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ORIGINAL PAPER

# A Three Stage Model for Mental Health Treatment Court: A Qualitative Analysis of Graduates' Perspectives

**Lee Ann Eschbach**[1] · **Rebecca Spirito Dalgin**[1] · **Elizabeth Pantucci**[1]

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**Abstract**
Mental Health Treatment Courts (MHTC) address the overrepresentation of individuals with mental health disorders in the criminal justice system and strive to minimize the "revolving door" cycle of arrest/incarceration/release/re-arrest. A qualitative research group interview design was conducted with program graduates resulting in a three stage model. Participant's motivation was initially to avoid jail, but over time participants begin to make intentional choices leading to mental health recovery. Participants also described the importance of their relationship with the staff and the judge as well as the need for trust, understanding, and respect throughout the program. Recommendations for future research and program development are discussed.

**Keywords** Treatment courts · Psychiatric rehabilitation · Mental illness and incarceration · Empowerment · Recovery

"Problem Solving Courts", typically either Drug Courts or Mental Health Treatment Courts (MHTC), are now common in communities across the country and are committed to both rehabilitative and therapeutic outcomes. The prevalence of MHTC has increased rapidly as a result of two developments: the long-standing success of Drug Courts as the first specialty problem-solving courts, and the growing initiatives in court systems associated with therapeutic jurisprudence. Therapeutic jurisprudence challenges the court process to have a positive emotional, psychological, and recovery impact on offenders when the court system uses its authority to encourage meaningful change (Hora et al. 1999; Wexler and Winick 1996). MHTC also evolved as a consequence of findings that persons with mental health disorders are vastly overrepresented in the criminal justice system (Lynch et al. 2014; Steadman et al. 2009). According to a study published by the Justice Department's Bureau of Justice Statistics (James and Glaze 2006) more than half of all prison and jail inmates were found to have a mental health problem; this includes 56% of state prisoners, 45% of federal prisoners and 64% of local jail inmates.

✉ Rebecca Spirito Dalgin
rebecca.dalgin@scranton.edu

[1] University of Scranton, 800 Linden Street, Scranton, PA 18510, USA

Additionally, persons with mental health disorders tend to cycle between the criminal justice and mental health treatment systems without making much progress in their mental health recovery; this is known as the "revolving door" cycle of arrest/incarceration/release/re-arrest (Snedker et al. 2017). Recidivism rates for individuals with mental illness are higher than individuals without mental illness (Bales et al. 2017; Gagliardi et al. 2004). There is increasing evidence that focusing on mental health recovery leads to reduced future criminal activity. For example, Robst (2017) compared criminal trajectories of adolescents in probation programs and those receiving mental health services, and concluded that mental health treatment reduced future criminal activity.

Mental health recovery is a unique and non-linear process for each individual (Anthony et al. 2002). It involves a working relationship with the individual with mental illness where the individual is at the center of the therapeutic process enabling them to be active agents in the goal setting process (Yerushalmi and Lysaker 2014). "Recovery is described as a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles" (Anthony 1993, p. 9). As one grows beyond the effects of mental illness, recovery involves the development of new meaning and purpose in one's life. MHTC goals and program components are congruent with the recovery concepts of change as an interweaving of all parts of one's life and

a systemic process (Onken et al. 2007). Change ensues when an individual recognizes that transformation is possible (Smith-Acuna 2011). This can be facilitated in MHTC programs through the structure and the individualized programming and support services. The programs and services prescribed for each MHTC participant address all parts of an individual's life, ranging from counseling to psychiatric medication management, community volunteering, family support, housing support, basic living needs, education, and gainful employment. Onken et al. (2007) also view recovery as a systemic process in which an individual utilizes a combination of strengths, vulnerabilities, and available resources. MHTC provides a candid community that gives ongoing feedback about accomplishments and areas of needed growth.

Although nationally MHTC vary, they share a number of features, including a separate court docket for program participants and a team approach in which criminal justice and mental health professionals share in decision-making. Participation in a MHTC is voluntary. Typically, MHTC structure includes participants having regular contact and support with the MHTC coordinator, judge, probation officer, other MHTC staff, and for some, a mental health advocate or peer specialist. In addition to facilitating contact and support with these individuals, MHTC also coordinates assistance through a variety of community based services. Lurigio and Snowden (2009) asserted that MHTC function best when using a team approach to organizing and coordinating treatment and other services.

MHTC participants are encouraged to follow unique and individualized treatment regimens designed to address the underlying problems connected to their own mental illness and subsequent criminal behavior. Participation and graduation come with the expectation of a reduction in criminal sentencing from the court system. Typically, MHTC participants progress through unique and individualized phases of decreasing monitoring as their recovery progresses. MHTC participants attend regular status hearings, in which the judge may apply various rewards and sanctions to encourage adherence to the treatment plan. MHTC participants, who maintain a sustained period of stability, recovery, and compliance with program requirements graduate from the MHTC.

Since the first MHTC appeared in Broward County Florida in 1997, there are now hundreds of MHTC in the United States (Council of State Governments Justice Center 2016). Research on the effectiveness of MHTC has not kept pace with their widespread implementation; consequently, MHTC evaluation is needed. Contrasted with the precise, universal models that characterize drug courts, there is no single MHTC program model (Lurigio and Snowden 2009). Partially because of the wide variability in MHTC policies and procedures, research into the effective components of MHTC is onerous and scant. Also, quantitative evaluation methods may not provide a full picture of a MHTC as there is likely unique mental health recovery occurring that is difficult to capture in the typical quantitative outcome approaches.

Results of studies examining post-graduation recidivism consistently suggest that MHTC graduation can be successful in reducing reoffending for participants (Steadman et al. 2011; Lurigio and Snowden 2009; Moore and Hiday 2006), increasing time before re-arrest (Lurigio and Snowden 2009; McNiel and Binder 2007), and reducing jail time post MHTC graduation (Cosden et al. 2005). Also, McNiel et al. (2015) found that MHTC graduation was associated with less severity or violence of reoffending crimes.

Successful completion of a MHTC program is also associated with elements of mental health recovery, although research studies tend to operationalize mental health recovery uniquely. Specifically, Gagliardi et al. (2004) concluded two MHTC in their study were effective in increasing treatment referrals and participants' engagement in mental health treatment. Cosden et al. (2005) reported improvements in psychosocial functioning for MHTC graduates. However, Boothroyd et al. (2015) found no significant change in MHTC participants' clinical status or symptom improvement compared with individuals who did not participate in MHTC.

Bullard and Thrasher (2016) concluded that the more successful mental health treatment courts prioritized intensive monitoring methods, had multiple specialty tailored treatment options, and offered additional program supports. These findings emphasize that a major complication of MHTC evaluation and assessment of effectiveness is the wide variation in services, programs, and treatment both among MHTC participants within one program as well as between various programs. Consequently, the operationalization of outcome variables for MHTC is not consistent in the literature. Also, there are diverse opinions regarding how long after participants complete the program is optimal for MHTC program evaluation. MHTC program success is typically defined as non-recidivism for program completers, but this data is collected at different times post-program completion, ranging from a few months to 3 years. In addition to consistency in data collection times, more research is needed to identify the specific program elements, since program component involvement varies among MHTC participants.

The diverse procedures and practices of MHTCs point to several complications of practical and appropriate evaluation strategies. Given the main goal of MHTCs is to keep people out of the criminal justice system, the most common outcome studied is recidivism (Burns et al. 2013). Typical variables to assess recidivism include re-arrest rates, time to re-arrest, severity of re-offense, and jail time. However, assessment of participant changes in their psychological, personal, or social dimensions of their lives may also

provide relevant indicators of program success. Participant selection procedures in MHTC is another program evaluation hurdle. MHTC staff take "good risks" by offering participation to selected participants; criminal offense and/or mental health symptomatology may figure into participant selection (Snedker et al. 2017). Wolff (2002) coined the term "cream skimming" for this practice. As a result of potential selection bias, empirical evaluations may overestimate MHTC efficacy in reducing recidivism. Assessing program success is also complex because MHTC participants engage in different program components to meet their individual needs. Service needs of participants can be quite varied, including counseling, services related to daily living, housing, medical, family success, volunteering, work, and educational programs. Different measures of recidivism, potential selection bias, and diverse programs and services for participants create confounding variables which complicates empirical analyses of MHTC effectiveness.

Recent research has moved away from evaluating MHTC success solely through recidivism variables and has begun to focus on identifying aspects of MHTC that are most effective for recovery and wellness (Boothroyd et al. 2015; Burns et al. 2013). Sanford and Arrigo (2005) asserted that understanding the mechanism by which MHTC achieve their results may be more informative than general outcome data; they called this "lifting the cover". An implication of lifting the cover suggests looking at the individual psychological, personal, and social growth of MHTC participants. It also points the way to examine MHTC processes and procedures leading to recovery and continued wellness in addition to reduced recidivism for MHTC graduates.

This study examines the effectiveness of a Mental Health Treatment Court from the participants' perspective and identifies possible themes of recovery and wellness. It focuses on graduates' insights and perceptions. Interviews with MHTC graduates were designed to elicit participant views on the MHTC program and assess the impact of the program's available treatment options on graduates' mental health recovery and general well-being following graduation. The initial research questions for this study include: (1) how does the MHTC help graduates stay out of the criminal justice system? (2) How did MHTC participation enhance graduates' recovery and wellness? (3) How do MHTC graduates continue involvement in the mental health treatment community?

## Methodology

### MHTC Program Description

The MHTC program examined in this study collaborates with community agencies to offer a range of 26 different programs and services. Therapy and counseling-related services include partial hospitalization or psychiatric rehabilitation program, drug and alcohol outpatient group programs, psychiatric hospitalization, drug and alcohol programs, support groups, individual counseling, and services related to daily living, and psychiatric medication management. If needed, this MHTC also provides money for medication or medical co-payments, clothing, toiletries, bus passes or cab fares, food or food vouchers, and gym memberships. Housing support is also a feature of this MHTC and connects participants with a residential housing program, a supportive housing program, or financial support for rent if needed. Some MHTC participants are connected to family services or parenting programs. Additionally, the MHTC program may require community service, connection with the Office of Vocational Rehabilitation, maintaining employment, and/or participation in an education program.

### Participants

Participants for this study included MHTC program graduates between June 2013 and May 2017 who had not been re-arrested. There were a total of 37 MHTC graduates meeting these criteria; 14 were not accessible by phone, 6 had no contact information. Of the 17 reachable graduates, 11 chose to participate, yielding a 65% participation rate. They participated in MHTC for an average of 15 months with a minimum of 9 months and a maximum of 27 months. Of the 11 interview participants, 4 were female and 7 were male with ages ranging from 22 to 70. Mental health diagnoses included schizo-affective disorder, bi-polar disorder, major depressive disorder, psychotic disorder NOS, PTSD, generalized anxiety disorder, and schizophrenia. Additionally, 4 of the 11 participants had co-occurring substance use disorders.

Table 1 depicts MHTC graduates participation in services and programs. Participants averaged nine different services, with a range of 5–15 services. All participants engaged in individual counseling and most (81.8%) engaged in group counseling. All study participants had their medications monitored. MHTC assisted slightly over half of all study participants with transportation, food, and housing. Approximately two-thirds of study participants completed community service.

### Procedure

A grounded theory qualitative research method consisting of semi-structured group interviews was used in this study (Glaser and Strauss 1967). Group interviews were conducted with a set of open ended questions that were developed to understand the participants' perspectives about MHTC. IRB approval was sought for this research

**Table 1** Mental Health Treatment Court graduates participation in services and programs

| Program or service | Number of participants | Percentage of participants |
|---|---|---|
| Therapy or counseling | | |
| Individual counseling | 11 | 100.0% |
| Group counseling | 9 | 81.8 |
| Drug and alcohol group counseling | 3 | 27.0 |
| Inpatient | 3 | 27.0 |
| Services related to daily living | | |
| Medications | 11 | 100.0 |
| Money for medications or appointments | 3 | 27.0 |
| Clothing, toiletries | 2 | 18.0 |
| Transportation | 6 | 54.5 |
| Food | 6 | 54.5 |
| Housing support | | |
| Residential | 5 | 45.4 |
| Supported housing | 6 | 54.5 |
| Money for rent | 1 | 9.0 |
| Office of youth and family services/parenting programs | 1 | 9.0 |
| Education/employment/volunteer | | |
| Education | 1 | 9.0 |
| Community service | 7 | 63.6 |
| Office of vocational rehabilitation | 1 | 9.0 |
| Employment | 4 | 36.3 |

project at the researchers' home university and full board approval was received on October 12, 2016.

The research investigators contacted graduates for voluntary participation in this study and consistently explained the study to all potential participants emphasizing voluntary participation, confidentiality. However, as an incentive to participate, participants were each offered a $10.00 Dunkin Donuts gift card. After securing informed consent from all participants, 90 min focus group interviews were conducted by the two researchers in a confidential conference room at the MHTC offices. The focus groups were audio-recorded, and then transcribed verbatim so that researchers could identify themes across the groups. Data analysis was conducted inductively using the procedures outlined in the grounded theory method (Strauss and Corbin 1990; Glaser and Strauss 1967). The first two authors coded together, while the third author independently coded the data providing inter-rater reliability. Review of the data collected yielded ideas and themes that were tagged with codes, re-reviewed and grouped into concepts. All authors were involved in data coding. Data coding utilized the N'Vivo qualitative software.

## Results

Upon close examination of the data, a growth model became evident where MHTC participants described moving from actions based on fear of jail time and negative sanctions to actions anchored in personal empowerment and growth. Data revealed three stages of participants' experience. Stage 1 is primarily about avoiding jail time and rule-following through participation in mandated programs and services. Stage 2 is a working stage where participants are beginning to see the value in the program and are motivated by the positive changes and feedback they are experiencing, and Stage 3 occurs when the participants have demonstrated personal growth and are ready to graduate (see Fig. 1). The model is not necessarily linear as some graduates described cycling back to stage one, stating they had not truly grown, but were just going through the motions. MHTC graduates articulated an awareness of the development of personal growth and empowerment, which allowed them to graduate and continue their recovery journey. Each stage of the model has unique and complex interactions between the MHTC participants and staff.

### Stage One

Stage one begins when a participant enters the voluntary MHTC program. For the majority of the participants, this is entirely driven by the need/desire to avoid serving jail time. Then, they are prescribed a variety of services chosen to assist the participant to the greatest extent and very clear expectations are established. The program provides participants a highly structured routine, accountability, and a focus.

> It kept me focused on what I needed to do, what was the most important thing; my daughter and staying sober, it kept my goals in focus.

This foundation facilitates quality decision-making and keeps participants engaged with mental health care, constructive activities, and independent living services. There are many services utilized, which include accessing healthcare, mental health services, housing support, drug/alcohol treatment, work, community service. MHTC participants must follow through with the team's recommendations. During this stage, MHTC graduates recognized the "help" they were receiving, through connection to resources. The MHTC program staff and structure (weekly court appointments) provides regular, close monitoring of participation in mandated services. The weekly court appointment consists of meeting with the judge who has previously conferred with staff regarding participant progress.

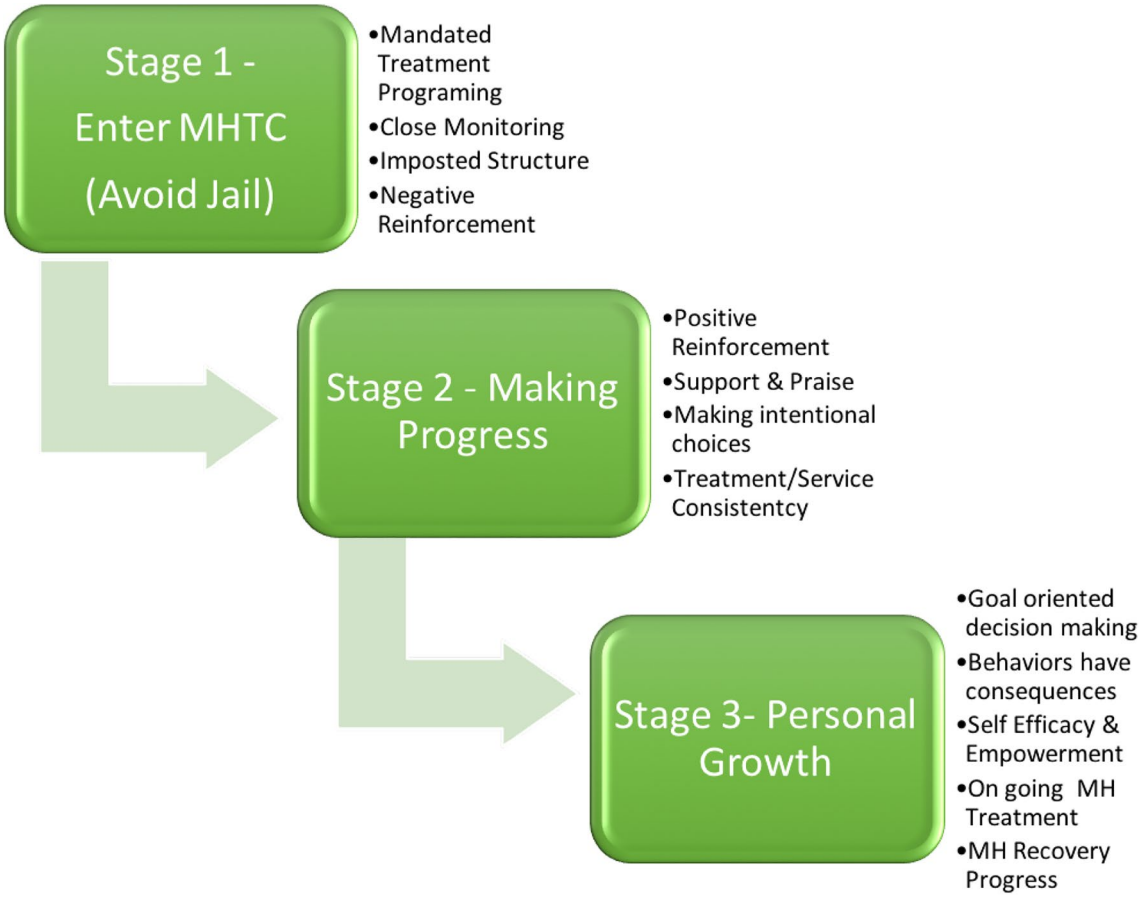


**Fig. 1** Three stage model of participant experience in Mental Health Treatment Court. Note—this model is not necessarily linear. MHTC participants may cycle between stages 1 and 2 before arriving at stage 3

> It seemed like they knew so many details about what I was – my life and like you know they were monitoring my apartment living and everything- the judge would have the information before I got there.

Thus participants are engaged in a highly structured weekly schedule where lack of participation can result in negative court sanctions including jail time. However, during each encounter, MHTC staff communicates with consistency and respect towards participants by listening to their concerns and stories and showing care in their actions. Thus, participants begin to develop trust. Participants often described the relationship with staff.

> They weren't judgmental and they supported me in listening to what I had to say about myself and how come I got in trouble.
> It's not us against them or them against us that most people see in a judge or see in the law enforcement. They really are out to help you and support you in whatever you're doing. And if you have a problem with something, they're willing to listen and solve the problem at hand. You know? Which is a great thing because in the beginning I had trouble.

At this point, most MHTC participants are following the rules and participating in all required activities but the primary motivation remains to avoid jail time and other negative sanctions. They demonstrate a "desire to please," and go through the motions even though they are not aware of the personal benefits of MHTC. Staff are consistently articulating benefits of program participation and acknowledging small steps towards growth.

> As I was going through the process of going to the program, each day as I went, it got easier and easier and I saw that they were caring, that they were going to put out an effort to see how I am doing, and if I am taking my medication

## Stage Two

Stage two occurs when the participants start to realize they are making progress, and they are acquiring a renewed sense

of hope. MHTC participants described a shift in their thinking as they begin to become aware of the benefits of the program. As slight changes in the way participants think about themselves is evident, recognition of personal growth starts to emerge.

> I was living a regular, normal life and it was progressing. So, at first it felt like it was very constricting and unnecessary. But as it progressed, I learned about a lot of extra things that are out there that can help me. And through these other things and the programs that they have you go through and such, you learn other tools that help you not only get to these other programs, but if you have goals, there are programs that can help you achieve these goals.
> You are not only doing things because they are telling you to; later, you find out you are doing them for yourself.

They begin to receive praise from the staff and particularly from the judge. This was empowering as staff provided comprehensive support and encouraged participants to view themselves in a positive light.

> You have to commit to doing it. You don't do it halfway. You've got to say, 'All right, I'm going to do the right thing. I'm not going to bars, not drinking, not doing things- I'm going to do what I'm told to do. I'm going to show up to community service every day. I'm going to show up to my court appointments, I'm going to show up to my probation officer appointments'. And when they see you're doing the right thing, you know you're doing the right thing cause they let you know. And if you're doing the wrong thing, they let you know that too!

Participants highly valued positive feedback from the judge. The judge plays a pivotal role in this MHTC. He sets the tone; although he was perceived to be stern, at the same time he was described as fair, caring, and respectful. The judge consults with the team prior to court and during the weekly court meetings he provides ideas, praise, sanctions, and rewards. The judge was the ultimate decision maker and primary feedback provider. Support, praise, and caring were common descriptors of communication with the judge.

> He expects you to do what you are supposed to do because he wants you to get better.
> It's like you want to go through the rest of the week like, 'You know what? I'm going to do this. I want to make him proud.
> What I like is that you can see yourself improve, because now if you're sitting there and telling him the truth it feels great. I feel like the best reward is to get applause from that judge.

This stage also is marked by tangible positive reinforcements such as less frequent court dates, housing options leading to more independence, and other mental health and addiction treatment changes (i.e. less frequent sessions). Participants also described feeling part of the MHTC community. It felt good to be part of a "group," as many mentioned feeling isolated. Program graduates spoke of the value in opportunities to interact with others in the same position.

> It was kind of fun talking to the people about this stuff because it's an open forum to be able to discuss mental health issues with people that are experiencing the same thing you are. So, it's good to have the group where you can talk about it instead of having to hide it from people.

The court waiting room, partial hospitalization programs, Alcoholics Anonymous, and community service/volunteering all provided places for camaraderie, recovery support, and opportunities to see the impact of making good choices and the impact of poor choices. It also provided perspective on their own recovery journey and why they were there.

> You have an hour of court and a PO appointment every week or two. It's like, hey, it doesn't really get any better than this for us right now (we could be in jail). In the waiting room, another participant said 'This sucks. I hate this!' and I said well, it is supposed to suck. It's punishment. We are not here to have fun. This is not a social club!

Stage two also continued with the strong support from all of the staff. Graduates described the staff to be accessible, nonjudgmental, and caring. They treated participants like "real" people and helped with a variety of needs no matter how small.

> Holy Cow! They want my opinion about something!
> Now you have other people to talk to in case, you know someone else is not around. You know everyone, you have multiple people on your case, so it's like if I can't speak to this person, I can speak to this person also, because this person is more available.
> When I couldn't get there (psychiatrist appointment), they would help me get there. Where normally, I would have missed my appointment.

## Stage Three

Stage three is marked by a sense of personal growth and empowerment by MHTC participants, leading towards graduation from the program. Program graduates often spoke about their own recovery journey citing the ways they had grown and matured personally during their time in the program.

> You learn a lot about yourself and others when you have mental illness. If you are smart about it, you become very introspective and learn a lot from that.

Many participants described how they began to understand how important it is for them to be more intentional with their time and focus on activities that enhance their mental health recovery. They spoke about making decisions based on short and long term goals.

> I have been my own support system in a lot of ways. When I have a couple of hours, I say 'what am I going to do? Should I do something stupid or should I actually go and do something constructive.' When I opt to do something constructive, it feels good.

Another important construct that was described by participants is that there was a new understanding about their actions, including the benefits of positive decisions and the possible negative consequences like mental distress or jail time for unhealthy or criminal-related decisions.

> It's actually beneficial to be caught up in this, because even though like some people would think it's like a burden or a stigma, but in the long run, you learn that your behaviors have consequences, and you learn to control your behavior.

Overall, there was a shift in the focus from avoiding jail, to actually focusing on personal growth and continued long-term mental health recovery.

> I'm just kind of focusing on my mental health right now and my well-being. I mean everything is going good as long as I do that. You know? …I try to stay away from things that trigger me, and I've been trying to be a little more spiritual lately too because I believe that's important for me.
> I think the big factor that plants a seed for you wanting to change the way you are is the fact that you don't – it's in lieu of going to prison. It's like, in other words, you come to realize after a while that the whole thing is set up to help people.
> I said to the judge, I'm not trying to get on your good side, but this experience is one of the best things that ever happened to me.

Participants' growth lead to increased sense of personal empowerment for mental health graduates. This is congruent with Bandura's (1997) concept of self-efficacy, where individuals' beliefs about themselves are key factors in their personal agency. They spoke of increased goal orientation, learning how to self-impose positive structure, making intentional choices about activities and friendships, and having more self-awareness, which led to increased consistency with mental health care.

## Discussion

This study sought to understand the impact of MHTC beyond previous quantitative outcome measures such as recidivism. The qualitative design allowed for the discovery of a tangible personal growth process that occurs for MHTC graduates. However, there were some limitations to the study design that indicate caution should be applied prior to generalizing the results. The scope of the sample was limited in number and also may be biased due to limited contact information. This lead to a select sample of individuals still in the local area and relatively stable enough to have maintained phones and housing. There may have been different results if all the graduates in the identified time frame had participated. Additionally, this sample was only drawn from one specific Mental Health Treatment Court. Graduates of other MHTC programs may have different experiences.

The three stage model developed from the experiences articulated by the MHTC graduates shows the growth that occurs for successful graduates. Stage one is highly structured support and individualized programing. The MHTC staff works hard to help the individual establish a stable routine and receive the mental health treatment and other basic social services they need to succeed. All the while, they are working to develop trust by listening and providing consistent support and respect. Stage two is focusing on building consistency with receiving treatment. Identifying the wrap around services a participant needs (i.e. transportation to and from medical and mental health appointments, independent living support, and employment/volunteer development). This is when the MHTC participants spoke about the support they received from the MHTC community as they were becoming more stable and independent. Finally, in stage three, the MHTC staff is confident that the participant is ready for graduation because they have seen the personal growth and mental health stability develop over time. The individual is making more goal oriented decisions and is regularly utilizing the support structures that have been put into place. They are able to understand more about their mental illness and what is needed to maintain the path to recovery. Participants also described the impact of the relationships built with the MHTC staff and judge on their increased self-efficacy and empowerment. A key to MHTC success is to match the interventions and communication with the MHTC participants' stage.

Psychiatric recovery for individuals involved in the criminal justice system is inherently a multi-faceted process, relying on a personalized approach. The nature of MHTC blends the benefits of highly structured, yet individualized utilization of programs and services to facilitate

growth and mental health recovery. Through personal empowerment, MHTC participants internalize the commitment to maintain their psychiatric recovery.

Effective community-based MHTC programs have the ability to play a large role in the psychiatric recovery process for individuals with criminal involvement. Communities building MHTC programs or seeking to bolster existing programs may consider the following suggestions.

- Foster a wide variety of networks of quality providers in your area (residential, mental health, drug and alcohol, work, volunteer, etc.) to best allow for individualization of services.
- Address basic needs first (stable housing, food access to mental health care, and medications) as many participants were missing critical services necessary for mental health recovery.
- Ensure interventions match the growth stage of MHTC participants. This includes communication from the staff and judge, as well as programs and services decisions.
- Focus on mental health recovery and hope. MHTC staff need to consistently articulate their belief that participants have the capacity to personally grow and improve their lives.
- Be good listeners. Participants need multiple opportunities to tell their stories, as that has been a missing component for many of the participants in previous interventions.
- Create a respectful culture. Participants are asked for input; but, ultimately it is the judge and staff who make decisions regarding progress and service utilization. Participants develop respect for possibly hearing "you're not ready yet" from the judge. Graduates saw that more support through the program was needed at certain times for them to develop long term recovery skills and wellness.

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## Compliance with Ethical Standards

**Conflict of interest** Lee Ann Eschbach, Rebecca Spirito Dalgin were funded to complete an evaluation of the program in this study in 2017. Elizabeth Pantucci has no conflicts of interest on this project.

**Informed Consent** Full IRB approval was granted for this study and informed consent was obtained from all individual participants in this study.

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