

Therapeutic
work with
people who
are involved
in the justice
system





Objectives



- Recognise the challenges that arise when addressing the mental health needs of individuals involved in the criminal justice system.
- Understand how to conduct multi-layered case formulations to guide therapeutic work with individuals with mental health conditions who are involved in the criminal justice system.
- Identify core clinical skills necessary for successful therapeutic work with individuals with mental health conditions who are involved in the criminal justice system.

About Me

- ▶ I am a clinical psychologist
- ▶ I have worked with clients involved in the criminal justice system throughout my career
- ▶ Probation/parole, Drug Court, MERIT, Inreach and psychological assessment for the Courts
- ▶ Much of my work has been with people with a drug use disorder and or mental health disorders who have offended
- ▶ My interests lie in exploring how to create a therapeutic space that is respectful and validating, prioritising the uniqueness of every individual's experience.
- ▶ I am particularly interested in how this occurs considering intersections between individual psychological transformation and societal structures.



Therapeutic Jurisprudence

- ▶ Recognises the human, emotional and psychological side of legal processes and the ability of the law and criminal justice system to operate in ways that are therapeutic.
- ▶ Recognises that the law has profound impacts upon a person's psychological health and wellbeing.
- ▶ Encourages dignified modes of treatment, fairer processes to promote the well-being of individuals who encounter the criminal justice system.
- ▶ The boundaries of the criminal justice system and mental health disorders treatment can be expanded and integrated, acknowledging the inter-relationships between mental health disorders, offending behaviour and the connections of these with health and social conditions.



Pros and cons of this approach

Pros

- Acknowledges the impact of the law upon health and well being
- Provides a unique opportunity to intervene in cycles of crime, and incarceration
- Increases access to treatment for individuals with mental health disorders who have offended
- Addresses some of the underlying factors that contribute to offending behaviour
- May over the long term reduce crime

Cons

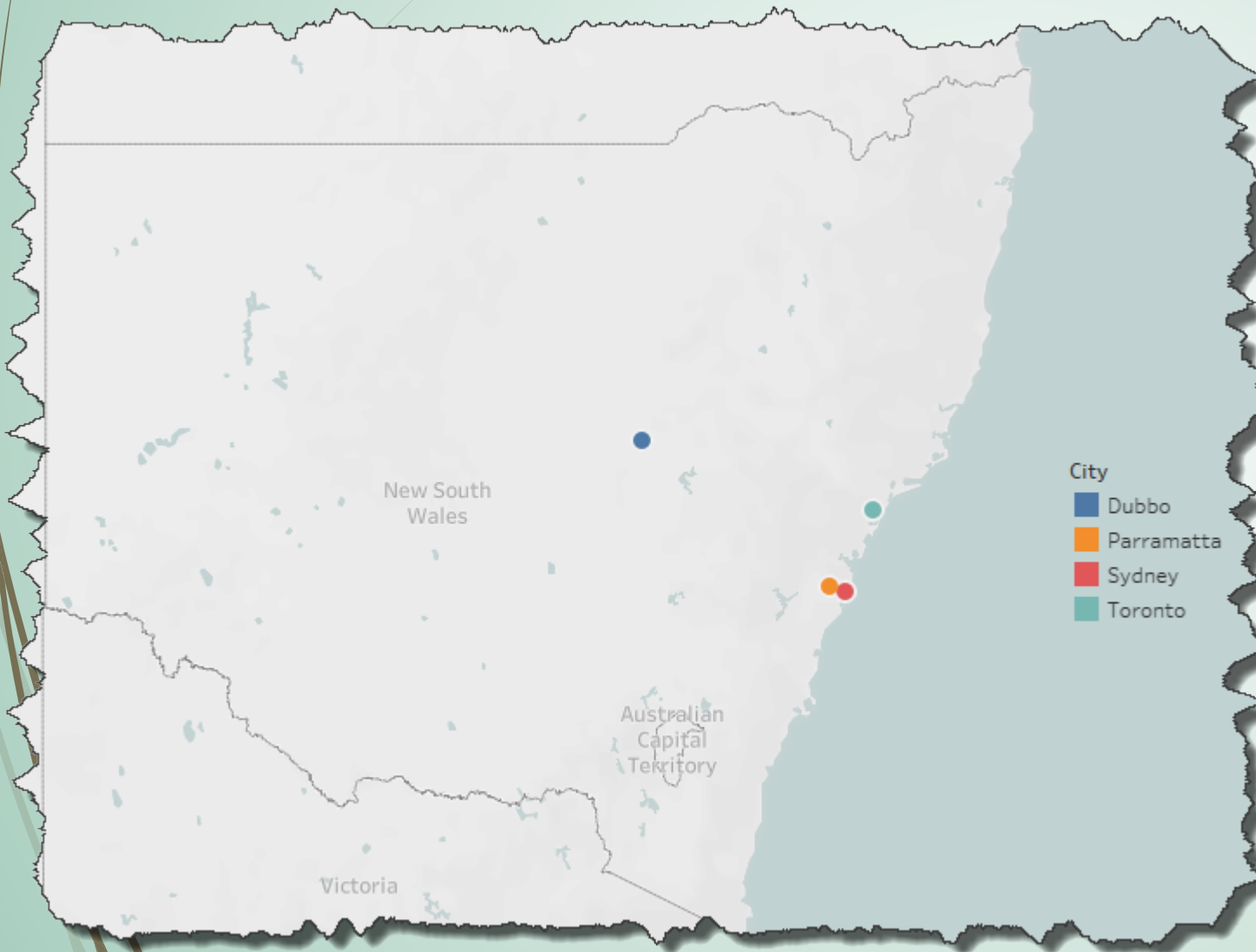
- Can be used as a way to mask some of the inequities in the system (i.e. the over representation of disadvantaged and marginalised people)
- May create a net widening effect

Characteristics of people in prison

- ▶ In Australia over half of all individuals incarcerated are identified to have a drug use disorder, with an even higher percentage of people entering prison (73%) reporting illicit drug use in the year prior to their incarceration (AIHW, 2022)
- ▶ People with a history of drug use disorder are highly vulnerable to reoffending with more than half returning to prison within 6 months post-release (Australian Productivity Commission, 2021). These rates increase even further for individuals with a drug use disorder and co-occurring mental health disorders and for people who inject drugs.
- ▶ Over two thirds of people in the prison system meet criteria for at least one mental health disorder (AIHW, 2022)



NSW Drug Courts



NSW has 4 Drug courts

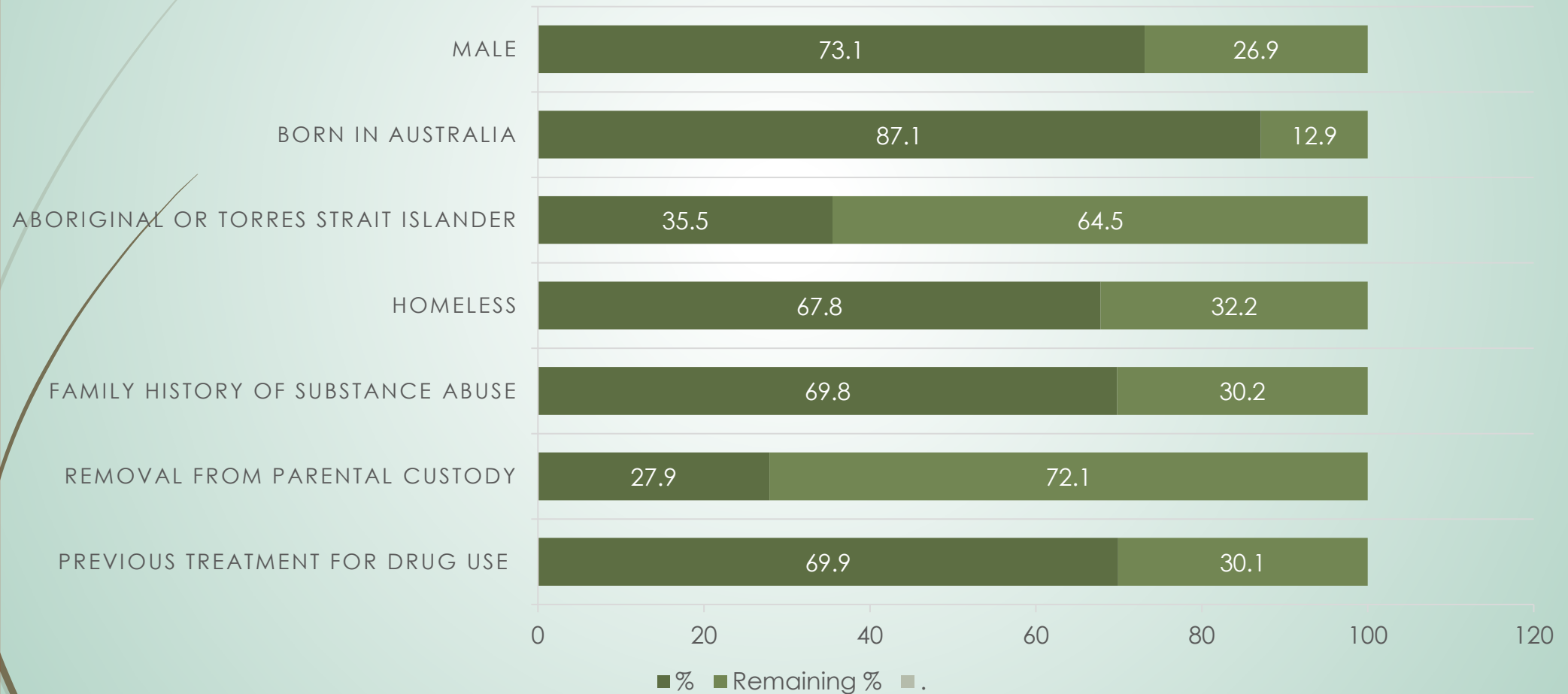
- 2 in Sydney (CBD & Parramatta)
- Dubbo
- Toronto (near Newcastle)

Over the time of recruitment 280 people commenced Drug Court programs in NSW

Final sample was 93 people

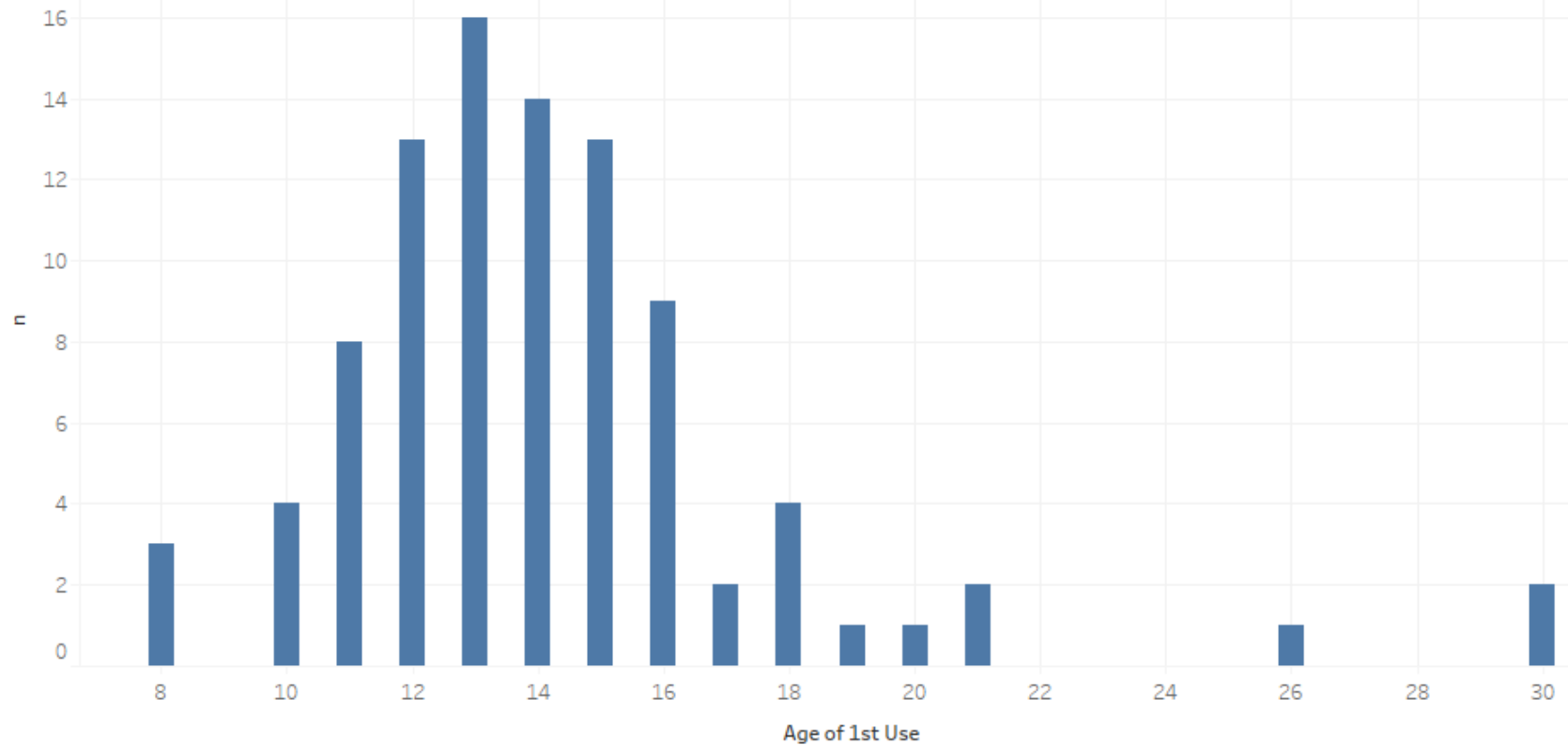
Demographics

KEY DEMOGRAPHICS (% OF THE 93)

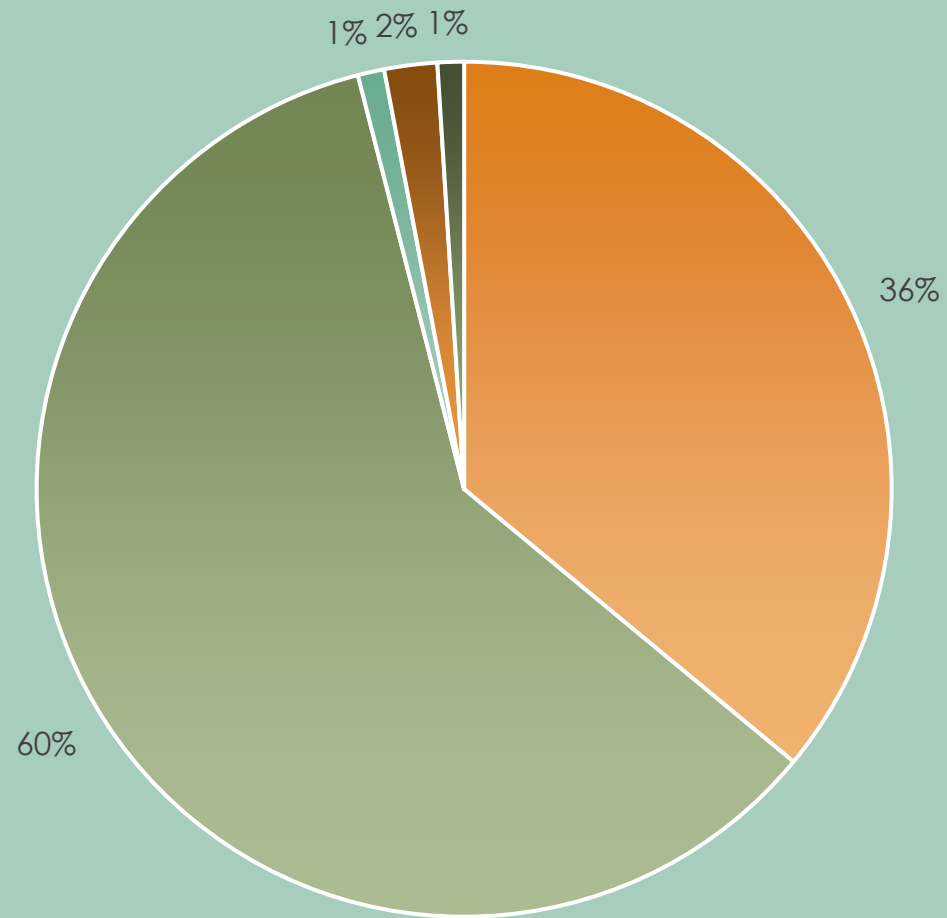


Age of first drug use

Age of 1st Drug use



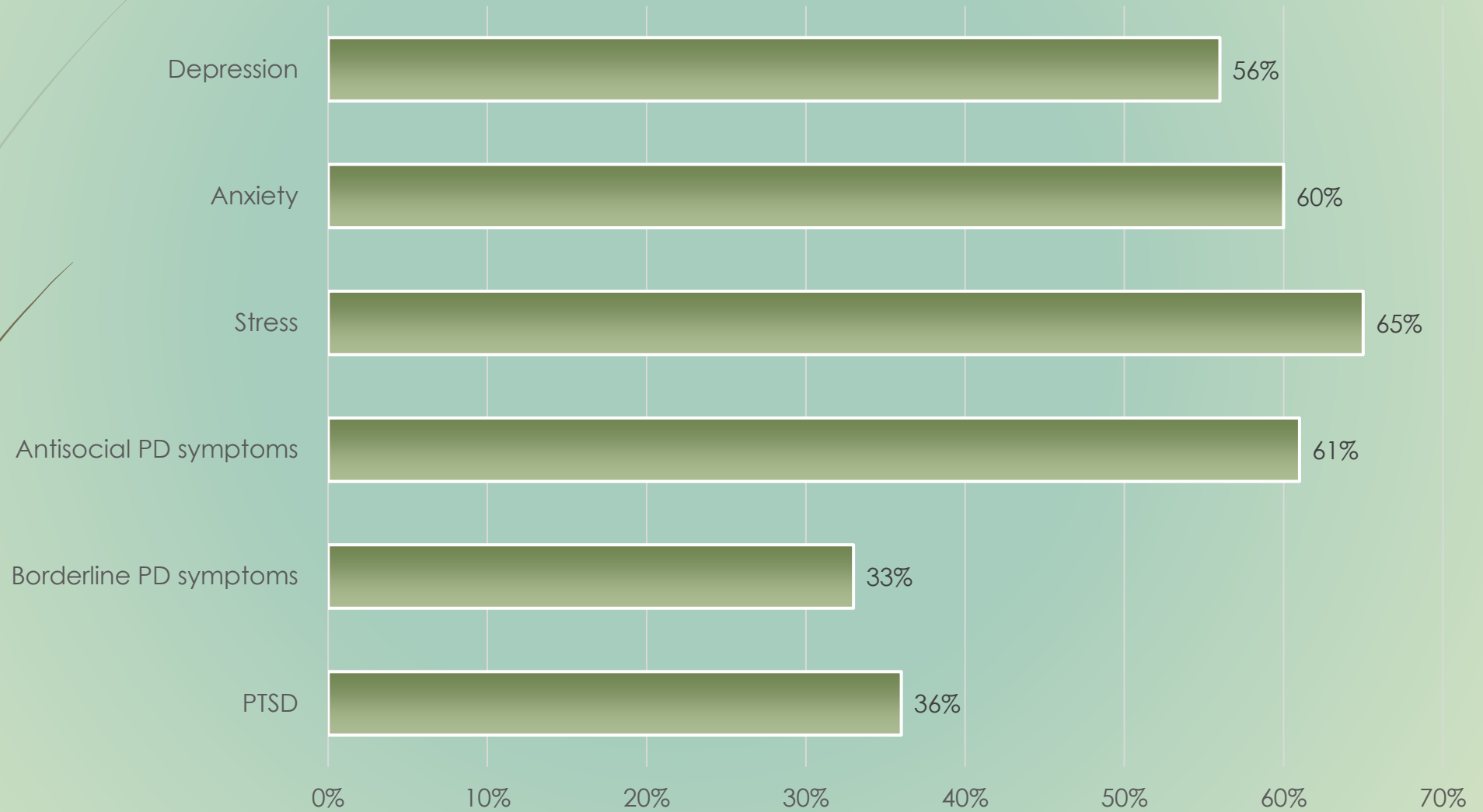
Drug Use



Problem Drug

- Heroin
- Amphetamines
- Cocaine
- Cannabis
- Benzodiazepines

Mental Health



Traumatic event exposure

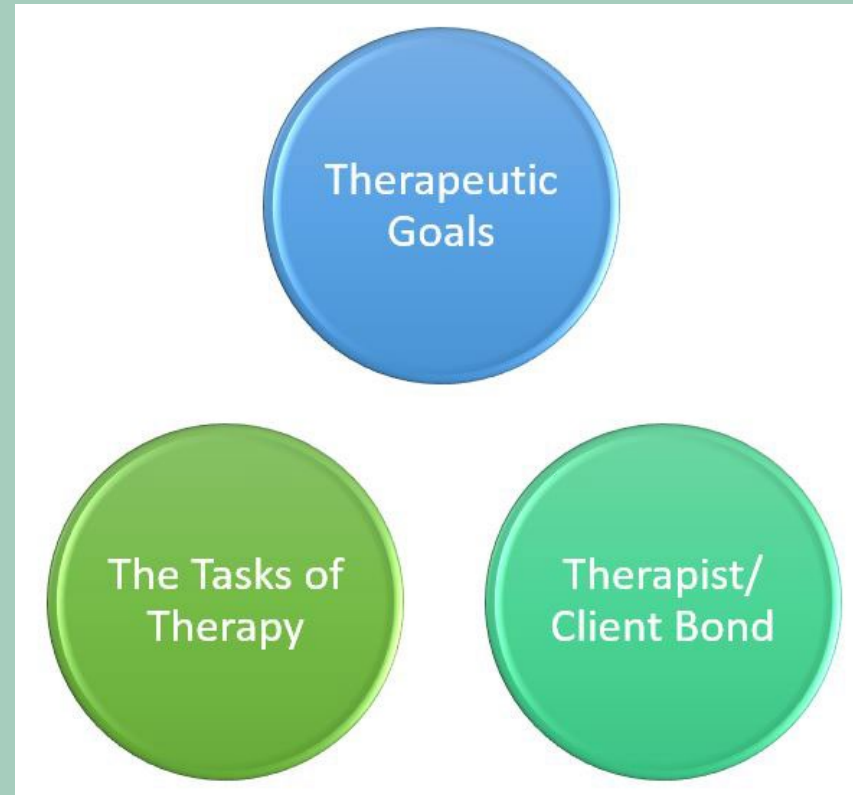
	Childhood n (%total sample)	Adulthood n (%total sample)
Transport accident	29 (31%)	38 (41%)
Physical assault	57 (61%)	54 (58%)
Assault with a weapon	20 (22%)	47 (51%)
Sexual assault	30 (32%)	9 (10%)
Witnessed a sudden violent death	16 (17%)	36 (39%)
Witnessing a sudden accidental death	5 (5%)	23 (25%)




Challenges for therapists

- Therapist occupies a hybridised position,
- Both support person/confidante to the client while at the same time working alongside law enforcement with the protection of the public as a primary interest
- Dual role of care and control
- Blurred boundaries between these roles
- Questions for the client around trust, safety and power
- Questions for the therapist around what to work on, how to balance limits of confidentiality with the relationship, how to share power and de-emphasise control and encourage collaboration within this framework.

Therapeutic alliance



Levels of influence on therapeutic relationships		Questions to ask
Psychology of the individual	Individual's internalised norms, values, beliefs, sense of self, emotional and psychological state	What are this person's beliefs? How is this person feeling? How do they express themselves? What do they want to change?
Individual material circumstances	Individual or biographical level – experiences skills, knowledge, social standing, economic standing, education, intersectionality	What has this person experienced in their life? What is their current life situation? Who are their community? Consider social determinants of health/recovery capital
Structures and cultures	Structural framework of the justice system	What are the structures around them and the constraints upon them? How are they interacting with that?
Society as a whole	Response of the community to people who offend, access to resources and services, policies and laws as to how society responds to people with a mental health disorder who have offended.	How is the community responding to offending behaviour at this time? What are the resources available to this person? How does their behaviour impact their positioning within the community?
Historical trajectories	Historical traditions including societal approaches to people who have offended, history of colonisation and structural systems of oppression.	How might this person have been impacted by structural systems of oppression? Historical events? How may this influence them in the present?
Global trends	Global patterns of understanding and responding to offending behaviour.	How do the global trends influence the societal response to this person in the present? What are the dominant global narratives around this person?

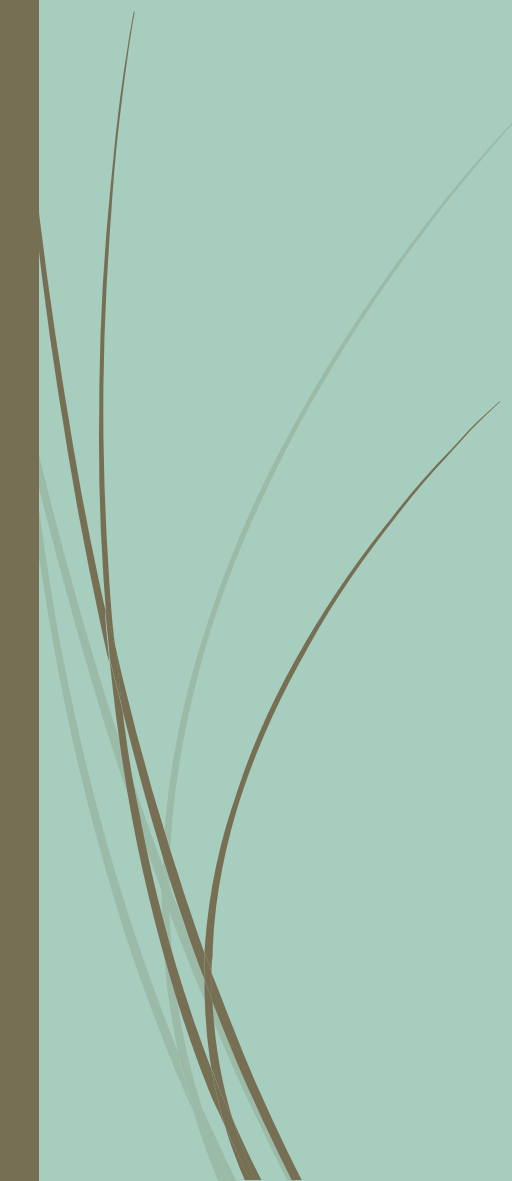


1. Recognise the criminal justice system is a unique framework in which to be engaging therapeutically

- Hybrid role of therapist
- How the legal framework impacts will vary between individuals
- Encourage and allow space for discussion of the persons experiences of the legal system (present and past) and their beliefs/feelings towards it.
- Recognise that the legal framework can both impede and facilitate therapeutic relationships.

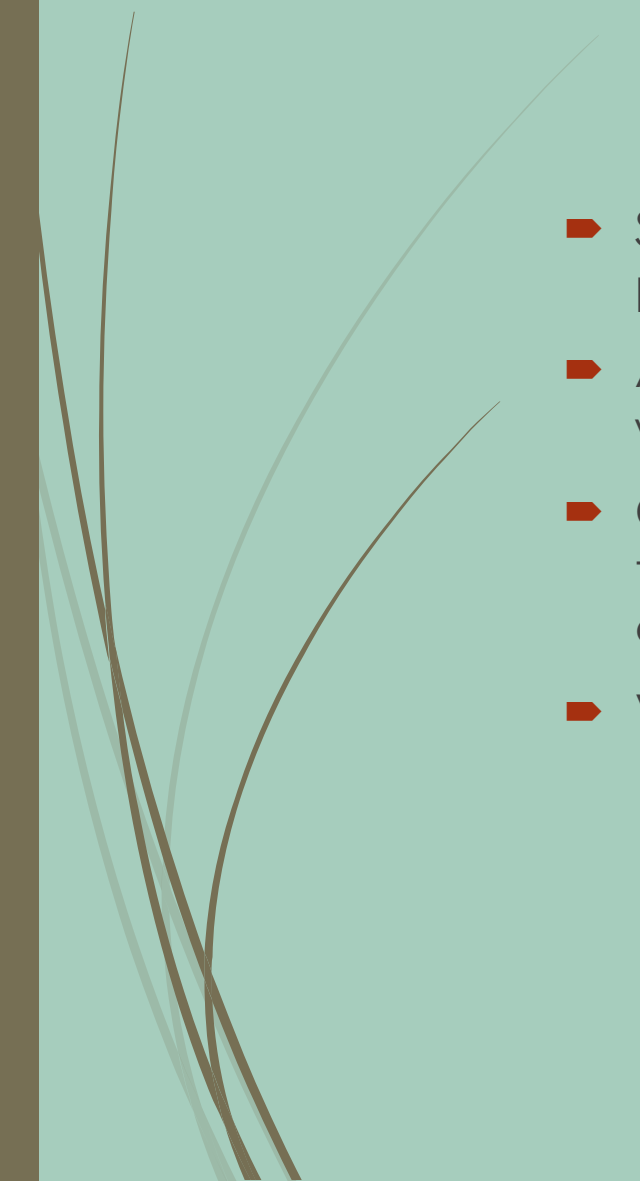


2. Therapist's therapeutic stance/attitude – How we are matters

- ▶ Presence – being in the “here and now” with the person but holding awareness of the “then and there”
 - ▶ Patience – a capacity to wait, allow and trust – recognising that people will come to the encounter with their own history of experience
 - ▶ Openness and transparency – encouragement of open discussions and clear communication of legal obligations and dual roles
 - ▶ Grace and humility – the grace and humility and compassion that comes with realising that we therapists are not immune to life's challenges and problems.
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3. Demonstrate genuine and authentic care

- ▶ Seeing the client as a whole person rather than a set of symptoms or problems
 - ▶ Attuning to the clients needs and providing an individualised response where possible and within the constraints of the legal system
 - ▶ Collaboration with the client around their hopes, desires and goals – where this is at odds with their legal requirements communicating clearly what can and cannot be achieved
 - ▶ Validating a client's emotional response to their circumstances
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4. Allow space for ambivalence

- ▶ Ambivalence and trepidation entering the therapeutic relationship is common and often more intense when a person has a history of traumatic experiences or marginalisation. This can arise from fear of one's emotions and one's capacity to manage conversations about difficult experiences.
- ▶ Provide space for ambivalence to be articulated and support the client to label any ambivalence
- ▶ Demonstrate emotional competence and capacity – all emotions/feelings can be spoken about (This requires a strong therapeutic presence and therapist's own emotional competence).
- ▶ Encourage relational safety – offer the opportunity to talk about difficult past experiences and trauma at one's own pace
- ▶ Assess and track the intensity of emotions and provide support and grounding to ensure conversations stay within the client's window of tolerance.

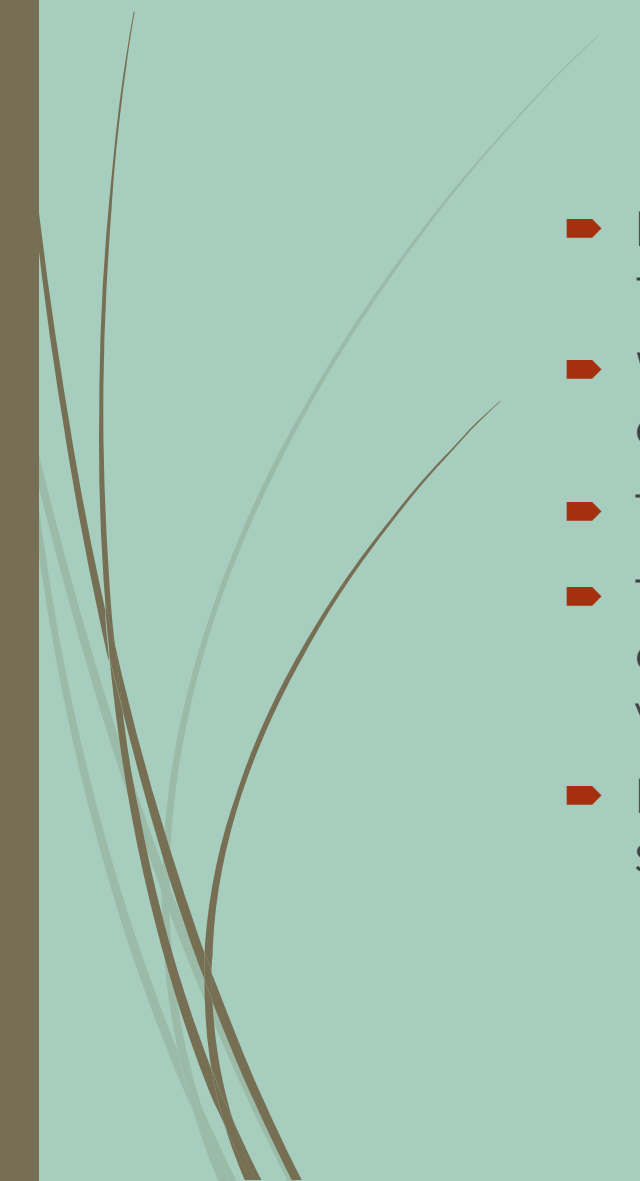


5. Encouragement of self-identity and self-articulation

- ▶ The articulation of one's subjective experience is likely to be difficult when life experiences have been of trauma, being unheard and marginalised
- ▶ Assisting a person to develop the ability to self-articulate will help strengthen self-identity and communication of needs.
- ▶ Use a curious and enquiring approach to encourage exploration of the persons internal experiences.



6. Recognise ruptures and commit to working towards repair

- Ruptures are common in therapeutic processes but when unrepaired lead to poor treatment outcomes
 - Within the legal system rupture will be commonly managed through emotional withdrawal which can often take subtle forms
 - Therapist recognition of ruptures is crucial for repair to occur
 - Therapist curiosity as to how the client is experiencing the interactions – communicate the message that conflicts can be spoken about and worked through
 - Rupture repair can provide the opportunity for a corrective experience of successfully navigating interpersonal conflict
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Takeaways

- ▶ Considering our therapeutic interactions and relationships is critical if we want to support changes for people involved in the criminal justice system.
- ▶ There are qualitative differences in these therapeutic relationships from other settings
- ▶ Complex models of case conceptualisation and formulation can lay a more ethical foundation for our interactions
- ▶ There are core relational skills that therapists can work towards to maximise the quality of therapeutic encounters and relationships