

MENTAL HEALTH COURT AND CRIMINOGENIC RISK RESPONSE

A recurrent issue raised by critics of mental health courts is that they do not adequately address criminogenic risks and do little more than coerce medication treatment. The First District Mental Health Court, however, specifically addresses criminogenic risk factors as identified in the matrix below.

	FACTORS OF CRIMINOGENIC RISK		MHC RESPONSE
1	Antisocial personality patterns and attitudes	Adventurous pleasure seeking, weak self-control, restlessly aggressive, callous and disagreeable, manipulative and deceitful. Attitudes, values, belief, thoughts and rationalizations supportive of criminal conduct and cognitive states of anger, resentment, defiance and projection of blame.	Each MHC participant is required to complete a Moral Reconciliation Therapy (MRT) program as part of Phase 2. MRT is a systematic cognitive-behavioral treatment strategy that combines elements from a variety of psychological traditions to progressively address ego, social, moral, and positive behavioral growth using structured group exercises and prescribed homework assignments. MRT addresses a variety of basic treatment issues including: confrontation of beliefs, attitudes, and behaviors; assessment of current relationships; reinforcement of positive behavior and habits; positive identity formation; enhancement of self-concept; decrease in hedonism and development of frustration tolerance; and development of higher stages of moral reasoning.
2	Criminal associations	Close associations with criminal offenders and relative isolation from anti-criminal others; immediate social support for criminal behavior.	Mental health court participants are restricted from associating with other criminal offenders or those on probation, other than association in required treatment groups or allied (i.e., NAMI, AA/NA) support groups.
3	Social discord	Relationships characterized by frequent conflict, weak nurturance/caring and poor monitoring/supervision.	Each mental health court participant is engaged in individual therapy as well as specific psychosocial rehabilitative groups that focus on functional skill building (i.e., functional living skills, functional coping skills), in all phases of the program.
4	School and/or work performance	Low levels of performance and satisfaction in school and/or work (low socio-economic achievement).	The MHC program requires participants to set goals relative to productive (i.e., work), educational, and clinical activities, in each phase of the program.
5	Leisure or recreational activity	Low levels of involvement and satisfaction in anti-criminal leisure and recreational pursuits.	Mental health psychosocial day treatment programs include appropriate leisure, recreational, fitness, wellness, and social activity components as part of the service array.
6	Substance abuse	Persistent patterns of drug and alcohol misuse and abuse.	All mental health court participants who have either a co-occurring substance abuse disorder or criminal charges relative to substance abuse are required to participate in substance abuse treatment services.

Essential and Associated Features and Traits of Dyssocial (Antisocial) Personality

The essential features of the antisocial personality include a pervasive pattern of disregard for, and violation of the rights of others as well as failure to conform to social norms with respect to lawful behavior. Additionally, such individuals are often deceitful and manipulative (for profit), demonstrate patterns of impulsivity with failure to plan ahead and lack of forethought and consideration of the consequences of their behavior to self or others. The antisocial personality is typically consistently and extremely irresponsible and generally projects blame to others and avoids accountability. Associated features include lack of empathy, inflated and arrogant self-appraisal, and the tendency to experience dysphoria and depressed mood.