

How to work therapeutically with individuals involved in the criminal justice system

Webinar attendee questions with answers from Dr Clara Fritchley

Question: I'd be interested in any guidelines for working with clients with dissociative disorder, supporting them with legal appearances etc. (as a support worker), handling what level of disclosure etc may be appropriate and when etc? Probably answer partly is "ask client their wishes before the appearance etc if they dissociate" etc?

My experience is that aspects of the legal system parallel aspects of traumatic relationships. Power imbalances, lack of control and restrictions on an individual's freedom as well as some of the shaming (having to stand up publicly in front of others and be told what you have done is wrong etc) that come from being involved in the criminal justice system all have the potential to mirror traumatic experiences. This means that for clients who have experienced trauma and then come into contact with the justice system dissociation may be a very common response to justice processes.

In working with clients with dissociative disorders in this context I would explicitly discuss the ways the justice system can parallel experiences of trauma. Explicit discussion of this and naming what may occur allows you to collaborate with your client on how to manage the processes. I would then work very hard on; i) identifying which aspects (if there are particular ones) that would likely lead to a dissociative response, and ii) distress tolerance and grounding strategies to regulate emotions and reduce/manage dissociation as much as possible. Dialectical Behaviour Therapy (DBT) has some good strategies to look at – this therapy also discusses creating a “cope ahead” plan. This would involve creating a very specific coping plan for moments of high/extreme stress that may arise when engaging with the legal system. The more specific and clear this plan is the better. When people are under extreme emotional stress it is hard for them to engage a rational/logical mind so having a plan that is clearly written down can help in high stress moments. The aim of this work should be on creating as much safety and sense of control as is possible within this framework.

And as you have mentioned in your question following the lead of the client and asking them what is helpful will provide you with some direction. A collaborative approach is important here. For people who have dissociative disorders the therapist/worker needs to show therapeutic competency and an ability to manage the full range of the clients emotions and coping responses (this will increase clients sense of safety), while at the same time supporting the client to lead on what will be helpful to them specifically in each situation (this encourages self-determination and autonomy and increases a sense of control). Both emotional safety and self-determination will also be enhanced by

a validating and compassionate therapeutic stance that communicates to the client their response/emotions are valid and understandable.

Question: How are families of loved ones who are incarcerated being supported therapeutically?

As far as I am aware there are few support services for families of people who are incarcerated. Given the extensive evidence that poor social relationships and a lack of support network increase a person's risk of reoffending this is a significant gap. In my experience the system tends to be disjointed and siloed so while some non-government organisations offer support to families of people who are incarcerated, and they can access the Better Access to Mental Health Scheme through Medicare, there is a lack of cohesive wraparound therapeutic support. A focus on developing a more cohesive approach to the psychological support of not only the incarcerated person but also their family networks would, in my opinion, improve each individual's overall life circumstances and reduce the risk of recidivism for the person who has offended.

Question: You give importance to therapeutic relationship: is there a way you measure this and the outcomes of development in the relationship?

There are multiple measures of therapeutic relationships. The most frequently used are the Working Alliance Inventory (WAI), The Helping Alliance Questionnaire II (HAQ II), California Psychotherapy Alliance Scale (CALPAS) and the Agnew Relationship Measure (ARM). Given the qualitative differences between therapeutic relationships that develop within a legal system [Skeem and colleagues \(2007\)](#) developed a measure of therapeutic alliance that also considers aspects of the legal framework and their impact upon the relationship ([Dual-Role Relationship Inventory](#)). [Scott Miller and Daryl Chow](#) also do some good work around assessing the therapeutic relationships and therapeutic process quality session by session through feedback informed treatment.

I myself occasionally use these measures but more often than not I ask the client how they are feeling about the therapy, asking open-ended questions such as "How do you feel about what we spoke about today?" "How do you feel about what we are working on?" "Are there other things you would like to focus on?" "Let me know if there was anything that was discussed today or anything I said that didn't sit right with you" (If I sense the client is uncomfortable about something). In essence invite the client to share their feelings about our therapeutic relationship and the therapeutic processes. I may also reassure them "I know it can feel strange to be direct especially if your response is negative but understanding how you are feeling gives us a chance to work together to make the process more useful." I find creating a space that welcomes feedback – good or bad – can lead to more open conversations and reflections on therapeutic process and relationships.

Question: Do you find that you experience compassion fatigue or emotional burnout - especially if clients are unwilling to work with you, or if their behaviour is not pleasant or difficult to work with. How do you navigate working through those situations?

I do at times get burnt out and exhausted by the work. Not so much when clients don't want to work with me but by the level of trauma many clients have experienced. I feel that clients absolutely have the right to not want to work with me – and I respect the way I work is not everyone's cup of tea! I don't take it personally anymore (I used to!) – I can only work in a way that feels ethical and genuine to me and if that is not a good match for the client, I would support them to find someone who is a better match.

When an individual is required to work with me (because of a legal mandate) I usually try to name this and be explicit – “How do you feel about being here/I get a sense you don't want to be here/what makes you not want to be here/what do you think it will be like and then given we have to is there anything at all you think could be helpful?” I'd work with them to explore their ambivalence – ambivalence is totally normal (even in voluntary settings) and as therapists it's important that we are comfortable with it so that clients can also be comfortable with it and don't feel they need to hide it. We want to be tracking as closely to our client's emotional experience as possible and this involves creating a space where all can be discussed. I also remind myself that if we can provide an experience of a growth fostering relationship, that is much better than not providing that experience.

What does exhaust me more is the exposure to trauma and the fact that some humans have to endure the experiences that many people in custody have had to endure. I also find it heavy to consider that the way the system is structured very often the people who have endured horrific traumas are repeatedly punished. When I feel exhausted or burnt out, I often take a break from work if I can and do something totally different exercise/music/family/friends or otherwise immerse myself in professional development (podcasts, books or training). I find this can reinvigorate my work.

I am completing my first psychology master's degree placement at a gaol in Corrective Services. Do you have any other general tips for someone starting out working with this population? The 6 findings from your qualitative work were so helpful!

My first tip would be to connect with the human in front of you. I think all of us when we start out want to prove ourselves to be competent and a good therapist and can over plan sessions try to teach lots of skills/prove we know what we are talking about etc. While these are not negative things they can impede a human-to-human connection with the client. Many justice-involved people come to the therapeutic relationship very, very wary. They have had experiences of invalidations, abuse

and trauma – they do not respond well to what is often referred to as a “textbook” approach which I have many people tell me feels dehumanising.

Another tip would be to strive to maintain a balance between confidence in the processes of therapy and your capacity as a therapist to be present with the whole range of human emotions, and a trust in the client to know what might be best for them, allowing them to start discovering the process of what might be helpful to them. I have found that as a therapist we can be confident we understand the processes of human growth (i.e., how to become more in touch with one’s own internal world, how to tolerate one’s own emotional range and states, how to articulate one’s self and own needs, how to take responsibility for one’s actions without spiralling into self-hatred and overall how to develop a more compassionate and tolerant relationship with oneself which naturally leads to better care for oneself and care for others) and then support the individual to discover the specific ways that help them on this path.

There is some evidence that for people with more psychopathic tendencies the elements of the therapeutic relationship that matter most are agreement/collaboration on the goals and tasks of therapy rather than on the affective bond between the therapist and client. It is possible that clients with different characteristics may need focus on different elements of the therapeutic relationship so it is assessing and reflecting upon each client’s individual needs when deciding where therapeutic focus should be placed is important. My own position is that first when we come into this work, we should be respectful, validating and work hard to understand the person as a whole, rather than as a set of symptoms or problems. For me this provides a strong ethical foundation for the rest of the work and means that I am working in a way that feels genuine and in line with my own values.

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