this stage because they are uninformed or under-informed about the consequences of their behavior, or they may have tried to change a number of times and become demoralized about their ability to change. Both groups tend to avoid thinking about their high risk behaviors. They are often characterized in other theories as resistant or unmotivated or as not ready for health promotion programs and although are in a state of distress, they are also generally in a state of denial. Those in the pre-contemplation stage often utilize a variety of psychological defense mechanisms such as rationalization, justification, minimization, and projection of blame. These mechanisms serve to reinforce the pattern of denial and permit the individual to avoid both responsibility and accountability for personal change.

Contemplation

Contemplation is the stage in which the individual is intending to change in the next six months. They are more aware of the advantages of changing but are also acutely aware of the disadvantages. This balance between the costs and benefits of changing can produce profound ambivalence that can keep people fixed in this stage for prolonged periods of time. This phenomenon is often characterized as chronic contemplation or behavioral procrastination. Such individuals are also not ready for traditional action oriented programs.

Preparation

Preparation is the stage in which the individual is intending to take action in the immediate future, usually measured as the next month. Individuals in this stage have typically taken some significant action in the past year, typically have a plan of action, and have organized the steps they will take to achieve a behavior change objective.

Action

Action is the stage in which the individual has made specific and overt modifications in their life-style within the past six months. Since action is observable, behavior change often has been equated with action, although not all modifications of behavior count as action in this model. People must attain a criterion sufficient to reduce the risks of self-defeating behavior. The Action stage is also the stage where vigilance against relapse is critical.

Maintenance

Maintenance is the stage in which the individual is working to prevent relapse and sustain the progress they have made through previous stages as well as maintain the change processes and techniques they have acquired throughout the transition to a healthier lifestyle. Although they do not apply change processes as frequently as do people in action, they are less tempted to relapse and increasingly more confident that they can continue their functional improvement long-term.

The Transtheoretical Model therefore addresses the underlying structures of change that are common to both self-administered as well as psychotherapeutic courses of treatment and draws on the fundamental tenants of many diverse theories of psychotherapy as well as having been empirically tested in more than fifty distinct studies.

Termination

The ultimate goal in the change process is termination. Although the concept of true termination relative to human change is often disputed among clinical practitioners, as many view change as a life-long pursuit, still, from the stages-of-change perspective, termination means coming to a conclusion or exit point from the spiraling cycle of the change process in which there is at times a relapse to previous change stages. At this stage, the individual no longer finds that previous circumstances or conditions present a significant temptation or threat; the mental health court participant in this position will experience an elevated confidence and a high degree of moral certainty that he can cope with psychosocial stress events without fear of relapse to previous self-defeating behaviors. Generally, the Transtheoretical Model considers four defining criteria that represent termination as distinct from the lifetime endeavor of the maintenance of change. These are described as:

1. Development of a new or improved self-image:

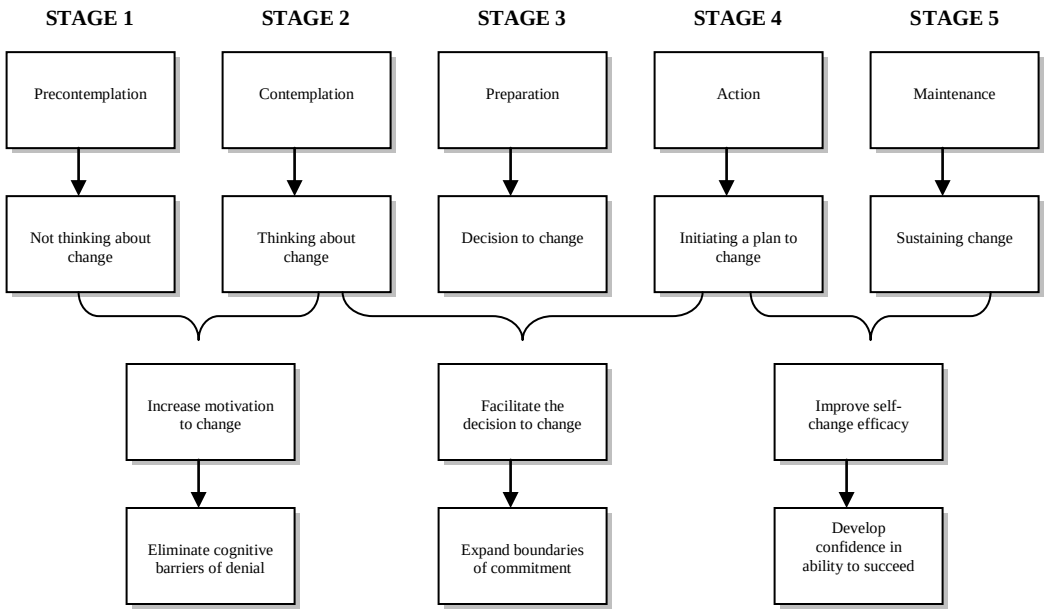
2. Development of adequate protective skills to manage situational temptation:

3. Development of a high degree of perceived self-efficacy:

4. Development of a healthier change of lifestyle:

Objectives Related to the Stages of Change

As illustrated below, each stage of the model ties to one of three fundamental process objectives, which forms the threshold for movement to the succeeding stage of change.



Mental Health Court Relevance

Although the Transtheoretical Model is primarily a tool used in the clinical forum and has application to clinical curriculums structured for the mentally ill offender, the model has a direct application in the use of motivational interviewing that can be applied throughout the course of mental health court hearings and in the process of the judicial interview. In particular, the stages of pre-contemplation and contemplation represent the decisional balance points to which the court may have a direct impact in assisting the defendant in the transition process from the context of predicament to the context of possibility.

As court personnel more thoroughly understand the issues of working through denial about the need to change and the ambivalence to change characteristic of the early stages of the change process, as well as the methods by which defendants are assisted in making these stage transitions, the more powerful the court will become as an agent of change.

STAGE MODEL COMPARISIONS

The stage models described above have a variety of similarities useful in both the conceptualization and the practical implementation of the mental health court program as it pertains to program advancement. Elements of each respective paradigm share characteristics useful in the development of a practical logic that forms a general map of the territory of program advancement. This map in turn, although not the actual territory, provides a useful representation of reality. The value of such a map is not necessarily a matter of its literal truthfulness, but its having "a structure analogous, for the purpose at hand, to the territory" (Bateson, 1972).

As represented in the following illustration, the stage models selected incorporate a beginning, an intermediate, and a termination phase in each paradigm. Although differing somewhat in context, each stage or combination of stages in each model are applicable literally or metaphorically to the mental health court participant as well as clinical providers and judicial representatives as a structure for the fulfillment of program goals and objectives. It is believed that the preliminary construction of this "structure for fulfillment" will function as the springboard for further development of mental health court clinical curriculums specifically tailored to the mentally ill offender.

In organizational management systems, a structure for fulfillment helps individuals and organizations create performance breakthroughs that overcome or minimize the barriers or performance plateaus and relapses of inactivity or counterproductive activity detrimental to progressive movement toward defined goals and objectives. In similar fashion, the stage models employed in the mental health court program likewise provide both a conceptual as well as practical structure by which participants can logically move toward program completion.

Advancement Levels						
Phase	Duration	Stage Model Associations			General Program Focus	
		Assimilation Theory	Transtheoretical Model	Hero Motif		
1	≈ 90 - 180 days	Anticipation 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.	Contemplation Stage characterized by a movement away from defense mechanisms that promote denial (rationalization, projection of blame, etc.) and avoidance of personal responsibility, toward thought and consideration of the need for behavior change.	Departure 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.	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.
2	≈ 90 - 180 days	Encounter 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.	Preparation 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.	Initiation 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.	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.
3	≈ 90 - 180 days	Metamorphosis 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 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 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.	Functional Mastery	Community re-integration - establishing and maintaining appropriate leisure, recreational, educational, vocational, social and rehabilitative and/or wellness support systems.
4	180 days	Disengagement 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.	Maintenance 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.	Return 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.	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.

The mental health court program is organized into four specific phases or levels of participation designed to fuse the three models described above and incorporate the context and function of each applicable stage paradigm.

PROGRAM 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 I (Anticipation phase)

Level I of the program represents the entry phase of program 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, 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 to change, which is a determination of what stage they are in relevant to the transtheoretical model of behavior change. Throughout level 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 their ambivalence and successfully reinforce their decisional balance in favor of commitment to behavior change.

Phase II (Encounter phase)

Following a minimum of four months of program participation, defendants are eligible for advancement to a level II status. Level 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, level 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 skills development or in essence functional living skills. Through the development of maturity in functional living, which may include effective behavior skills, interpersonal communication skills, medication management skills, personal motivation skills, etc., the court participant begins to enhance the skills necessary for life and work as well as community re-integration.

Extensive research supports the effectiveness of psychosocial skills training for individuals suffering from schizophrenia and other serious and persistent mental disorders. This rehabilitative approach is well documented as a method of choice for assisting seriously mental ill individuals to acquire, durably maintain, and successfully transfer psychosocial competencies beyond the training environment to the individual's actual personal, social, family, and community life.

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.

Additionally, Level II represents the action stage in the transtheoretical approach characterized by the development of what is termed as “functional consciousness”. Functional consciousness is an element of the social cognitive theory of Albert Bandura and relates to the issue of personal agency. The stages of change processes that relate to the evolution of consciousness or the progression of awareness about problem behavior is essentially the process in which conscious awareness becomes functional as it involves a purposive assessment and evaluation of information in order to plan and carry out a course of action. Functional consciousness as an element of personal agency proposes that individuals do not just undergo life experiences, but are in fact agents of those experiences and as such determine the meaning and direction of their own actions, including the action of change. Throughout Level II, mental health court participants are engaged in working through the implementation of an action plan for behavior change and the strengthening of personal commitment for sustained change.

Phase III (Transition phase)

After a minimum of eight months of successful program participation, defendants are eligible for advancement to a level III status which represents a pre-disengagement phase of the program and appropriate preparation for eventual transition out of the mental health court system. The transitional phase of the program requires the defendant's completion of a curriculum of transitional skill development and recovery primarily in the form of behavior management or functional coping skills. The curriculum of functional coping involves development and acquisition or maturity of skills in areas of conflict management and resolution, relaxation and biofeedback training, stress management, assertion training, and behavior modification in principles and practices of behavior shaping, reinforcement and extinction.

The method of rehabilitation for this particular service as utilized in the therapeutic portion of the court system is specifically defined as a “psycho-educational” approach. Interpreted, this would indicate the use of a more time limited, didactic learning course, in contrast to a predominately unstructured, indefinite, and psychodynamic approach characterized in formal therapy. A psycho-educational approach would theoretically favor the teaching of both concept and technique or principle of action or conduct through which the court participant would then be primarily responsible to initiate the practical application of the course material. With the skills and tools of functional coping, the court participant will be better equipped to self-

manage both continued mental health treatment as well as the social matrix of community life that previously appeared as obstacles or barriers to be avoided.

In Level 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. 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.

Phase IV (Disengagement Phase)

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 both of which focus on the acquisition and application of tools designed to enhance social survival, social assertion and functional mastery as preventative measures to reduce the risk of 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. Level 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.

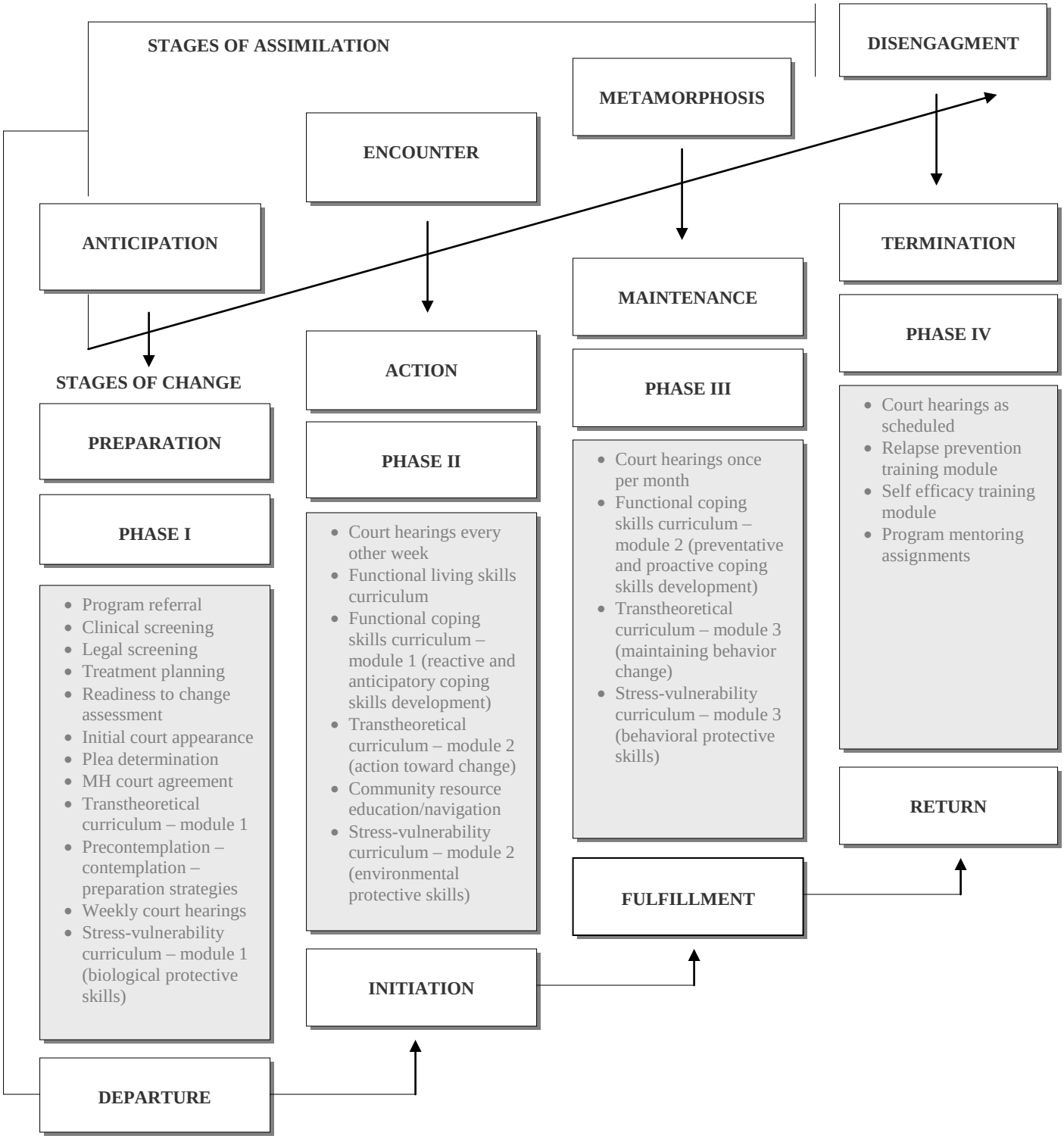
Once the participant has completed the requirements of Level IV, the court will schedule the defendant to appear at the mental health court during a regularly scheduled hearing for a brief but public graduation exercise that will serve as an inducement for other participants engaged in other phases of the program.

ADVANCEMENT SCHEMA

The mental health court program is structured into a succession of levels each adding advanced and more targeted mental health treatment components that compliment the successive stages of program assimilation through which the participant moves as they increase levels of investment and commitment over time. Program advancement is not merely a step closer to graduation and the benefit of less frequent court appearances. Advancement infers that the participant is also advancing toward mental health recovery, is further along the stage continuum of behavior change, is more committed and engaged in clinical and allied community activities, and is ready to participate in more advanced clinical curriculums and is more socially functional.

Advancement is designed to include less court interaction, supervision, and monitoring and may include other types of incentives that serve to appropriately recognize responsible and accountable program participation. However, advancement as indicated above, also implies more committed levels of clinical and community engagement. As represented in the illustrations below, the mental health court program is organized into three specific phases of participation that are designed to fuse together aspects of three specific models effectively incorporating the functions of a relevant and applicable stage paradigm.

MENTAL HEALTH COURT ADVANCEMENT SCHEMA
FUSION OF ASSIMILATION, TRANSTHEORETICAL, AND MYTHIC HERO MODELS



Time Frames and Levels of Advancement

The time frames associated with the levels of program advancement as represented above, although specific, are nevertheless flexible and may be adjusted on a case-by-case basis depending on the particular program participant, the nature and degree of offence, the severity of illness, the level of treatment commitment and participation, as well as the success of treatment. Additionally, persons eligible for participation in the mental health court may, at the discretion and consensus of the mental health court team, enter the program with advanced standing, meaning that the participant may accelerate through the initial and intermediate program levels or may bypass the remedial levels and begin the program at an advanced level depending on the particular circumstances of each case. As indicated previously, an accelerated path or advanced program placement is generally the exception and not the rule.

ADVANCEMENT CRITERIA

As the mental health court program is both complex and adaptive, advancement criteria takes into consideration a multidimensional array of activity both from a quantitative and qualitative standpoint that may include the following:

Duration in program

The maximum duration of the court program is also determined on a case-by-case basis, however some minimum durations are proposed as generally three months of activity in any program phase prior to eligibility for movement to a succeeding phase. However, although participants may occasionally regress and return to a preceding level in the program doesn't necessarily mean that the participant starts over in that level at its beginning time frame. Program duration is generally outlined as the following:

a. ___ 90 to120 days (3 to 4 months) minimum before advancement to Phase II.
b. ___ 180 to 240 days (6 to 8 months) minimum before advancement to Phase III.
c. ___ 300 days (10 months) minimum before advancement to Phase IV.
d. ___ 360 days (12 months) minimum before consideration for program graduation.

Adherence to clinical requirements

The clinical requirements of the mental health court program pertain to the mental health services prescribed in the defendant's treatment plan. These services are rehabilitative in nature and considered

medically necessary for the defendant's mental health recovery, which constitutes (1) a maximum reduction of mental disability, and (2) restoration of the individual to his or her best possible functional level. It is important therefore that prior to a level advancement we make some assessment of the individual's engagement and participation with their prescribed clinical service plan. This assessment may include any or all of the following components:

Level of participation:

- ___ Active (Attends to clinical activities and readily participates without prompting)
- ___ Passive (Attends to clinical activities but does not participate without prompting)
- ___ Resistive (Infrequent attendance and/or minimal participation in clinical activities)

Rate of participation:

- ___ High (90 – 100% compliance with scheduled appointments/prescribed services)
- ___ Moderate (75 – 89% compliance with scheduled appointments/prescribed services)
- ___ Low (Less than 75% compliance with scheduled appointments/prescribed services)

Attitude of Participation:

The attitudinal dimension reflects the participant's overall demeanor relative to the acceptance of mental health treatment and their engagement, interaction, and interdependent activity in the development of their treatment plan and working relationship with their treatment team. Attitudinal dimensions include:

- ___ Generally cooperative and appropriately engaged in the treatment relationship
- ___ Occasionally uncooperative and conflicted in the treatment relationship
- ___ Frequently difficult, argumentative, and abusive in the treatment relationship

Completion of prescribed clinical curriculums:

A variety of clinical curriculums are in the process of development that can be tailored to the mentally ill offender. As these are developed, defendants may be required to enter and complete a program, or program module, before they can be considered for advancement.

- ___ DBT curriculum
- ___ Moral Reconation curriculum

- ___ Transtheoretical curriculum (Stages of Change program)
- ___ Stress-vulnerability curriculum (Protective Skills program)
- ___ Functional living skills curriculum
- ___ Functional coping skills curriculum

Adherence to adjunct treatment requirements

Adjunct treatment requirements include substance abuse and other clinical services outside the scope of Bear River Mental Health. These may include:

- ___ Substance abuse counseling through Bear River Drug and Alcohol
- ___ Compliance with AA meeting attendance
- ___ Compliance with NA meeting attendance

Adherence to adjunct judicial requirements

The adjunct judicial program requirements include everything outside of, and in addition to, the clinical service aspects of the mental health court. These may include such things as:

- ___ Consistent court appearances (no unexcused absences)
- ___ Completion of community service assignment(s)
- ___ Compliance with Clubhouse program participation
- ___ Compliance with employment expectations
- ___ Compliance with educational expectations, which may include:
  ___ Assigned reading, course work or audio/video instruction
- ___ Compliance with fiscal management expectations (payee services/education, etc.)
- ___ Compliance with random drug testing
- ___ No positives on random drug testing
- ___ Compliance with fines and cost/payment responsibilities
- ___ Compliance with AP&P scheduled appointments

- ___ Completion of additional court assignment(s)
- ___ Adherence to court imposed limits, time-frames, and structure
- ___ Maintenance of a stable drug-free residence
- ___ Compliance with residential/housing agreements
- ___ No weapons possession compliance
- ___ No additional violations/offenses/criminal conduct

FIRST DISTRICT MENTAL HEALTH COURT

Comprehensive Assessment for Program Advancement

Defendant:		Current Program Phase:		Date	

PROGRAM DURATION					CURRENT STAGE OF CHANGE		
	3 Mos		12 Mos				Pre-contemplation
	6 Mos		15 Mos				Comtenplation/preparation
	9 Mos		18 Mos				Action

ADHERENCE TO CLINICAL REQUIREMENTS				
	Level of Participation		Active	Attends to clinical activities and readily participates without being prompted.
			Passive	Attends to clinical activities but does not participate without prompting or appointment reminders.
			Resistive	Shows infrequent attendance and/or minimal participation in clinical activities.
	Rate of Participation		High	Mostly compliant with scheduled appointments and clinical services.
			Moderate	Usually compliant with scheduled appointments and clinical services.
			Low	Occasionally compliant with scheduled appointments and clinical services.
	Attitude of Participation		Generally cooperative and appropriately engaged in the treatment relationship.	
			Occasionally uncooperative and conflicted in the treatment relationship.	
			Frequently difficult, argumentative, and abusive in the treatment relationship.	
	Completion of Prescribed Clinical Curriculums		DBT Group	
			MRT Group	
			Transtheoretical Group	
			Stress-mgmt Group	
			Functional Living Group	
			Functional Coping Group	
			Recovery Group I	
			Recovery Group II	

ADHERENCE TO ADJUNCT TREATMENT REQUIREMENTS		
		Compliance with substance abuse counseling through Bear River Drug and Alcohol.
		Compliance with AA meeting attendance or other alcohol related support groups and services.
		Compliance with NA meeting attendance or other narcotic related support groups and services.

ADHERENCE TO ADJUNCT JUDICIAL REQUIREMENTS					
	Consistent court appearances		Compliance with fiscal management expectations		Adherence to court imposed limits, time-frames, and structure
	Completion of community service assignments		Compliance with random drug testing & Ø positive UAs		Maintenance of a stable drug-free residence
	Compliance with Clubhouse program participation		Compliance with NAMI recovery oriented education courses		Compliance with residential / housing agreements
	Compliance with employment or productivity expectations		Compliance with fines and cost/payment responsibilities		No weapons possession
	Compliance with educational expectations		Compliance with AP&P scheduled appointments		No additional legal violations or criminal offenses

Additional Comment:

DETERMINATION		Level advancement approved		Level advancement denied

Mental Health Court Judge

CONCLUSIVE STATEMENT

The mental health court program is comprised of a hierarchy of four successive levels of participation. Each level will have differing and advancing clinical and judicial requirements. Generally, a person must complete at least four months in a level, completing all requirements of their treatment plan and all additional requirements imposed by the court, before they can advance to the next level. It is expected that at each phase of advancement the individual will demonstrate an increased level of participation, an increased level of commitment, an increased level of functional and clinical stability, and increased motivation for change. The rewards for advancement may include less frequent court appearances as well as less restriction and intrusion in terms of court ordered monitoring and supervision, as well as other possible incentives. Completion of the program will result in a reduction in class of criminal offense and/or dismissal of criminal charges altogether.

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