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From the Discipline of Law, a Frontier for Psychiatric Rehabilitation

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Abstract
While largely unknown to the field of psychiatric rehabilitation, therapeutic jurisprudence emerged from the separate discipline of law as a theoretical approach that maximizes the law's potential for therapeutic outcomes and provides a "philosophic foundation" for criminal court responses to people with mental illness. Although a rehabilitative response is its key animating principle, therapeutic jurisprudence was developed with little reference to—or mutual benefit from—psychiatric rehabilitation. This paper describes the legal concept of therapeutic jurisprudence and criminal court mental health initiatives from the perspective of psychiatric rehabilitation. It argues that these developments represent an interdisciplinary opportunity for psychiatric rehabilitation.

Key Words: Therapeutic jurisprudence, criminal court mental health initiatives, rehabilitation science, psychiatric rehabilitation, recovery, interdisciplinary

Introduction:
Although psychiatric rehabilitation emerged as an important field of scholarship and practice as recently as the 1970s and 1980s (Anthony & Farkas, 2009), it is now considered among the preferred methods for helping people with serious psychiatric disabilities (Farkas & Anthony, 2010). Psychiatric rehabilitation (also known as mental health rehabilitation or MHR) promotes recovery by helping people with mental health conditions achieve and/or regain meaningful lives, including full community integration and improved quality of life (Anthony & Farkas, 2009). It is a field—and a service—that belongs within the larger ambit of rehabilitation, a discipline of health sci-

ence. Rehabilitation from this discipline perspective, aims to "minimize disability and maximize independence" by addressing impairments caused by illness or injury (McPherson, Gibson & Leplège, 2015, p.4). While rehabilitation in health science is known to be interdisciplinary (Tate, 2006; or a "hybrid" discipline, Siegert, McPherson & Dean, 2005), its relationship and overlap with disciplines outside of health and social care is far less clear.

Within the discipline of law, meanwhile, criminal court mental health initiatives—in particular, specialized mental health courts and related mental health diversion programs—are legal initiatives intended to provide a "rehabilitative response to what would otherwise be criminally sanctioned behaviour" (Schneider, 2010, p. 202; emphasis added). These initiatives arose in North America beginning in the late 1980s (Hora, 2011) as a means to divert some people with mental illness away from prosecution and its risk of incarceration to mental health care alternatives based in communities (Redlich, Hoover, Summers & Steadman 2010). Not long after, the legal theoretical notion of "therapeutic jurisprudence" emerged and, among its other impacts on the law, soon became a "philosophic foundation" for these mental health initiatives and other problem-solving courts (Winick, 2013). Therapeutic jurisprudence's central aim is to maximize the law's potential for therapeutic outcomes (Wexler & Winick 1996). To achieve this goal, therapeutic jurisprudence was conceived of as a fundamentally "interdisciplinary" endeavour (Wexler, 1992).

Yet, while an effective rehabilitative response is central to therapeutic jurisprudence and to the increasing numbers of criminal court mental health initiatives around the world, contemporary ideas from psychiatric rehabilitation appear to have played little role in their conceptual or practical development (Ferrazzi & Krupa, 2016a). Despite claims to interdisciplinarity by both therapeutic jurisprudence and psychiatric rehabilitation, little substantial overlap has been evident during the almost simultaneous emergence of these two fields in the past four decades. Very few studies of mental health courts, for example, consider the impact of these court initiatives on from the perspective of those enrolled in them (Canada & Ray, 2016). This lack of interaction becomes easier to see when distinctions are revealed between what is meant by "rehabilitation" in the contexts of both offender rehabilitation (in the criminological sense) and psychiatric rehabilitation (in the context of health science).

This paper describes therapeutic jurisprudence and mental health criminal court diversion initiatives in the context of psychiatric rehabilitation. It argues that greater effort to integrate therapeutic jurisprudence thinking with psychi - atric rehabilitation research and practice could not only benefit the law (in the context of mental health and crimin- al justice) but also build an interdisciplinary bridge to broaden and advance psychiatric rehabilitation research and practice beyond health and social care, creating opportunities in the arena of criminal justice for psychiatric rehab- ilitation scholars and professionals, and involving judges, lawyers and other court workers as "change agents" in this context,

Understanding offender rehabilitation

The word "rehabilitation" in the context of criminal justice defies easy definition, and talk of offender rehabilitation among academics, policy makers or practitioners often makes it "far from clear whether we are all speaking the same language" (Raynor & Robinson, 2005, p. 2). For most researchers and practitioners working in the world of criminal justice today, offender rehabilitation—although "borrowed" from the wider health science literature (Ward & Maruna, 2007)—does not primarily aim to mitigate impairments caused by disabilities as does health care rehabilitation but, rather, to improve the likelihood of "desistance from crime" by criminal offenders. In its main incarnation today, offender rehabilitation is intended primarily for the benefit of the community rather than for the benefit of offenders themselves (Ward & Maruna, 2007). This currently orthodox approach to offender rehabilita- tion—sometimes called correctional rehabilitation—locates "the causes of offending in individual offenders, rather than in external factors" so that their character, morality, personality, psychological makeup and choices are the target of reform rather than their social, economic or environmental circumstances (Raynor & Robinson, 2005, p. 6).

The principal model associated with this approach is known as the risk-need-responsivity model (providing treatment according to the risk posed by offenders to meet criminogenic needs according to their responsivity to the

treatment), and it is aimed at detecting, managing and reducing the extent to which individuals are a threat to the community as cost effectively as possible (Ward & Maruna, 2007). In this model, high-risk offenders receive greater levels of rehabilitation intensity and lower risk offenders receive less. While some overlap exists between offender rehabilitation as its currently practiced and psychiatric rehabilitation (especially for the many criminal offenders simultaneously affected by issues of mental illness and addiction), offender rehabilitation in the risk-need-responsivity model subjugates the rights of the individual to a more elevated need to safeguard the rights of the community (Birgden, 2008).

The distinct meaning of psychiatric rehabilitation

Meanwhile, an understanding of "rehabilitation" in the context of psychiatric rehabilitation is decidedly distinct from its meaning in the context of offender rehabilitation. Psychiatric rehabilitation is a mental health care field (i.e., a set of values, techniques, programs and outcome expectations; Farkas & Anthony, 2010) that properly belongs in the broader health care discipline of rehabilitation science. While a universally agreed definition of rehabilitation in this sense is also somewhat elusive (Wade & de Jong, 2000), one general description characterizes it as a dynamic process aimed at minimizing the consequences of disease or injury and maximizing independence services (McPherson et al., 2015). This discipline of rehabilitation emerged in the latter half of the twentieth century as a response to more people surviving debilitating illness and injury (especially in the context of World War II) and following improved medical care and the development of antibiotics (McPherson et al., 2015). It arose mainly as a response to subsequent challenges facing health and social services (McPherson et al., 2015) and following recognition that medical services were not sufficiently attentive to the long-term consequences of disease (Wade, 2016). It developed as a "hybrid discipline" with theoretical roots in its parent healthcare disciplines of medicine, nursing, occupational therapy, physiotherapy and psychology (McPherson et al., 2015). Clarity around the definition and aim of rehabilitation in health care was substantially advanced by the International Classification of Functioning, Disability and Health of the World Health Organization first published in 1980 (Wade & de Jong, 2000) which describes rehabilitation practice in terms of efforts to enhance participation.

Within this wider discipline of health science rehabilitation, the field and service of psychiatric rehabilitation emerged following post-World War II psychiatric reforms (promoted by the World Health Organization) that shifted away from previous asylum-and-hospital-based responses to people with mental illness to rehabilitation approaches aimed at helping these people to remain in their communities (Novella, 2008). It expanded rapidly in the 1970s and 1980s and quickly became an important arena of scholarship and practice to help "individuals develop skills and access resources needed to increase their capacity to be successful and satisfied in the living, working, learning, and social environments of their choice." (Anthony & Farkas, 2009, p. 9). In 2007, the United States Psychiatric Rehabilitation Association—the major professional association of the field of psychiatric rehabilitation—adopted a definition of psychiatric rehabilitation as rehabilitation that "promotes recovery, full community integration, and improved quality of life for persons who have been diagnosed with any mental health condition that seriously impairs their ability to lead meaningful lives. Psychiatric rehabilitation services are collaborative, person directed, and individualized" (cited in Anthony & Farkas, 2009).

In recent decades, psychiatric rehabilitation has been profoundly affected by the emergence of the concept of recovery (Slade, Adams & O'Hagan, 2012), now considered "the guiding principle for 21st century mental health services throughout the Anglophone world" (Slade, 2009, p. 367). Recovery has been officially embraced by Canada, the United States, Australia, England, Israel and others as a philosophical basis for mental health services and rehabilitation (Ramon et al., 2009; Mental Health Commission of Canada, 2012; Senate of Canada Standing Committee on Social Affairs, Science and Technology, 2006) and it is acknowledged as central to international mental health policy (Davidson & Roe, 2007; Davidson et al., 2009; Ramon et al., 2009; Slade et al., 2012). The psychiatric rehabilitation concept of recovery is described as "a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and/or roles. It's a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness. It involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness." (Anthony, 1993, p. 14). It has also been characterized as "the lived or real-life experience of people as they accept and overcome the challenge of the (mental) disability"

(Deegan, 1988, p. 11). While a clear understanding of the processes and stages involved in recovery is still being explored (Silverstein & Bellack, 2008), it differs considerably from the traditional clinical approaches to psychiatric rehabilitation (Slade et al., 2012).

Mental illness in the criminal justice system

At the same time that psychiatric rehabilitation was gaining currency following the 1950s psychiatric reforms and deinstitutionalization, these same reforms had other consequences, according to many researchers: More people with mental illness found themselves in communities where the justice and health systems were ill equipped to respond to them, and their risk of being arrested and jailed for relatively minor offenses was significantly increased (Abramson, 1972; Hartford, Carey, & Mendonca, 2007; Seltzer, 2005; Teplin, 1984). Abramson (1972) described this phenomenon as the "criminalization of mentally disordered behaviour," and many subsequent researchers and practitioners have embraced the idea, linking its causes to increased numbers of people with mental illness in the community, police responses to this population, and limited community access to treatment, among others reasons (Abramson, 1972; Boyce, Rotenberg & Karam, 2015; Ryan, Brown, & Watanabe-Galloway, 2010; Schneider, 2010; Seltzer, 2005; but see Peterson et al., 2010 for evidence that this view may be overly simplistic). One way or the other, following this period disproportionate numbers of people with mental health conditions have been imprisoned in penitentiaries (Butler & Allnutt, 2003; Office of the Correctional Investigator, 2010a; Ogloff, 2002; Steadman et al., 2009) where access to mental health treatment is often limited or unavailable (Beck, 2000; Davis et al., 2012).

In Canada, for example, the proportion of people with mental illness within the penitentiary population is far larger than that of the general population (Office of the Correctional Investigator, 2010a), and one-in-four new admissions to federal corrections present with some form of mental illness (Office of the Correctional Investigator, 2010b). Eleven percent of Canadian federal offenders have a mental health diagnosis at admission, an increase of 71% since 1997 (Office of the Correctional Investigator, 2010a), and the proportion of offenders with mental health needs identified at intake has doubled between 1997 and 2008 (Office of the Correctional Investigator, 2012). In the United States, 2 million people with serious mental illness are jailed each year, and 14.5% of males and 31.0% of females in U.S. jails have at least one serious mental illness (Steadman et al., 2009). Canadian penitentiaries, meanwhile, suffer from a lack of capacity to offer adequate treatment options for people with mental illness (Office of the Correctional Investigator, 2012). Inmates with serious mental illness are incarcerated longer, are less likely to qualify for community supervision, are more likely to have their parole revoked, and have higher rates of reoffending (Davis et al., 2012). A lack of treatment options in the U.S correctional system make matters worse (Davis et al., 2012). One study reviewed found 43 % of state prisoners with mental illness who were set to be released within 12 months still had not received any mental health treatment in jail (Beck, 2000). Some researchers expressed concern that incarceration had become an ersatz "alternative to treatment" (Lange et al., 2011, p. 201) and psychiatric rehabilitation.

Therapeutic jurisprudence and criminal court mental health initiatives

Faced with the growing numbers of people with mental illness swept up in the justice system, courts needed an appropriate legal response. Beginning in the 1990s throughout North America and elsewhere, criminal court mental health initiatives were introduced (Schneider, 2010). These initiatives—namely specialized courts known as mental health courts as well as related programs collectively known as "court diversion"—are formalized efforts at different stages in the criminal justice process (Lange et al., 2011) to identify and divert people with mental illness away from courts and jails and into the community mental health care system (Petrila & Redlich, 2008; Redlich, 2007; Redlich et al., 2010; Schneider et al., 2007). Court diversion and mental health courts generally consist of mental health personnel who work with the court, the prosecutor and defence lawyers to facilitate enrolling a person with a mental illness into an appropriate mental health treatment program. No longer simply gate keepers to health and other services, specialized courts for responding to accused people with a mental illness "place judges squarely in the centre of treatment planning" (Petrila, 2004, p. 8). Typically, cases handled by criminal court mental health initiatives remain under the court's jurisdiction for a short while to ensure that the individual is linked and adhering to

treatment services before charges are withdrawn or stayed.

Therapeutic jurisprudence emerged within the discipline of law to become, among other things, the "theoretical" foundation for criminal court mental health initiatives as well as for other "problem-solving courts" (Winick, 2003; Winick, 2013) such as drug courts. Therapeutic jurisprudence views legal rules and their application as social forces that can be changed in ways that minimize their anti-therapeutic consequences and maximize their therapeutic effects (Winick, 2013). That is, therapeutic jurisprudence hopes to maximize therapeutic outcomes in law by addressing the goals of both criminal justice and mental health at the same time (Wexler & Winick, 1996). The origins of the approach have been variously described as emerging from the civil rights movement of the 1960s and 1970s (Arrigo & Tasca, 1999) to traditional Indigenous wellness-and-justice approaches found in Canada, the United States, Australia and New Zealand (Bahkt, 2005; Winick & Wexler, 2003), and it has since become synonymous with an interdisciplinary, therapeutic approach to the law in general (Winick, 2003). The influence of therapeutic jurisprudence within legal circles has grown steadily since its inception (Freckelton, 2008; Wexler, 2008; Winick, 2013), and it is considered an important element in the "comprehensive law movement" toward a more interdisciplinary, integrated, humanistic and restorative legal approach (Daicoff, 2006).

Parallel but separate paths

Yet, while the emergence of therapeutic jurisprudence scholarship and criminal court mental health initiatives coincided in time with the appearance of many key developments in psychiatric rehabilitation (including the ascendency of the recovery model), they appear to have taken little notice of these parallel advances. For example, despite therapeutic jurisprudence's recognition of the central role for rehabilitation and its insistence on interdisciplinary synthesis, especially involving psychiatry, psychology, criminology, and social work (Wexler, 2008), therapeutic jurisprudence scholarship and the creation of criminal court mental health initiatives (therapeutic jurisprudence's practical incarnation) owe most of their development to the discipline of law (Ferrazzi & Krupa, 2016): While therapeutic jurisprudence is intended to encourage, as much as possible, a "beneficial impact" for people with mental illness who are before the courts, the traditional goals of the criminal justice system "such as punishment and protection of the public" remains paramount (Schneider et al., 2007, pp. 43-44). What this has meant, in practical terms, is that therapeutic jurisprudence is often criticized for its lack of clarity concerning the meaning of rehabilitation in this context: Many scholars accuse therapeutic jurisprudence of failing to properly define what is "therapeutic" or "anti-therapeutic" in any meaningful or precise way (Roderick & Krumholz, 2006).

Similarly, the goals of criminal court mental health initiatives tend to be viewed from the perspective of mainly justice objectives first, and if therapeutic outcomes are considered, to discuss primarily clinical metrics such as mental health service utilization, substance abuse, etc. (see, for e.g., Frailing, 2010; Hiday & Ray, 2010; Moore & Hiday, 2006; O'Keefe, 2006; Steadman et al., 2011; Wolff & Pogorzelski, 2005). Even now, psychiatric rehabilitation thinking and measures of recovery remain not often considered relative to considerations of criminal justice metrics (Kopelovich, Yanos, Pratt & Koerner, 2013; Pratt, Koerner, Alexander, Yanos & Kopelovich 2013) when implementing new mental health court and court diversion programs or evaluating existing ones (e.g., Lange, Rehm & Popova, 2011). For instance, a recent review of these initiatives in the United States, described these interventions as functioning mainly as a legal means of "establishing an enduring treatment connection" between people with mental illness and existing mental health care providers (Epperson et al., 2014, p. 428) rather than integrating court diversion efforts with an integrated rehabilitation component. This shortcoming is evident in the predominance of studies that seek to evaluate the effectiveness of mental health court diversion initiatives by relying mainly on justice criteria (e.g., reduced recidivism, less jail time) and, less frequently, objective clinical outcomes (e.g., reduced substance abuse, less mental health service use) as assessment measures (James, 2010; Lange et al., 2011; Richardson & McSherry, 2010; Ryan, Brown & Watanabe-Galloway, 2010). The evaluation literature, in other words, focuses "primarily on criminal justice outcomes, such as re-arrest, jail days, or injuries to officers during 'mental health calls' to the exclusion of mental health outcomes" (Epperson et al., 2014, p. 429).

Benefits from integrating psychiatric rehabilitation and therapeutic jurispru-

dence

The development of therapeutic jurisprudence and criminal court mental health initiatives show the issues faced by criminal law and criminal courts have widened to include many of those usually considered to belong to the civil mental health and social security system (Carver, 2011). It makes sense, therefore, that the key concepts from these systems are undoubtedly important to the arsenal of criminal justice responses to people with mental illness. Integrating a thorough comprehension of psychiatric rehabilitation—thinking and practice—in future efforts to develop and evaluate mental health court diversion initiatives promises benefits for both therapeutic jurisprudence and rehabilitation science alike.

For therapeutic jurisprudence, help in defining what's therapeutic

One reason to encourage a more thorough consideration of developments in psychiatric rehabilitation within the ambit of therapeutic jurisprudence is the likelihood that the former could provide therapeutic jurisprudence with a critical answer to a long-standing criticism: a useful definition of "therapeutic." In many respects, this confusion may arise from a lack of clarity in therapeutic jurisprudence surrounding the meaning of rehabilitation and the distinctive definitions of the concept belonging to both offender rehabilitation and psychiatric rehabilitation. In general terms, the goal of the discipline of rehabilitation in health science is to maximize "functional ability" (Barnes & Ward, 2000, p. 4), improving quality of life for people with disabilities (Tate, 2006). Within psychiatric rehabilitation, recovery's focus on the lived experiences of individuals distinguishes it from traditional clinical approaches (Slade et al., 2012) and dispels concerns about "who decides what represents a therapeutic outcome" (Petrila, 1993, p. 881). Psychiatric rehabilitation and recovery offer a generalized normative framework that directs therapeutic practice and decision-making by focusing on values beyond clinical condition that maximize psychological and social functional ability (Barnes & Ward, 2000) to improve quality of life (Anthony & Farkas, 2009)—values that include self-determination, independence, and empowerment (Anthony, 1993). Thus, psychiatric rehabilitation provides therapeutic jurisprudence with a practical definition of therapeutic that remains flexible enough for particular socio-political input and research while mitigating concerns about paternalistic definitions offered by medical authorities and others (Ferrazzi & Krupa, 2016). Similarly, recovery-styled consumer participation—including individual discussion and engagement as part of the decision-making—has recently been recognized as a valued approach that should be adopted by criminal court mental health initiatives (McDaniel, 2015).

For psychiatric rehabilitation research, a frontier in theory

Rehabilitation, as a health care discipline, is often criticized for its lack of a theoretical foundation (Siegert et al., 2005; McPherson et al., 2015). Although the World Health Organization's International Classification of Functioning, Disability and Health (World Health Organization, 2001) is frequently described as its "framework" (McPherson, 2006; McPherson et al., 2015), the characteristics of disability define it as a "complex problem" involving multiple factors linked by non-linear relationships (Wade, 2016). This has made an overarching theory of rehabilitation elusive. Since theory building (and subsequent theory testing) is essential to scientific progress, neglecting theory has been blamed for slowing progress in rehabilitation research (Siegert et al., 2005). Psychiatric rehabilitation research, in particular, remains at an early stage in understanding the interventions that constitute effective rehabilitation (Farkas & Anthony, 2010). Recently, McPherson and colleagues (2015) argued that one solution is to abandon quixotic efforts to find a grand, unifying theory of rehabilitation in favour of developing "a range of theories to make sense of what rehabilitation could and should be" (p. 9).

Therapeutic jurisprudence, meanwhile, has been described as a legal theory (Birgden, 2004, 2009; Birgden & Perlin, 2009; Hora et al., 1999) affecting "problem-solving" courts, especially in the context of mental health. It has also been described as a theoretical framework, (Campbell, 2010; Goldberg, 2011), and as a heuristic "methodological guide" for qualitative research examining criminal court mental health initiatives (Ferrazzi & Krupa, 2015). As psychiatric rehabilitation research is essential for translating findings of basic clinical research into effective "systems of care" (Lehman, 1998, p. 199), therapeutic jurisprudence—although properly belonging within the ambit of law—can usefully be considered an effective theory for not only advancing this important research cause but

for improving psychiatric rehabilitation practice. In the absence of a clearer theoretical foundation, therapeutic jurisprudence provides a framework to advance psychiatric rehabilitation research for better understanding what we are, can and should be doing for the growing numbers of people with mental illness caught in the criminal justice system.

For psychiatric rehabilitation professionals, a frontier in practice

Despite strides in contemporary attitudes regarding illness and injury, the concept of rehabilitation remains widely associated with particular fields of practice (e.g., physiotherapy; McPherson, 2006) focused on treatment and improving a patients' medical status and functioning. In general terms, most healthcare workers remain unaware of the biopsychosocial model of illness (Wade, 2016). Psychiatric rehabilitation, meanwhile, is expected to operate "at the intersection between the individual, his/her personal network, and the broader social context" (Vaddadi, 2010, p. 95). The role of psychiatric rehabilitation professionals is to help people with mental illness identify the roles they want in the wider social world and to link them to opportunities available within their communities where these roles can be realized (Farkas & Anthony, 2010). At the same time, they must be in a position to create and maintain a strong partnership with users to ensure their participation in the psychiatric rehabilitation process (Farkas & Anthony, 2010). Thus, psychiatric rehabilitation professionals are above all "required to be active in communities, beyond the organizational boundaries of mental health care, in order to promote and support users' (re)integration into society" (Iancu et al., 2015, p.175).

Workers involved in therapeutic jurisprudence-oriented criminal court mental health diversion initiatives extend the ambit of health and social care into the realm of law. They include "a number of partners and a variety of professionals" (Schneider, Crocker & Leclair, 2016, p. 318). Judges, for example, play a transformed role in these "problem-solving" court settings, not merely resolving cases but using judicial authority to motivate individuals to accept needed services while monitoring compliance and progress as well as educating the community (Winnick & Wexler, 2003). They become "advocates" for the people before them with and for increased community resources to deal with their problem, liaising with and leading other community agencies and treatment providers (Winick, 2003; Petrila & Redlich, 2008). Similarly, criminal lawyers involved in therapeutic jurisprudence-oriented practice adopt a consciously rehabilitative role as a "change agent," affecting a client's therapeutic response by building relationships of respect and trust (Wexler, 2005). "Case managers," who monitor progress and compliance, walk a line "between the legal and treatment worlds" as "boundary spanners" to facilitate cooperation between other professionals in each (Schneider, Crocker & Leclair, 2016, p. 318). These therapeutic jurisprudence-oriented courts, in short, can be considered an important stage "in the therapeutic drama" (Winick, 2003, p. 1060) and the many act- ors, among other roles, play parts equivalent to psychiatric rehabilitation professionals realizing a psychiatric re- habilitation process "to develop a personal connection with individuals with serious mental illnesses to facilitate, support or teach individuals how to choose, get, and keep a preferred role valued by society" (Farkas & Anthony, 2010, p. 116). Courtrooms, in other words, are important new workplaces for psychiatric rehabilitation profession- als representing multiple disciplines.

Conclusion

While psychiatric rehabilitation—and the notion of recovery, in particular—is recognized as central to understanding therapeutic approaches to improving mental health in contexts outside of the discipline of law and criminal justice, therapeutic jurisprudence scholars have been slow to recognize these developments (Ferrazzi & Krupa, 2016). In particular, the transformative shift from a biomedical focus to a psychosocial approach that incorporates such values as self-determination, independence, and empowerment is not frequently considered in scholarship and practice relevant to criminal court mental health initiatives. More scholarship and practical effort is needed to change this.

Psychiatric rehabilitation can provide an avenue for improving the theoretical and practical validity of therapeutic jurisprudence by settling the meaning of "rehabilitation" in this criminal justice context and clarifying the defini-

tion of therapeutic (thus, contributing to the development of a normative framework to guide therapeutic jurisprudence's law reform agenda). Importantly, therapeutic jurisprudence also benefits psychiatric rehabilitation scholarship through the articulation of a sound theoretical foundation for psychiatric rehabilitation research in this context. Further, therapeutic jurisprudence's expansion of therapeutic aims into court practices and directly into the jobs of court-associated professionals—such as judges, lawyers and other court workers—creates a new arena of psychiatric rehabilitation practice. Understanding the extent and nature of these varied professional psychiatric rehabilitation roles at different stages of criminal court mental health initiatives may be crucial to improving the lives of people with mental illness caught in the justice system. More work is needed to understand the significance of therapeutic jurisprudence as a field of scholarship and a frontier for practice belonging not only to the discipline of law but also to rehabilitation science and psychiatric rehabilitation.

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