

# **FIRST DISTRICT MENTAL HEALTH COURT**

## **Judicial Education and Training**



### **The Utilization of Peer Support in the Mental Health Court Program**

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#### **Introduction**

In recent years there has emerged a gradual but consistent shift in the paradigm of mental health care throughout the country toward a perspective of recovery, person-centered planning and more direct consumer involvement in the design and delivery of therapeutic services. As a result, the principles of personal responsibility, accountability, empowerment, and self-determination and are moving to the forefront of consumer directed care, replacing previous models where the “patient” plays the general role of passive and uninformed bystander in the therapeutic process. This direction of proactive involvement in the planning and fulfillment of the client’s course of treatment toward the defined goal of mental health recovery, whereby the individual accepts the personal challenge of functional rehabilitation and proceeds intentionally along the path of holistic treatment, is akin to the quest of the mythic hero, as so extensively described by Joseph Campbell as a universal cultural archetype in the social mythology of all societies (Campbell, 1949).

Recognizing the value of the Hero Motif as a progressive paradigm that in many respects mimics the progressive phases of advancement in the mental health court model, this device is subsequently utilized in the court program as a conceptual tool. The mental health court participant undertakes the hero’s quest in pursuit of mental health recovery and legal reconciliation through the stages of program advancement. According to Campbell (1949) “the standard path of the mythological adventure of the hero is a magnification of the formula represented in the rites of passage: *separation – initiation – return*: which might be named the nuclear unit of the monomyth.” In the final act of the quest, the true hero obtains the prize and returns to share the investment with the community. Similarly, the final phase of the mental health court adventure should, where possible, include the opportunity to provide others with the benefit of their own success once the participant has reached successful maturity in the program and has passed through the gates of graduation, which in essence represents the threshold of the participant’s return. The return to the community is an indispensable part of the adventure that brings with it completion, as well as closure and fulfillment of the journey. As Campbell states “The full round, the norm of the monomyth, requires that the hero shall now begin the labor of bringing the

runes of wisdom, the Golden Fleece, or his sleeping princess, back into the kingdom of humanity, where the boon may redound to the renewing of the community, ...” For mental health court participants, the return of the “runes of wisdom ... back into the kingdom of humanity” takes the form of peer mentoring, where there is renewed opportunity to impart the keys of successful participation as they function to assist new initiates beyond the threshold guardians of the program, to move, as it were, “...into a new zone of experience” (Campbell, 1949).

As mentors of the system of therapeutic jurisprudence, seasoned participants 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 own journey and participation as well as a technical and modeling peer resource for participants who are working through the struggles of ambivalence and commitment to personal change. The mentoring process also provides the necessary weight of credibility that communicates the actual possibility of program success and completion beyond mere conceptualization or wishful thinking characteristic of participants in the early phases of therapeutic jurisprudence.

The mental health court mentoring program follows established models of Peer Recovery Support Services developed in conjunction with the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), defined throughout the following material. Additionally, the system of peer mentoring fits conceptually and within the functional practicality of both the recovery model and the social cognitive perspective of Albert Bandura.

### **The Recovery Process Model**

The Recovery Process Model is an approach to changing attitudes, values, skills, and/or roles, developing new life meaning and purpose, as well as regaining social function despite limitations of mental illness. The recovery model stresses therapeutic values such as hope, wellness, empowerment, social connectedness, and personal responsibility. Management of psychiatric illness is paired with the development and management of spiritual, emotional, and social aspects of the individual’s life beyond illness. Although not new in conceptualization or application, the recovery process model has reemerged recently as an important and fundamental perspective of hope from which mental health systems and consumers can progress away from the archaic notions of mental illness as an all powerful and negative determinate of both the quality and meaning of a person’s life.

As a basis for the development of the recovery process model and emerging best practices, recovery is generally defined as “a personal process of overcoming the negative impact of a psychiatric disability despite its continued presence.” The mental health court program also embraces the definition adopted in the President’s New Freedom Commission on Mental Health which states “Recovery refers to the process in which people are able to live, work, learn, and participate fully in their community. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms. Science has shown that having hope plays an integral role in an individual’s recovery.”

The peer support specialist in the mental health court program functions as a recovery specialist, someone who represents a model of self-determination and a facilitator of the recovery process. Peer support fundamentally includes the recognition and utilization of mutual support networks and interdependent peer relationships and is viewed as a valuable aspect of psychosocial development that fosters a sense of belonging and partnership in the rehabilitative process. Peer support plays an important role in the process of recovery as it serves to effectively guide program participants through a collective and shared experience in which they can feel a greater sense of security and commonality. The mental health court mentor encourages and engages other participants in the recovery process, assists them in overcoming the barriers of change due to feelings of detachment and isolation, and provides a mutual sense and experience of rehabilitative value and life meaning.

### **The Social Cognitive Model**

The social cognitive theory and model of human functioning accords a central role to cognitive, vicarious, self-regulatory, and self-reflective processes in human adaptation and change. People are viewed as predominately proactive rather than merely reactive organisms shaped exclusively by environmental forces or driven by inner impulses. Human functioning is viewed as the product of a dynamic interplay of personal, behavioral, and environmental influences. Social cognitive theory is rooted in a view of human agency in which individuals are recognized as critical agents proactively engaged in their own progress and development.

The social cognitive model stresses that “consciousness is the very substance of mental life that not only makes life personally manageable but worth living” (Bandura, 2001). It focuses on the cognitive regulation of human action through the productive use of goals and activities, and refers to such

cognition as “functional consciousness.” Functional consciousness involves purpose, intent, and the deliberate processing of information necessary in order to select, construct, regulate, and evaluate appropriate courses of action. Individuals in the mental health court program learn that they are responsible agents of their own experiences rather than simply passive bystanders or victims of uncontrollable life events.

### **The Social Cognitive Model and Human Agency**

Consistent with the recovery principle of empowerment, the issue of human agency stands at the focal point of the Social Cognitive model. According to Bandura (2001) to be an agent is to intentionally make things happen by one’s actions. Agency embodies the endowments, belief systems, self-regulatory capabilities through which personal influence is exercised. The core features of agency enable individuals to play a decisive part in their self-development, adaptation, and self-renewal in a dynamic and changing social environment. The predominate features of the agentic perspective include the following:

#### **1. Intentionality:**

The concept of agency relates to human action that is intentional. An intention is representative of a future, even an immediate future, course of action. It is not simply a prediction of future actions but instead a proactive commitment or decision to produce such. Intentions and actions are different functional aspects of human agency separated in time. Human interactions certainly involve situational variables and inducements for behavior but from the social cognitive perspective, such situational factors are not considered determinative forces of human behavior. Individuals can choose to behave consistent with social custom and accommodation or, through the exercise of self-influence, they may choose to behave otherwise. The power to originate actions for a given purpose and objective is the key feature of personal agency. The mental health court program promotes individual empowerment to accomplish the process of recovery through the mechanism of human agency. Outcomes are not the acts of agency but rather the consequences of them. The program participant is encouraged and mentored in the activity of planning the course of clinical and legal rehabilitation so as to minimize unintended consequences of individual choice and to maximize program benefit. The mental health court program assumes a functionalist approach to intentional agency understanding that future-directed plans are rarely complete as to detail initially but must be adjusted, revised, refined or

even reconsidered in the face of new information as the participant progresses through the ascending phases of the program.

Additionally, an added functional dynamic to the issue of intention is that most human pursuits involve other participating agents. The mental health court program is no exception and subsequently the mentoring process of the program focuses on the supportive role of a peer which requires a commitment by both mentor and participant to a shared intention and coordination of interdependent plans of action. Peer specialists, as mentors in the cycle of the heroic adventure, provide active and consistent reinforcement and support along the participant's continuum of change toward program graduation.

## **2. Forethought:**

The temporal extension of human agency proceeds beyond the function of forward-directed planning as the perspective of future-time may manifest itself in a variety of different ways. Individuals establish goals and anticipate the likely consequences of their prospective actions. They select and create courses of action likely to produce desired outcomes and avoid those that may be detrimental (Bandura, 1991b; Feather, 1982; Lock & Latham, 1990). Through the exercise of forethought, individuals motivate themselves and guide their actions in anticipation of future events. When projected over a long period of time on matters of value to the individual, a forethoughtful approach provides greater direction, coherence, and meaning to one's life. As people progress in their chosen life course they continue to plan ahead, reorder their priorities, and structure their lives accordingly. The process of mental health rehabilitation as well as legal reconciliation requires careful planning and forethought. Mental health court mentors assist program participants in the day-to-day or week-to-week management of their recovery and rehabilitative plans toward desired future oriented outcomes. Each mentor maintains a working knowledge of specific plans and objectives of each participant with whom they work so as to be able to better assess, recommend, and help implement an effective course of program participation.

## **3. Self-Reactiveness:**

Every human agent is not only a planner and forethinker, but must also function as a self-motivator and self-regulator as well. Once the program participant has adopted an intention and an action plan, they cannot merely sit passively by under any illusion that change will

magically occur. Agency thus involves not simply the deliberative ability to make choices and decisions, but it includes the responsibility to give shape to appropriate courses of action and to motivate and regulate the execution of those choices. This multifaceted self-directedness operates through self-regulatory processes that serve to link thought to action. The self-regulation of motivation, affect, and action is governed by a set of self-referent subfunctions. These include self-monitoring, performance self-guidance, and corrective self-reactions (Bandura, 1986, 1991b). The activity of learning to monitor one's patterns of behavior and the cognitive and environmental conditions under which behavior occurs is the initial step of action toward self-change. Actions give way to self-reactive influence through performance and experiential comparison relative to personal goals and standards.

Recovery based goals that are rooted in an individual's value system and attached to personal identity are owned and invested with greater meaning and purpose. Goals spur self-motivation by enlisting self-evaluative engagement. By making self-evaluations conditional as matched to personal standards and values, individuals give direction to their pursuits and thereby create self-incentives to help sustain their efforts toward goal attainment. In this way program participants increasingly behave in ways that provide self-satisfaction and a sense of fulfillment and self-worth, and decrease ways of behaving that tend to give rise to self-dissatisfaction, self-devaluation, and self-censure.

Mental health court program mentors are instrumental in helping guide participants in the development of personal goals and objectives for program success. As a model of achievement, the peer specialist in the mentoring process serves to provide a reflection of self-regulation and self-initiated performance that will aid the program participant in pursuing both intrinsic and extrinsic motivational sources necessary to maintain focus and persistence throughout the duration of the mental health court adventure.

#### **4. Self-Reflectiveness:**

The Social Cognitive model teaches that people as responsible agents of action also need to be self-examiners of their own functioning. The capability to contemplate and reflect upon oneself and reason as to the adequacy of one's thoughts and actions is another distinctly core human characteristic. Through the process of reflective self-consciousness, people evaluate their motivation, values, life meaning, and individual pursuits. In this way they begin to develop a

level of functional consciousness that will aid in their process of mental health recovery and the resolution of legal entanglements. It is at this higher level of self-reflection that individuals address conflicts in motivational inducements and choose to act in favor of one over another. Among the mechanisms of personal agency associated with self-reflection, none is more central or pervasive than an individual's belief in their capability to exercise some measure of control over their own functioning and over environmental events (Bandura, 1997). Self-efficacy beliefs as discussed in greater detail below function as the very foundation of human agency. Unless people believe they can produce desired results and forestall detrimental ones by their own actions, they will have little motivational incentive to act or persevere in the face of personal challenges and difficulties.

The advocates and stakeholders of the mental health court program as well as those graduates, who function as program mentors, are dedicated to the perspective of human agency and assist, program participants, where possible, in the effective development of increasing levels of intentionality, forethought, self-reactiveness, and self-reflection.

## **Self-efficacy**

One of the most instrumental roles the mental health court mentor can provide is that of the vicarious model of success consistent with the important concept of self-efficacy reflected and referenced in the Social Cognitive Model described above and as outlined in previous training modules.

Specifically, self-efficacy beliefs are judgments relative to our capability to succeed or perform effectively. How capable we perceive ourselves related to any given task or challenge influences our future thought and behavior. Whether we think productively, destructively, pessimistically or optimistically and how well we motivate ourselves and persevere in the face of adversity is influenced by our perceived self-efficacy. There are four domains through which self-efficacy is cultivated and developed to maturity through the utilization of peer mentoring in the mental health court program.

### **1. Personal Mastery Experiences**

The most influential source for the formation of self-efficacy is the interpreted result of one's previous performance, or what are referred to as mastery experiences. Individuals engage in various tasks, assignments, and activities, interpret the results of their actions, use these interpretations to develop impressions and beliefs about their capability to effectively engage in



subsequent tasks and activities, and then act according to the belief system they have created. Typically, the outcomes of such tasks and activities interpreted as successful tend to elevate the persons sense of personal capability while those considered as unsuccessful, poor, or even as failure, will induce a negative perception of self-efficacy. The mental health court program is interested in providing program participants with a variety of tasks and assignments through which they will have the opportunity to achieve mastery and through which they can enhance the perception of their individual capability. In part, the methodology for the achievement of mastery lies in the role of the program mentor. Through the mentor's support, encouragement, counsel and example, the participant is better able to accept and embrace whatever judicial assignments and challenges the court may impose.

## **2. Vicarious Modeling Experiences**

Another source of self-efficacy development, although somewhat less influential, is the vicarious experience of observing human models performing challenging tasks and activities. The effects of human modeling are particularly relevant when individuals are uncertain about their own capabilities or when they have limited prior experience in particular tasks or activities. Observing the successful performance of human models can contribute to the observer's belief about their own capabilities, especially when the model shares particular characteristics with the observer. Even experienced and self-efficacious individuals will tend to raise their own efficacy beliefs higher if a model can successfully demonstrate performance in a task when there is an assumed similarity with the model. However, when people perceive the model's attributes, skills, and characteristics as decidedly different than their own, the influence of the modeling experience is greatly minimized. In this regard, the mental health court program utilizes its peer mentoring system to provide effective vicarious modeling experiences for newer program participants as another venue for the development of self-efficacy. The program mentor as a role model is invaluable in the demonstration of program success, especially considering that the mentor is also subject to the challenges and difficulties associated with a serious mental illness.

## **3. Persuasive Social Experiences**

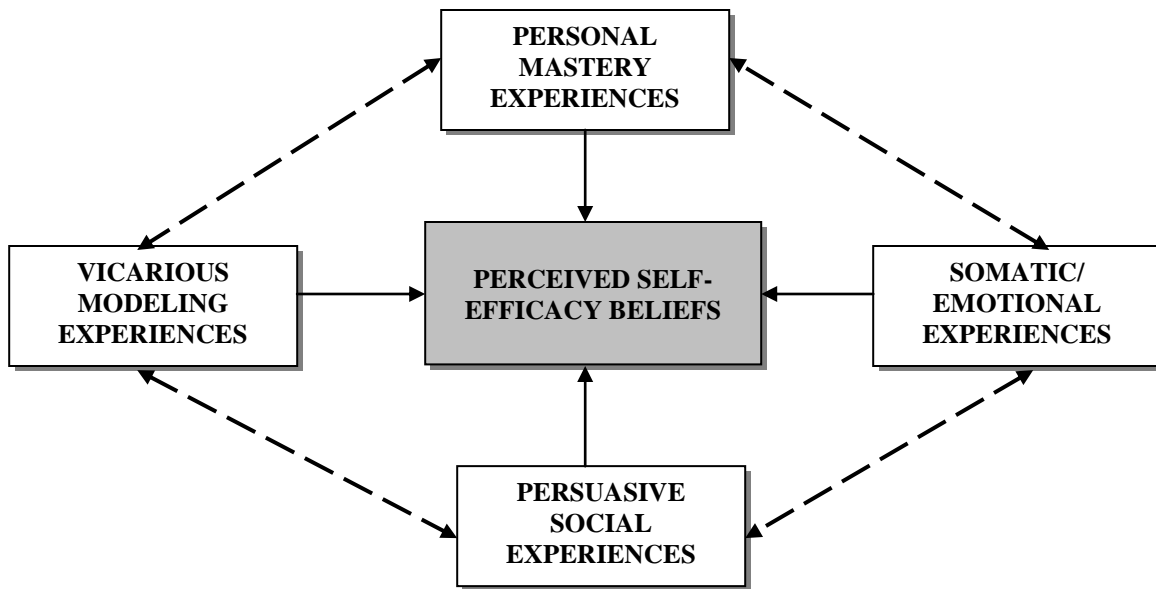
Individuals also create and develop self-efficacy beliefs as a result of the social persuasions they receive from others. This is essentially the peer mentoring and coaching model in which

program participants are afforded the opportunity, through the activity of peer support, to experience frequent and consistent positive verbal affirmations as well as genuine and constructive verbal judgments. Peer mentors as social persuaders play an important role in the mental health court program. Through the persuasive process, which is not to be confused with trivial, empty, meaningless or gratuitous praise, program participants are supported and guided in the recognition of their strengths and potential capabilities. Effective persuaders must cultivate the individual's belief in their capabilities while simultaneously ensuring that the participant's goals and objectives are in fact attainable (Pajares, 2002). Peer mentors are instructed in the art of social persuasion, understanding that just as positive persuasions work to encourage and empower program participants, likewise negative persuasions can conversely work to weaken and defeat self-efficacy beliefs, and that it is often far easier to demoralize an individual through negative appraisals than to strengthen them through positive encouragement.

#### **4. Somatic/ Emotional Experiences**

Finally, somatic and emotional states such as anxiety, stress, arousal, and mood also provide cues about efficacy beliefs as individuals often gauge their degree of confidence by their emotional perceptions as they contemplate an action. Strong emotional reactions of fear, apprehension, dread, or anxiety provide signals regarding the anticipated outcome success or failure of any task. When individuals experience negative thoughts and feelings about their capabilities, those affective reactions tend to lower self-efficacy perceptions and trigger additional stress and agitation that may fulfill the inadequate performance the individual already anticipates. In part, the role of the mentor in the mental health court program is to work to raise the participant's self-efficacy beliefs through the advocacy of healthy lifestyle changes and activities that promote well-being, which targets the improvement of the participant's physical and emotional functioning. As a participant begins to alter their thought and feeling toward enhanced self-efficacy beliefs, these beliefs in turn serve to powerfully influence the individual's psychological condition and positive perception of the possibility of program success.

## The Four Domains of Self-Efficacy Development Directly Impacted by Peer Mentors



### Mental Health Court System of Peer Mentoring

Research has established that both mental health and addiction recovery are better facilitated through a community-based system of peer-to-peer social support (McLellan et al., 1998). Subsequently, the mental health court program includes an aspect of mentoring as part of phase V of the program in which identified peers who have been successful in the recovery and mental health court process are able to provide a more powerful message of hope in addition to a greater breath of experiential knowledge that can help new program participants establish a firm foothold toward program success. The types of social support delivered by program mentors are categorized into four contexts which incorporates the four methodologies of self-efficacy outlined in social cognitive theory (i.e., personal mastery experiences, vicarious modeling experiences, persuasive social experiences, and somatic/emotional experiences) as described above.

#### 1. Emotional Support:

Providing emotional support means that the mentor imparts empathy, affirmation, caring, concern, and personal interest in the peer relationship to help enhance the peer's dignity,

integrity, and self-esteem in order to build confidence, self-assurance, and strengthen the critical factor of self-determination necessary for fulfillment of the process of recovery.

2. Informational Support:

Informational support involves the provision of both didactic and experiential knowledge and information about the court and program process and to assist the peer in the delivery of life and functional skills training by co-leading recovery and/or support groups that the peer is attending through the New Discoveries Clubhouse program, community-based support services, and/or active involvement in assisting in the teaching of NAMI consumer and family education courses, or other avenues of information delivery.

3. Instrumental Support:

Instrumental support involves concrete assistance with instrumental activities of daily living (IADLs) to help accomplish assigned program tasks (e.g., budgeting, marketing, transportation, job searching, help in accessing community social and educational services, etc.). However, such support does not include activities in which the mentor performs the tasks for the participant.

4. Affiliational Support:

Affiliational support involves efforts to facilitate contacts with community partners and other individuals to promote learning of appropriate social, recreational and leisure skills, enhance community connection and re-integration, and acquire a greater sense of belonging.

Additionally, as outlined in Davidson and Rowe's (2008) *Peer Support within Criminal Justice Settings*:

“Forensic Peer Specialists assist people through a variety of services and roles. Given the history of stigma and discrimination accruing to both mental illness and incarceration, perhaps the most important function of Forensic Peer Specialists is to instill hope and serve as valuable and credible models of the possibility of recovery. Other roles include helping individuals to engage in treatment and support services and to anticipate and address the psychological,

social, and financial challenges of reentry. They also assist with maintaining adherence to conditions of supervision.

Forensic Peer Specialists can serve as community guides, coaches, and/or advocates, working to link newly discharged people with housing, vocational and educational opportunities, and community services. Within this context, they can model useful skills and effective problem-solving strategies, and respond in a timely fashion to prevent or curtail relapses and other crises. Finally, Forensic Peer Specialists provide additional supports and services, including:

- Sharing their experiences as returning offenders and modeling the ways they advanced in recovery.
- Helping people to relinquish attitudes, beliefs, and behaviors learned as survival mechanisms in criminal justice settings (such as those addressed by SPECTRM [Sensitizing Providers to the Effects of Incarceration on Treatment and Risk Management] and the Howie T. Harp Peer Advocacy Center).
- Sharing their experiences and providing advice and coaching in relation to job and apartment hunting.
- Supporting engagement in mental health and substance abuse treatment services in the community, including the use of psychiatric medications and attending 12-step and other abstinence-based mutual support groups.
- Providing information on the rights and responsibilities of discharged offenders and on satisfying criminal justice system requirements and conditions (probation, parole, etc.).
- Providing practical support by accompanying the person to initial probation meetings or treatment appointments and referring him or her to potential employers and landlords.
- Helping people to negotiate and minimize continuing criminal sanctions as they make progress in recovery and meet criminal justice obligations.
- Working alongside professional staff.
- Training professional staff on engaging consumers with criminal justice history.

## **Strengths Perspective**

A peer support system embedded within the mental health court program that incorporates a strengths perspective builds on participant's resiliencies and capacities rather than focusing primarily on deficits, disabilities, or problems. The work of the peer mentor places an emphasis on uncovering, reaffirming, and enhancing the abilities, interests, knowledge, resources, aspirations, and hopes of individuals in the introductory phases of the mental health court program. This approach assumes that the ability to recognize one's own strengths and identify internal and external resources enhances a person's chances of success in setting and achieving program goals and in realizing his or her aspirations for clinical recovery and legal reconciliation.

By serving as role models for both mental health recovery and legal reconciliation, providing mentoring and coaching, helping to connect program participants to needed community supports, and helping in the process of establishing appropriate social networks supportive of recovery as well as personal responsibility, accountability, and productivity, peer mentors assume a key position of support providing a "difference that makes a difference" (Bateson, 1972).

Nested within the shared values of peer mentoring is a philosophy of self-direction, choice, and empowerment consistent with the principles of the recovery model. Individuals involved in the mental health court program are assumed to be fully capable of making informed choices, and will have personal preferences regarding their approach to program compliance as well as variances in persistence, pace, and dedication to program expectations. In practice, supporting the principles of self-direction, empowerment, and choice can be challenging for peer mentors. They must become well-informed about pathways to recovery as well as personal history, values and motivational attitudes different from their own. In some cases, peer mentors will have to combat their own misconceptions about, and biases against, certain personality styles as well as the complications and frustrations that come with program participants that may be either unmotivated for program success or even counter-motivated.

Furthermore, the assumption that the person seeking recovery is fully capable of making informed choices may not always fit individual circumstances, particularly when acute or severe psychiatric symptoms are associated with an active substance use disorder. Additionally, there may be a vast distinction between the capability for informed choice and the individual's level of responsibility in decision-making. This will necessitate that peer mentors become knowledgeable and sensitive as to

when to strike a delicate balance between respect for the peer's rights of choice and the need to provide appropriate prompts and persuasion in making reasoned choices that will advantage the participant toward program success as opposed to the risk of program sanction or termination.

### **The Selection of Program Mentors**

The mental health court program must address the issue as to whether or not every program graduate is required to become a program mentor, or whether this is an optional role governed by participant choice or court assignment. Given the limited volume of participants currently in the First District Mental Health Court, such a requirement of every graduate may be impractical. Additionally, not every graduate may be either willing or suited to such a role, which could potentially marginalize the mentoring system if the program is infused with individuals either poorly motivated or poorly equipped to manage the anticipated challenges that mentoring justice-involved individuals will certainly entail.

If peer mentoring is either an optional or selective system, then some systematic process of application and/or selection will need to be employed to ensure both the quality and integrity necessary to provide a meaningful resource for program participants. An additional consideration involves the issue of compensation if the system operates by court assignment. As an added prospect of responsibility beyond the general scope of the program, what added incentives exist for those so figuratively employed? Does the court perhaps hold out the eligibility for case dismissals only in instances where participants assume the added challenge of peer mentoring, whereas all other cases only retain eligibility for a step reduction? Or, does the court consider undertaking the national model of "peer specialists" as a financially compensated position, and if so, from what source are the funds obtained, are such funds sustainable over time, what entity functions as the employer, and what systems of cost accounting, payroll, time entry, and employee supervision must be initiated in the interest of fiduciary propriety?

In light of such considerations, it appears reasonable to construct a voluntary system of peer mentoring, whereby participants who have entered the terminal phase of the program may apply for such a role either at their own discretion or as invited by the court. A simple method of application submitted to the mental health court steering committee may suffice to document the interest of the participant as well as provide both a brief orientation to the responsibilities of mentoring and a written agreement as to the voluntary nature of the enterprise. Additionally, as a voluntary system, peer

mentors may obtain some intrinsic compensation through the prestige of status as appearance before judge and committee may be required periodically to accomplish the delivery of status reports regarding the progress of individuals so served by the mentor. Moreover, such service may also be emotionally compensated through formal recognition by way of public appreciation and/or certificate of achievement presented in court or through some other organized yet public ceremony.

### **The Pairing of Program Mentors and Program Participants**

Careful consideration must be taken in the pairing of mentors and participants. The Considerations of age, gender, diagnosis, categories of criminal offense, personality and demeanor may impact the mentoring relationship for better or for worse. Other judicial restrictions regarding the pairing of felons or substance abuse offenders may also factor into the selection process. As the intention for mentoring is to be a working relationship, the pairing should take into account both the preferences of the mentor as well as those of the participant, while at the same time respecting the views or requirements and considerations of the court and/or both criminal justice and mental health systems. However, it is not advised that the pairing, although friendly, should represent a traditional friendship. Mentoring is to be a voluntary yet assigned role that will include some avenue and expectation of monitoring and supervision that additionally may include progress and status reports as to the involvement and cooperation of the program participant.

The mentor, although in many respects an advocate, is in no way to assume the role of an intimate, in which they are expected to keep confidences on behalf of the participant, or otherwise protect participants from the consequences of their own actions. The working relationship between mentor and participant is a mutual effort toward program success and not a mutual enterprise to foster dependence or avoid responsibility. The mentor is to be a resource and a support for productive activity as well as a guide or navigator through the challenges and barriers that may impede the progress of the program participant. The model of the mentor should include a preference for responsibility and accountability as indispensable ingredients for program success in the short term and sustained success in the long run relative to mental health recovery and the absence of criminal recidivism.

The mentoring system adopted in the First District Mental Health Court only pairs same gender participants so as to foster a greater sense of identification and similarity between the model and the mentored in support of the social cognitive dynamic of self-efficacy so as to maximize the influence of



the modeling experience. Additionally, same gender pairings hope to avoid in most cases the possibility of quixotic entanglements and risks potentially or perhaps latent in close working relationships between heterosexual pairs. Diagnostic considerations, although important, are less critical as those eligible for program participation are generally within the SPMI spectrum of severity of mental illness and subsequently share commonalities of impairment in social and occupational functioning to which participants and mentors can more easily relate. However, with respect to the issues of criminal offense, care must be taken to minimize association between felony offenders as well as those sharing co-occurring substance related disorders or offenses as the court wishes to avoid any situations of compromise relative to the conditions of probation and/or the appearance of a potentially unholy alliance that may unnecessarily complicate the mentoring program and/or the path of recovery for either participant or mentor.

Finally, age and the demographic factors of marital status, family composition, educational level, as well as racial and cultural issues, all may be relevant factors in the selection process and must be considered on a case-by-case basis. To the degree that the mentor represents not merely a guide through the territory of therapeutic jurisprudence but also a process model of recovery and an agent of change, the program's perspective is that pairings between participants and mentors are likely more efficacious relative to a continuum of similarity rather than the disparity of difference.

### **The Training of Program Mentors**

Mentoring, as an aspect of peer support, requires a working knowledge in a variety of areas relative to the criminal justice system, mental health conditions, benefit and entitlement programs, health care systems, case management, and other supports and resources that may exist at the level of the local community as well as the broader resource potential within the outlying boundaries of State and Federal governmental entities. To be effective, mentors must receive some training relative to their role and function in the mental health court program. Peer support training resources are currently available through the Utah Division of Substance Abuse and Mental Health (DSAMH), although the material would likely need to be enhanced to include specific content relative to the criminal justice system, including modification of the material so as to be tailored specifically to the mental health court program.

An additional consideration involves the determination as to what entity would be responsible to provide the training. Given that the mentoring role is associated with the function of peer support and

incorporates the principles of advocacy, the local NAMI organization may represent the logical choice to include a peer support training program in addition to an already existing array of mental health consumer-based classes such as the BRIDGES course, among others. In this way the NAMI organization would enhance its role in the mental health court system and could potentially impact mental health court systems throughout the state. However, as the issue of training is multidimensional, some system of partnership may be employed so as to diversify the various elements of training within separate systems having relevant expertise as to specific aspects of the activity of peer support. Although more complicated, the division of labor with respect to education and training could provide for a more well-rounded educational experience, although with a divided training system, care must be taken to avoid conflicting information and the risk of competing educational interests on the part of each training entity.

### **The Supervision of Program Mentors**

Program mentors will likely need a consistent system of monitoring, reporting, and supervision so as to provide adequate support and facilitation of case consultation and review, opportunities for problem solving, and periodic guidance in the mentoring process. The peer support aspect of the program must be an interconnected system with established lines of communication and responsibility so that the flow of information and oversight of the program are consistent and integrated into the mental health court system in general so as to avoid, as far as possible, a haphazard system that operates without any clear guidelines or direction. Consideration must be given as to who will conduct and manage the supervisory element and whether or not this function would be accomplished through the training entity or through another resource.

Given the ongoing nature of education and training associated with the function of peer support as well as the value that comes with experiential education, the supervisory element of the program is a natural extension of the education and training component. Through the supervisory process the practice of peer support is examined in greater detail and subsequent goals, objectives and action plans are developed so as to improve the process and advance the mentor in the direction of personal mastery and functional competence in the peer support role. However, although the training entity may function in a mid-level supervisory capacity, established lines of communication should be maintained with the court, which presides as the program's administrative authority and functions additionally as an upper-level system of supervision as necessary so as to retain its primary responsibility for overall program oversight.

Subsequently, a representative of the peer support training entity is established within the mental health court steering committee and as such may periodically provide status reports as to the operation of the training and supervisory process. These lines of communication help ensure that the mentoring program proceeds along its intended course and is utilized effectively in the service of program participants.

### **Rules of Ethics and Conduct for Program Mentors**

What are the expectations of conduct for program mentors? Considerations relative to abuse, exploitation, neglect, boundary issues, and dual relationships are factors applicable to any formal helping relationship that must be addressed through documented policy and procedure in order to avoid and/or minimize potential liabilities and hazards associated with mentoring justice-involved individuals. The court, having oversight authority over the program, should initiate the development of some formal written parameters for the role of program mentors that includes a clearly defined set of rules or code of conduct. The adoption of an ethical code will help structure the fulfillment of the mentoring system and minimize any ambiguity as to the court's expectations as well as provide the mentor with an ethical road map that may prevent unnecessary departures into areas of questionable practice that could potentially derail both program and participant. Currently, the State's Department of Human Services has an existing code of conduct that likely could be easily modified as well as simplified for application in the mental health program, or similar codes pertaining to peer specialists may be available in other jurisdictions for adaptation to the program at hand (See example Code of Conduct – Appendix A).

## Appendix A

# **First District Mental Health Court**

## **Code of Conduct for Mental Health Court Program Mentors**

A mental health court (MHC) support specialist or “program mentor”, is an individual who has completed, or is near completion, of the mental health court program and is actively engaged in mental health and (if applicable) substance use recovery. MHC Program Mentors are responsible for providing emotional, informational, instrumental and affiliational support to assigned participants in the initial phases of the mental health court program. MHC Program Mentors adhere to the following Code of Conduct.

### **CODE OF CONDUCT**

- MHC Program Mentors are honest in their interactions and honor personal commitments.
- MHC Program Mentors have a responsibility to help individuals find their own voice and to advocate for the principles of human dignity, self determination, and empowerment.
- MHC Program Mentors will not loan or borrow personal items or money from peers.
- MHC Program Mentors will not establish romantic relationships with peers and will refrain from intimate or sexual activity with peers.
- MH Court Program Mentors avoid dual relationships; when they are unavoidable, appropriate boundaries are established within the relationship with the support of the program supervisor.
- MHC Program Mentors will not accept or give gifts from or to peers they are mentoring.
- MHC Program Mentors do not take peers to their homes; any exception to this must have written court or probation approval.
- MHC Program Mentors do not hire peers to work for them while either party is in the mental health court program.
- MHC Program Mentors will respect the privacy and confidentiality of those receiving mentoring support. Information disclosure is limited to disclosures that may be required by law, or otherwise consented to by the individual in writing, or as necessary for the supervision and operation of the mental health court program.
- MHC Program Mentors will never engage in romantic or sexual intimacies with those receiving mentoring support, nor provide mentoring support to anyone with whom they have had romantic or sexual intimacies in the past.
- MHC Program Mentors will not use relationships with those receiving mentoring support for financial gain or put the relationship at risk of exploitation or harm.
- MHC Program Mentors will not intimidate, threaten, harass, use undue influence, physical force or verbal abuse, or make unwarranted promises of benefits to those receiving mentoring support.

## References

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