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CRIMINOGENIC PERSONALITY AND VIOLENCE

Lesson 23

Objectives:

- **To understand the relationship of Borderline personality disorder and legal issues.**
- **To know about differences/developmental similarities of ASPD and BPD**
- **To understand the Narcissist Personality Disorder**
- **To understand the Paranoid Personality Disorder**
- **To get an insight about the changeability vs predictability debate**

Borderline Personality Disorder (BPD)



Borderline Personality Disorder is a typically female disorder. Borderline Personality Disorder (BPD) is a pervasive pattern of instability in interpersonal relationships, self-image, emotional adjustments, and marked impulsivity demonstrated in a variety of contexts. Studies suggest that individuals with BPD tend to experience frequent, strong and long-lasting states of aversive tension, often triggered by perceived rejection, being alone or perceived failure. Individuals with BPD may show changeability between anger and anxiety or between depression and anxiety and temperamental sensitivity to emotive stimuli. The negative emotional states particularly associated with BPD have been grouped into four categories of:

1. **Extreme feelings in general**
2. **Feelings of destructiveness or self-destructiveness**
3. **Feelings of disintegration or "identitylessness"**
4. **Feelings of victimization**

Individuals with BPD can be very sensitive to the way others treat them, reacting strongly to perceived criticism or hurtfulness. Their feelings about others often shift from positive to negative, generally after a disappointment or perceived threat of losing someone. They are slaves of mood, if they are in anger no one can escape and if depressed can even commit suicide. Self-image can also change rapidly from extremely positive to extremely negative. Impulsive behaviors are common, including alcohol or drug abuse, unsafe sex, gambling, prostitution and recklessness and rocking relationships in general.

They are victims not abusers

Women with certain kinds of disorders, like borderline personality disorders, tend to be attracted to and hook up with men who manifest symptoms of psychopathic personality disorder .BPD are completely opposites of anti social personality disorder. Attachment studies suggest individuals with BPD, while being high in intimacy- or novelty-seeking, can be hyper-alert to signs of rejection or not being valued and tend towards insecure, ambivalent, preoccupied or fearful attitudes towards relationships. They tend to view the world generally as dangerous and malevolent, and themselves as powerless, vulnerable, unacceptable and unsure in self-identity. So they are easy prey of anti social personality as their main characteristic is to **exploit of vulnerable people.** Females with BPD make a combination with anti social personality males by allowing them to exploit them.

BPD plays a major role in many issues of **legal system such as:**

- ✓ **Substance abuse**
- ✓ **Domestic violence,**
- ✓ **Gambling shop lifting**
- ✓ **Prostitution**
- ✓ **AIDS**

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- ✓ **Homelessness**
- ✓ **Suicides**

A significant number of people with BPD can be found in forensic settings (such as prisons or jails). Because BPD are heavy users of mental health services because of frequent hospitalizations and emergency room visits due to suicide attempts.

Main characteristics of Borderline Personality Disorder

Mcq except

- **Dysregulation**
- **Self dysregulation**
- **Relationship dysregulation**
- **Emotional dysregulation**
- **Behavioral dysregulation**
- **Cognitive Dysregulation**
- **Typically females**
- **History of abuse**
- **Abusive relationships**
- **Parasuicidal behaviors**
- **Suicide attempts**
- **Internalized violence**

Mcq except

Diagnostic criteria for BPD:

1. **Frantic efforts to avoid real or imagined abandonment (fear of abandonment)**
2. **Unstable and intense interpersonal relationships (alternating extremes of idealization and devaluation)** all good or all bad
3. **Identity disturbance (a feeling that one doesn't exist or embodies evil)**
4. **Impulsiveness (in such areas as sex, substance abuse, crime, or reckless driving)**
5. **Recurrent suicidal thoughts, gestures, or behaviors (depressive loneliness)**
6. **Emotional instability and/or mood swings**
7. **Chronic feelings of emptiness (boredom)**
8. **Inappropriate displays of intense anger (temper tantrums)**
9. **Transient, stress-related paranoia, dissociation, or doubling** Verbally & non-verbally

This is a rather unusual set of symptoms, so let's explain them one by one. **Fear of abandonment** is not the same as fear of rejection. People who suffer from a fear of abandonment cannot stand to be alone. People who suffer from a fear of rejection cannot stand getting close to anyone else. In fact, BPDs and need people badly to get constant feedback, reassurance, and advice. They may not always follow the advice of others, but they will keep asking and at least have others around for that. Sexually, they always seem to have a partner handy, and will usually be stringing along a "stable" of boyfriends or girlfriends (serial monogamy). They are often socially inept, and don't know how to act in pleasant or polite company.

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Borderlines will love you one minute and hate you the next. This is the clearest way of describing their **alternating extremes of idealization and devaluation.** Interaction with them is severely straining in this regard. They seem to wish for a clinging, dependent, and exclusive relationship with you, then almost the next minute they are putting you down, discrediting your achievements, accomplishments, and personal significance. To manipulate you, they will use anger, threats, sadness, or complaints about

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physical ailments. They always fail, however, to see the "big picture" and focus in on details such as being able to reach you by phone at all times.

There's a general proneness to dysphoria, or a generalized feeling of ill-being. They can't quite put their finger on it, but it's due to an **unstable self-image, a feeling that one doesn't exist or embodies evil in some way.** They view the whole world as "all good" or "all bad". All people, all experiences, and their self are viewed in extremes. They cannot grasp the concepts of moderation or something being "all right", OK, average, or ordinary.

Impulsiveness is a trait commonly associated with criminal tendencies. Impulsives deal with stress and the unexpected by acting more unpredictably, almost as if they were trying to outwit unpredictableness itself. They'll start to get nervous, and then agitated, then "bang", they'll do something like hit somebody, break something, hurt themselves, or at the drop of a hat, initiate a brief, impersonal, sexual encounter. Needless to say, such people are typically at risk for alcoholism, drug addiction, sexual and eating disorders.

Recurrent suicidal thoughts, gestures, or behaviors are part of the borderline's manipulative self-destructive habits. They are a continual burden for the police and hospitals. Constantly calling forth a "saving" response from others, the borderline operates on the principle that the best help is obtained from those they can discomfort the most. So, they will alienate and resist those they want help from, and will do this by finding and invading a caregiver's personal number or home address, calling at odd hours or showing up at the house unexpectedly. If they are involved in a crime under investigation, they will taunt the police with calls, tips, and clues.

There will be instances of **emotional instability and mood swings,** in the form of depression or irritability, but no hallucinations, delusions, or severe thought disorders. Most of these episodes will be for attention (histrionic) and last no more than a few days, most likely a few hours.

They will experience chronic **feelings of emptiness and boredom.** This will manifest itself in sleeplessness (insomnia), loss of appetite, unplanned road trips, and sexual affairs. There will also be temper tantrums displayed at times which seem just for the sake of getting angry, in other words, **inappropriate displays of intense anger.** When asked why they are angry about something that a moment ago made them happy, they'll say they were trying to put things right, or something like that.

Mnemonic

abbreviation

A commonly used mnemonic to remember some features of borderline personality disorder is ***PRAISE:***

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P - Paranoid ideas
R - Relationship instability
A - Angry outbursts, affective instability, abandonment fears
I - Impulsive behaviour, identity disturbance
S - Suicidal behaviour
E - Emptiness

In short Borderline Personality Disorder can look like…..

- **Schizophrenia (hallucinations, illusions, paranoia)**
- **Bipolar Affective Disorder (mood changeability and anger)**
- **Major Depressive Disorder (suicidal, depressed)**
- **Antisocial Personality Disorder (legal problems)**

Characteristics Mcqz

* histrionic - attention seking

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Antisocial Personality Disorder Vs Borderline Personality Disorder

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Antisocial Personality Disorder	Borderline Personality Disorder
Male	Female
Violence for others	Violence towards one's self
Criminal	Suicidal
externalization	Internalization

Similarities of APD & BPD

But when we come to the development of these both disorders we can find striking similarities like both have following factors in common:

- Early trauma
- Inconsistent Parenting
- Early Attachment issues
- History of abuse

Childhood abuse, trauma or neglect

Numerous studies have shown a strong correlation between childhood abuse and development of BPD. Many (but not all) individuals with BPD report having had a history of abuse, neglect, or separation as young children. Patients with BPD have been found to be significantly more likely to report having been verbally, emotionally, physically, and sexually abused by caretakers or trusting figures of their life.

They were also reported to have failed to provide **needed protection**, and neglected their child's physical care. Parents (of both sexes) were typically reported to have withdrawn from the child emotionally, and to have treated the child **inconsistently**.

Narcissistic Personality Disorder Mcq

Narcissistic personality disorder is characterized by extreme focus on oneself, and is a maladaptive, rigid, and persistent condition that may cause significant distress and functional impairment. People who are overly narcissistic commonly feel rejected, humiliated and threatened when criticized. To protect themselves from these dangers, they often react with disdain, rage, and/or defiance to any slight, real or imagined.

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To the extent that people are pathologically narcissistic, they can be controlling, blaming, self-absorbed, intolerant of others' views, unaware of other's needs and of the effects of their behavior on others, and insistent that others see them as they wish to be seen

The interpersonal relationships of patients with NPD are typically impaired due to the individual's lack of empathy, disregard for others, exploitativeness and constant need for attention. They frequently select as mates, and engender in their children, If they like any think they will get that because they like it, no matter whether it damages some one else's rights or not.

As opposed to patients with the Borderline Personality Disorder, the self-image of the narcissist is stable, he or she are less impulsive and less self-defeating or self-destructive and less concerned with abandonment issues.

Main characteristics of Narcissistic Personality

- **Overlaps with Anti Social Personality Disorder**

Some times narcissists appear as Anti Social Personality Disorder as narcissists also do not count and regard other individual's rights, emotions and feelings. Have a tendency to exploit others.

- **Extreme extension of personal boundaries.**

Narcissists do not have set and defined boundaries like other normal human beings rather they have very vast and extended boundaries of conduct.

- **So have a tendency as to engulf /absorb/ swallow everyone else**
- **Intense self-love (only "I" am important and fulfillment of "my" needs is essential.**
- **May be caused by excessive spoiling but no real affection.** Like father buy a fifty thousand mobile for his child but do not spare few hours for him and do not give him the true love and attention. So absence of real and true parental love and affection can cause Narcissist personality disorder.

Non-criminal? Psychopath

Why non criminals? The notion that there is a population of uncaught individuals who have faithlessly conned and have committed crime/ violence, fraud such individuals have following characteristics:

- **High IQ (high intelligence help them in doing crimes with less cues behind)**
- **Conman (typically fakers and hoax)**
- **Tells lies as a habit**
- **Social climber (use friends as for getting things and benefits)**
- **Takes no prisoners**
- **Commits many crimes and frauds but never gets caught.**
- **Makes tall claims**
- **Knows everyone**
- **Propels himself to high positions**
- **High proportion of politicians can be placed in this category.**
- **Subverts legal system (corrupts and weakens the legal system of country)**
- **Finds loopholes**

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Paranoid Personality Disorder

It is characterized by an exaggerated sensitivity to rejection, resentfulness, distrust, as well as the inclination to distort experienced events.

Neutral and friendly actions of others are often misinterpreted as being hostile or contemptuous. Unfounded suspicions regarding the sexual loyalty of partners and loyalty in general as well as the belief that one's rights are not being recognized is stubbornly and argumentatively insisted upon. Such individuals can possess an excessive self-assurance and a tendency toward an exaggerated self-reference. The use of the term **paranoia** in this context is not meant to refer to the presence of frank delusions or psychosis, but implies the presence of ongoing, unbased suspiciousness and distrust of people. **Paranoid Personality experience following types of delusions:**

5 types of delusion

Mcq / Q

- **Delusion of grandeur**

This delusion is characterized by fantasies of exaggerated estimation of wealth, power, or status. Delusional conviction of one's own importance, power, or knowledge or that one is, or has a special relationship with, a divinity or a famous person. It includes an obsession with grandiose or extravagant things or actions.

- **Delusions of reference**

Involve a person having a belief or perception that irrelevant, unrelated or innocuous things in the world are referring to them directly because they are very important and special. Delusion of grandeur is the cause of this delusion.

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For instance few boys were standing at the corner of the street .they laughed at some joke but a person who had delusion of reference, thought they were talking, infact planning against him and laughed at the completion of their plan.

Some time they can have experiences such as:

- ✓ Feeling that people on television or radio are talking about, or talking directly to them
- ✓ Believing that headlines or stories in newspapers are written especially for them
- ✓ Having the experience that people (often strangers) drop hints or say things about them behind their back
- ✓ Believing that events (even world events) have been deliberately contrived for them, or have special personal significance
- ✓ Seeing objects or events as being deliberately set up to convey a special or particular meaning

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- **Delusion of persecution**

A delusion that one is being attacked, harassed, persecuted, cheated, or conspired against. Perceives attacks on his/her character or reputation that are not apparent to others and is quick to react angrily or to counterattack.

- **Seductive Delusions**

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False believe that other women or men are sexually attracted.

- **Delusion of jealousy**

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Constantly anxious, concerned and having a frantic feeling of being great. So other people are jealous and want to kill, so many times they stop visiting relatives and do not eat anything from relative's houses and ultimately become completely lonely. Some time they have false believe that one's spouse or lover is unfaithful, based on erroneous inferences drawn from innocent events imagined to be evidence.

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Predictability vs changeability

If a person has Anti social personality disorder, a Forensic Psychologist can predict that in what type of circumstances this person can be dangerous. But the opposing view holds that human beings can change. (Changeability)

Can humans change? We know from our own experiences and religious history that yes human beings can change some time under influence of "Wali Ullah" and some times other things help a person to transform. But other psychologists argue that such instances are rare. Usually people's personalities are stable. But I am one of those psychologists who believe that human beings can change and psychotherapy and treatment can help such people to change. But what do you think? What is your opinion about this debate of changeability? Can human beings change? Can psychotherapy/psychological treatment help such people? Can legal system take some steps to help such people change? Because if you start thinking; you are on your way to become a forensic psychologist.

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Objectives

- **To understand that how and why psychopaths become university goons**
- **To understand that how ASPD are exploited by other psychopaths**
- **To understand the treatability debate**

University Goons

Through your own observation and experience you can feel that many individuals with antisocial personality disorder (ASPD) Join university religious groups. Such groups attract them because:

1. **Such groups gives them a sense of lose belonging, no strong bond is required.**
2. **But this membership gives them power.**
3. **Power that they can use for violence and influence.**
4. **Mostly ASPD have a sense of inadequacy and inferiority. So when they join such groups it compensates for their sense of inadequacy and inferiority.**
5. **ASPD terrorize other students for no cause and enjoy that feeling. like beating up the male students if the are talking to a girl. Although talking to other gender is not a crime but beating up any one is a crime.**
6. **After having done this thing they feel good about themselves.**

Terrorism and Psychopaths

Many psychopaths turn to extreme religious groups outside the universities. And if the leader of that extreme religious group is another psychopath, then they are exploited by other psychopath leader. Now their two qualities make them **perfect for terrorist activities.**

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1. **Their lack of fear and thrill seeking behavior helps them carry out dangerous suicidal tasks.**
2. **Their lack of victim empathy makes them perfect for harming innocent civilians.**

So in this way an ASPD becomes a common criminal to university goon to a terrorist.

Personality disorder specific crime

Different personality disorders commit different specific type of crimes.

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Borderline Personality Disorder	Suicidal attempts, prostitution
Paranoid Personality disorder	One time murder attempt or murder
Antisocial Personality Disorder	Robbery, rape, terrorist activities

Treatability Debate

Like predictability and changeability debate, another controversial issue of Forensic psychology is the treatability of personality disorders. Psychotherapy is nearly always the treatment of choice for these disorder; medications may be used to help stabilize mood swings or specific and acute Axis I concurrent diagnoses. There is no research that supports the use of medications for direct treatment of antisocial personality disorder, though. Usually experts consider **Dialectical Behavioral Therapy** as suitable treatment for BPD.

DBT treatment for BPD

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Most individuals with personality disorders rarely seek treatment on their own, without being mandated to therapy by a court or significant other. Court referrals for assessment and treatment for this disorder are likely the most common referral source. A careful and thorough assessment will ensure that the person that the person has antisocial personality disorder. This can often be confused with simple criminal activity (all criminals do not have this disorder), adult antisocial behavior, and

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other activities which do not justify the personality disorder diagnosis. As with a thorough assessment of any suspected personality disorder, formal psychological testing should be considered invaluable.

Because many people who suffer from this disorder will be mandated to therapy, sometimes in a forensic or jail setting, motivation on the patient's part may be difficult to find. In a confined setting, it may be nearly impossible and therapy should then focus on alternative life issues, such as goals for when they are released from custody, improvement in social or family relationships, learning new coping skills, etc. we will discuss details of treatment in forth coming lessons.

Paranoid Personality Disorder

Pattern of distrust & suspiciousness such that others motivates & interpreted as malevolent.

Schizoid Personality Disorder-

Pattern of detachment from social relationships & restricted range of emotional m./expression.

Antisocial Personality Disorder

Pattern of disregard for, & violation of, rights of others-

Borderline Personality Disorder

Pattern of instability in interpersonal relationships, self-image & affects & marked impulsivity.

Narcissistic Personality Disorder-

Patter of grandiosity, need for admiration & lack of empathy.

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LEARNING DISABILITIES/MENTAL RETARDATION AND VIOLENCE

Objectives

- **To understand the relationship of learning disabilities and violence**
- **To understand how rage builds up in individuals with Learning Disabilities**

Learning Disabilities (LD)/ Mental Retardation (MD)

Usually label of mental retardation is used but it does not give a well impression. Who are learning disabled? Means subaverage general intellectual functioning which originates during the developmental period and is associated with impairment of one or more of the following:

(1) Maturation
(2) Learning
(3) Social adjustment

LD/MR and crimes

One thing is very important to understand that usually learning disabled do not commit crime. MR and crimes are not correlated like ASPD and crime have deep connection. But sexual offences are slightly rare because they are not competent enough to understand social rules. Sexual offences are of minor severity like indecent body exposure e.t.c.

Violent Crimes

Even though crimes committed by LD are rare, these could be very serious like murder, causing grievous bodily harm e.t.c. as we discussed in one of our previous lectures that not just anger and aggression but rage is the basic reason of any such serious crime.

How rage builds up in individuals with Learning Disabilities

In one of our previous lectures, we have discussed this issue in detail that how different factors contribute to the eruption of rage.

- **Learning disabled child is unwanted and unloved**
- **Feels the societal death wish**
- **The Learning Disabled always set a typical poor "Smile" on their face. Assuring others that we are not bad, so please do not hate us.**
- **Frequently subjected to physical and sexual abuse and violence by significant figures of life.**
- **They are always considered the "shame of family" and kept hidden**
- **Unexpressed anger and aggression over a long time and inhumane treatment of parents family and other society members leads to the build up of rage.**
- **So sudden unexpected eruption of rage can result in murder, rape, other violent offence**

Autism/ Aspergers

Asperger's syndrome is on the autistic continuum but unlike autistic disorder, there are no significant delays in language, cognition, or self-help skills. Communications are generally one-sided; patients proclaim rather than interact.

A development disorder whose essential features include:

- ✓ **Socially naïve, sustained impairment from mild to severe, in social interaction**
- ✓ **Restricted, repetitive patterns of interest, behaviour and activities (obsessive interes**

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- ✓ **Aspergers are usually quite intelligent**
- ✓ **Because of their high degree of functionality and their naiveté, those with AS are often viewed as eccentric or odd and can easily become victims of teasing and bullying. So, Feels depressed and anxious**

Aspergers and violence

Aspergers usually do not commit violence but their behaviours are for other people because they are unable to understand the unwritten societal rules.

Mcq except

- ✓ **Their sexual offences could be things like indecent exposure, masturbation in public, inappropriate touching etc.**
- ✓ **Their physical violence could be random attacks and may vary in intensity.**
- ✓ **Aspergers are anxious because they can not easily adjust to society so as a consequence feel anxiety and some time this state can lead to some illegal behaviours like drug use.**
- ✓ **Some time they can suspicious and paranoid and this feeling can pave the path for some kind of offence.**
- ✓ **Their most of crimes are misunderstandings based**
- ✓ **Another frequent reason is exploitation by others**
- ✓ **Erratic behaviors**
- ✓ **Unpredictable temper tantrums**
- ✓ **Disproportionate responses could cross criminal threshold (like some time give you a vibrant smile if you slap them on face and some time can attack you if you smile)**
- ✓ **If they have obsessions that involve some kind of illegal activity then they can commit *Ritualistic crimes***

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ASSESSMENT OF PERSONALITY DISORDERS

Objectives:

- **To understand the use of personality inventories for the assessment of risk and personality disorders in forensic settings.**
- **To understand the use of projective tests for the assessment of risk and personality disorders in forensic settings.**
- **To get an insight about the draw backs of using personality inventories and projective tests from legal and psychological point of view.**
- **To understand the use of benefits and draw backs of the use of check lists for assessment.**

Assessment of personality disorders is another task for which court can ask a Forensic psychologist to provide expertise. How a Forensic Psychologists do assesses personality disorder? How do they assess the risk that a mentally retarded/ learning disabled will commit a crime in a specific situation.

Reasons for referral

While assessing Reason for referral is usually the most crucial clue. for instance if the source is claiming that the person is very violent and have no regard for other's right a forensic psychologist is more likely to administer psychological tests measuring ASPD.

But if the source is saying that individual is suicidal then psychological tests measuring Borderline Personality Disorder will be used.

And if source states that person is very troublesome and thinks he/she is the president of Pakistan and mistrustful about the meals. More likely assessment would be using psychological tests targeting paranoid personality disorder.

Personality Inventories

Personality Inventories are quite often used to make assessments and usually found in booklets with hundreds of questions. An individual taking that test is required to answer all those questions in order to make judgments. But for making assessments one essential thing is that the person endorse all items with honesty and tell truths. When working with pathological liars we can not assume that they will tell truth. So, results do not depict the real and desired picture. Few tests can tell whether the test taker is telling lie or not but that is not enough because then we would not be able to diagnose the personality disorder.

abbreviation Mcq

1. **Minnesota Multiphase Personality Inventory (MMPI)**
2. **MCMI (Millon Clinical Multiaxial Inventory)**
3. **PAI (Personal Assessment Inventory)**
4. **CPI (California Personality Inventory)**

MMPI

The Minnesota Multiphasic Personality Inventory (MMPI) is one of the most frequently used personality tests personality assessment but it is very long and has some very old scales, Although it can measure whether the person is telling lie or not.

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MCMI (Millon Clinical Multiaxial Inventory)

The **Millon Clinical Multiaxial Inventory** is relatively new instrument that is a self-report instrument designed to help the clinician assess DSM-IV-related personality disorders.

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PAI (Personal Assessment Inventory) Mcq

It assesses a broad range of psychological conditions, including personality disorders, anxiety, depression, mania and schizophrenia. It encompasses 344 items although while compared to the MMPI however, it is about 40% shorter.

CPI (California Personality Inventory) M

It was created in a similar manner to the Minnesota Multiphasic Personality Inventory (MMPI), but unlike the MMPI, it is not concerned with maladjustment or clinical diagnosis, but concerned itself with more "normal" aspects of personality.

Personality inventory may not be suitable though these are still widely used

All these tests are self report inventories, even though widely used but a person who is involved in multiple tedious crimes; we can not expect truth from him. So in my opinion personality inventories are absolutely unreliable in crime settings. If Personality Inventories are not suitable then how to assess.

In selecting psychological tests, the forensic evaluator should seek tests that are appropriate for legal decision making, thereby avoiding tests that are unreliable. Similarly, an evaluator should use only tests for which the evaluator has adequate training in administration and interpretation. Because psychological tests are best used as a source of potential hypotheses, they are best administered early in the assessment. Tests can then be scored and used to provide direction for the assessment process. This practice necessitates either seeing the plaintiff on multiple days and/or having the ability to score the tests quickly. Actuarially constructed tests like the MMPI should be given in this way, as they provide only possible hypothesis and cannot be purported as proof of anything.

Projective tests

As compared to Personality inventories, a **projective test is a better option.** A personality test let a person respond to ambiguous stimuli, presumably revealing hidden emotions and internal conflicts, So unconscious motives and desires are uncovered. This is different from a "Personality inventories" in which responses are analyzed according to a universal standard (for example, a multiple choice exam) rather than an individual's judgment.
Few best known Projective tests are:

- **Rorschach inkblot test** RIT
- **Thematic Apperception Test** TAT
- **House Tree Person** HTP

Rorschach inkblot test

Rorschach inkblot test, in which a patient is shown irregular spot of ink, and asked to explain what they see; the response is then analyzed in various ways, noting not only what the test taker said, but the time taken to respond, what aspect of the drawing was focused on, and how the response compared to other responses for the same drawing. For example, if someone consistently sees the images as threatening and frightening, the psychiatrist may infer that he or she may suffer from paranoia.

Thematic Apperception Test

Another popular projective test is the Thematic Apperception Test (TAT) in which a test taker views ambiguous images of people, and is asked to describe various aspects of the scene and write a story; for example, the patient may be asked to describe what led up to this scene, the emotions of the characters, and what might happen afterwards. The forensic psychologist then evaluates these descriptions Psychologists attempting to discover conflicts and hidden emotions. Stories can be interpreted in flexible way, in this way experts work toward a successful judgment and assessment of personality.

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The House-Tree-Person Test

The house-tree-person test (HTP) is a projective personality test, in which individual is asked to draw a house, tree and person. In the HTP, the test taker is asked to draw houses, tree, and persons, and these drawings provide a measure of self-perceptions and attitudes. As with other projective tests, it has flexible and subjective administration and interpretation.

Usually **house** refers to the family factors
Tree depicts ego strength, growth possibilities and therapeutic relationship.
Person shows self image, self esteem and ego strength.

Projective Tests suitable but problematic from a legal point of view

Analysis of HTP and other projective test can give valuable judgments but have problems from legal point of view. Two psychologists can interpret the same drawing or test differently. The psychologist's report presented by defense lawyer presents a person innocent and the report from prosecution lawyer portrays a person guilty and responsible for the crime.

So projective tests are good from psychological perspective and reveal more valuable information but has legal problems. On the contrary hand Personality inventories are frequently used but from psychological point of view the integrity of those results is questionable.

Personality Checklists

Nowadays use of Personality Checklists is considered suitable. Such check lists allow to make judgments on the basis of multiple sources like:

- ✓ **Observations**
- ✓ **Multiple sources like interview from family, warden or prison guard etc.**
- ✓ **They are filled using a variety of sources.**
- ✓ **Information from staff is also typically obtained**

One imminent benefit of check lists is the **legal validity**. The court or jury feels more comfortable and confident if psychologist states that he has garner information from variety of sources.

Personality Checklists requires that the results of psychological tests should not be used in isolation from history, medical findings, and observations of behavior made by others. When using psychological tests, it is important to recognize that most were developed from traditional psychotherapeutic needs rather than for forensic evaluation of specific traumatic effects. While check list can be used according to the requirements of each unique case.

In addition to psychological tests, the forensic evaluator needs to obtain a full history, both of the plaintiff's life and of the specific employment situation. Various structured information forms and interviews may be of use in this process. When multiple plaintiffs are involved in a single legal action, it is advisable to use the same protocol, including a structured interview, with all plaintiffs. To the fullest extent possible, all issues being evaluated should be assessed through multiple methods. This process conforms to the best standards of obtaining information and developing conclusions. Although the potential for error of each method of assessment may be high, the probability of error decreases greatly when the same information is obtained and corroborated through multiple independent means.

The Problem with Checklists

1. **These are typically problem specific**

If a person comes with the referral source illustrating him as psychopath, this does not give a clear picture. Psychologist may use checklist measuring psychopathy and after administering that check list come to know that the individual does not have psychopathy, may have Asperger's syndrome. But all range of psychological tests is neither possible nor practical. Because check lists are specific to one specific personality disorder like

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Personality Disorders (PD) specific
Anti Social Personality Disorder (ASPD) specific
Borderline Personality Disorder (BPD) specific
Autism specific

2. File information could be unreliable and based on non-verifiable sources

File information some times become a myth. For instance, a person when first time was locked in jail at the age of 18 years, had a quarrel with prison officer in the first week of his entry in jail. He punched and broke his teeth; as a result prison officer wrote a biased report portraying him as a very violent aggressive criminal, who has no regard authorities and fire fascinate him etc. (although it was a lie) Before interviewing that boy, psychologist visited prison officer who told him all negative things about him and told that fire fascinate him. But when during interview he was asked "are you found of lighting fire". Boy condemned that. But psychologist assumed that he is lying too. And a similar report was submitted from the psychologist.

3. Broad categories

Unlike personality inventories, check lists have broad categories like for assessing depression; a personality inventory may require a person to answer 20 questions. But in check list only one item is specified for this purpose (looked depressed). So, meticulous details are missing.

4. Subjective labels

Many times subjective labels are assigned to individuals with out reaching the real reason like, a person is lying to you because wants to get freedom from jail and a subjective label of "pathological liar" is tagged.

5. Express value judgments

Many times social factors are also need crucial consideration but value judgments can hinder this. Like a person is has inconsistent job pattern, not because of any personality disorder but the all of jobs really had problems like rude attitude of boss, nature of work or unsatisfactory environment.

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ASSESSMENT OF PERSONALITY DISORDERS

Objectives

- To understand the use of Psychopathy Checklists in Forensic settings
- To understand the scoring method of Psychopathy Checklists
- To understand the need of differential diagnosis in Forensic settings

Few important check lists used to Screen Anti Social personalities in Forensic settings are:

1. Psychopathy check list – Revised
2. Psychopathy check list – Screening Version
3. Psychopathy check lists for women
4. Psychopathy check list for young offenders

Psychopathy check list-Revised

The Psychopathy Checklist – Revised was developed by Hare, R.D. in 1985, and was formally published in 1991. The 20-item revision of the Psychopathy Checklist (PCL-R) is a rating scale designed to measure traits of psychopathic personality disorder.

Type of Instrument and Scoring Method

- 20 items
- Scores of 0, 1, and 2

The PCL–R is a 20-item clinical rating scale, each item reflects a different symptom or characteristic of psychopathy. **The items are rated on a 3-point scale.**

- **0 means absence**

If clinician is completely convinced that person under assessment does not possess a Specific trait like individual in not a poly drug user or not irresponsible.

- **2 means certain**

But if clinician is obvious that certain trait is present and observations and file information also confirms then a score of 2 is given.

- **1 means may be**

If the clinician is dubious then the score of 1 is given.

The items are rated on the basis of the person's lifetime functioning and not solely on the basis of the person's present state; this state may be atypical of his/her usual functioning due to extreme situational factors or an exacerbation of acute psychopathology.

The items are summed to yield total scores, ranging from 0 to 40, that reflect the degree to which an individual resembles the prototypical psychopath. Scoring PCL-R items requires clinical judgement and inference, as well as the ability to carry out the task in an objective, professional manner (Hare, 1998).

Different cutoff scores

A cutoff score of 30 or greater (in some studies 25 and in some even 20) is used to diagnose psychopathy. The PCL-R items are scored on the basis of an individual's functioning over most of the life span. Although **30 is the standard cutoff score.**

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Items included in Psychopathy check list-Revised

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- ✓ **Absolute disregard for the rights of others**
- ✓ **Conning and manipulative** (deceitful)
- ✓ **Pathological Liar** (habitual liar)
- ✓ **Impulse control problem**
- ✓ **Irresponsible**
- ✓ **Sexually promiscuous (at the same time having relationships with more than one woman)**
- ✓ **Poly drug use**

(Poly drug use is using more than 3 drugs excluding cigarettes and tea. If using 6 different drugs, score of 2 is specified if using drugs in between 3-6, score of 1 is given. Less then 3 score of "0" is awarded.

- ✓ **Thrill seeking**
- ✓ **Multiple crime types**
- ✓ **Conduct disorder as minor** (having history of running from home as a youngster or/ school expels e.t.c)
- ✓ **Lack of empathy (inability to feel, what others are feeling)**
- ✓ **Lack of remorse (no feeling of guilt)**

Different versions being developed like screening version, women and young offender's version e.t.c

2- **Psychopathy check list – Screening Version**

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The original ***Hare Psychopathy Checklist Revised*** **(PCL-R)** has become the standard assessment measure for forensic populations. However, many professionals requested a brief instrument that has high validity and high reliability ratings similar to the complete Hare PCL-R. The Hare PCL:SV was not designed to replace the PCL-R, but to offer a tool to screen for the possible presence of psychopathy in politicians, bureaucrats and senior executives. This checklist measures the presence of following traits and scoring method is done on similar grounds using three point scale of 0-3.

- ✓ **Superficial Charm**
- ✓ **Grandiose**
- ✓ **Deceitful**
- ✓ **Lacks Remorse**
- ✓ **Lacks Empathy**
- ✓ **Doesn't accept responsibility**
- ✓ **Impulsive**
- ✓ **Poor behavioral controls**
- ✓ **Lacks goals**
- ✓ **Irresponsible**
- ✓ **Adolescent anti-social behavior**
- ✓ **Adult anti-social behavior**

3- **Psychopathy check lists for women**

The PCL-R has been used with only a few samples of female offenders. Early indications from several studies are encouraging. Thus far, it appears that the distribution of scores and reliability are comparable with those obtained in male samples. However, it appears that several items may not be as useful with female offenders as they are with male offenders (Hare, 1990).

4- **Psychopathy check list for young offenders**

Although the PCL-R was developed for use with adults, there is evidence from a study conducted by Forth, Hart, & Hare (1990) indicating its use in the assessment of psychopathy in young male offenders.

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Need of differential diagnosis in forensic settings

Diagnosis of personality disorder is usually individualized but a problem in forensic psychology is that we need very fine and clear diagnosis. Being already biased due to the referral information, a Forensic Psychologist is more likely to use only one checklist measuring Borderline Personality Disorder or Asperger's syndrome or Antisocial Personality Disorder, many time people are diagnosed in different category (although having another personality disorder) and the most misunderstood diagnosis is Asperger's syndrome that is confused by the ASPD.

During my experience while working with incarcerated individuals with the labels of anti social personality, I realized that they are not really antisocial rather they are Aspergers and had been used and manipulated by the other people. Because of their inability to understand social norms and surroundings, they were assumed as having lack of empathy and remorse. Though it is true that some similarities between the two conditions do exist, there are vast differences, few of them are illustrated below

Similarities between Psychopaths and People with Asperger's Syndrome

The things that people with Asperger's Syndrome and ASPD have in common are that those with either condition are often intelligent and gifted in some ways. You can't tell someone has Asperger's Syndrome merely by looking at them and you can't tell that someone is a ASPD merely by looking at them. Symptoms of both only appear when you get to know that person or when you have dealings with them. Neither a ASPD nor someone with Asperger's Syndrome is out of touch with reality.

Both can make comments which upset other people, though with a Psychopath it is often calculated to be upsetting and hurtful, or they may not care one way or the other that they have upset someone's feelings. Someone with Autism or Asperger's Syndrome will say such things because they don't understand the invisible but complex rules governing social interaction that Neuro-Typicals take for granted.

Both lack sense of empathy and remorse although ASPD are emotionally numb but on the other hand AS are unable to express their feelings according to the societal fashion.

Differences between Psychopaths and People With Asperger's Syndrome

Innocence vs cunning

A clear distinction is present that Aspergers are very innocent people and not cunning and manipulative like Antisocial personalities. People with AS are not manipulative. They are too rigid in their thinking to be opportunistic. They find it hard to be something they are not and don't possess social intelligence. They are so innocent that if they are found in forensic settings that are due to the manipulation/exploitation of other criminal personalities.

Many ASPD typically get kicks and enjoyment out of doing things such as attaching bangers to tails of Dogs or Cats or torturing animals or bullying younger children. When they describe the event, they can get sexually or emotionally aroused by reliving the moment. This type of behaviour would be unpleasant to most people with Asperger's Syndrome, who are usually law abiding and if they ever do commit crimes, it is because someone has tricked them into it or have said they would be friends with the person with AS if they do it, or in some cases, to gain revenge on someone who has committed an offence against them.

For instance, once an antisocial used an Asperger to trap children from park for sexual abuse and in response that anti social used to give him some thing to eat or small amount of money. When police arrested both of them, they labeled both as Antisocial Personalities. But once labeled as psychopath, all of their innocent acts are perceived as frauds and deceitful behaviours. So, need of an accurate diagnosis is very essential.

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In fact,the crime of AS would be almost comical, if it wasn't so serious, to watch their bungling, inept responses when they get caught, and how they would react in a Police station. This would contrast with the responses of a ASPD if caught, who would often display no emotion and would rationalize or justify their actions, although again, they have been known to fake mental illness if in extremely severe trouble or when they know they have been cornered and there is little chance of getting away with something.

Pathological lying

As compared to pathological liars, Aspergers can not lie. Even they do not understand the typical language of jokes.

Poly drug use

In Aspergers use of multiple drugs is found. But unlike Anti social, they don't use drugs for thrill seeking but they learn drug use as a rule to avoid worries and problems. AS are isolated because of their poor social skills and narrow interests. They may approach other people, but make normal conversation impossible by inappropriate or eccentric behavior, or by wanting only to talk about their singular interest. Drug use is found as a rule to escape from such worries. They easily quit drug use once they are convinced that it is illegal and against rules.

Obsessive interests

One quality to distinguish Aspergers from Antisocial is their obsessive interest like radio listening, enjoying fire or collecting things of some specific colourse.t.c.

Usually AS do not commit **multiple type of crimes.**

Treatment of Asperger's Syndrome and Anti Social Personality Disorder

Treatment of Asperger's syndrome is not possible because in my opinion it is not a disorder. They are born different with superior qualities and intelligence and Allah have sent them to become good scientists. They follow "**rule governed behaviour**" and science is to find the hidden rules about universe. AS want to know everything about their topic of interest and their conversations with others will be about little else. Their expertise, high level of vocabulary, and formal speech patterns make them professors.

- **Aspergers vs ASPD, BPD, PD in general**
- **Naiveté vs cunning**
- **Misunderstanding vs malice**
- **Lack of remorse common**
- **Lack of empathy common**

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RISK ASSESSMENT

Objective

- **To understand the use of violence reduction scale for the assessment of recidivism.**
- **To understand the static and dynamic factors of VRS**

When people come into contact with the criminal justice system, they pass through several stages of processing. At each stage, an individual's risk of re-offending is assessed by criminal justice workers. Risk assessments are performed by justice professionals on a daily basis: pre-trial, before sentencing, when determining security level in custody, prior to release, and after breaches or critical incidents occur (Hart, 1995). These assessments can be either formal or informal in nature.

Risk assessment is fundamental to the criminal justice process because it is a means for distinguishing between offenders who are likely to re-offend and those who are at a lower risk for recidivism.

Violence reduction scale

Risk assessment and prediction have become an important part of forensic practice for many psychologists and non-psychologist practitioners. The VRS (Wong & Gordon, 1999- 2003; Wong & Gordon, 2006) is designed to integrate the assessment of risk, need, responsivity and treatment change into a single tool. It assesses the client's level of violence risk, identifies treatment targets linked to violence, and assesses the clients' readiness for change and their post-treatment improvements on the treatment targets. Treatment improvement or is designed based on the risk, need and responsivity principles. It is intended for use by scientists/practitioners to assess and predict the risk of violence, to measure changes in risk after treatment, and to make treatment decisions.

VRS addresses two types of factors:

- **Static Risk Factors**
- **Dynamic Risk Factors**

Static factors refer towards the things that can not change like the child hood history of criminal.
Dynamic factors refer towards the changeable factors like if a person is taking heroine as a drug, once he decided to quit and quitted the addiction so risk factor is eliminated.

PCL-V receives the criticism that it only gives the estimation of severity of the problem and does not address the treatment. VRS eliminate the criticism by emphasizing the dynamic factors. So, to work on changing aspects and if things got change, risk factor minimizes.

The VRS uses 6 Static and 20 Dynamic variables .The VRS Static and Dynamic variables are rated on a 4-point scale (0, 1, 2 or 3) based on a careful review of file information and a semi-structured interview. The VRS static variables can predict general and violent recidivism, but remain unchanged with treatment. Higher ratings on the **static variables** indicate worse "track records" of dysfunctional and anti-social behavior.

The **Dynamic variables**, such as interpersonal aggression and criminal attitudes, are changeable risk predictors; they can be used as treatment targets and can measure changes in risk. Higher ratings (2 or 3) of Dynamic variables indicate that the variables in question are closely linked to violence and, therefore, are appropriate targets for treatment.

The **sum of the ratings** of the Static and Dynamic variables reflects the client's level of violence risk; the higher the score, the higher the risk. In selecting clients for treatment, those with higher VRS scores should be appropriate candidates for higher intensity intervention.

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Now let's begin with the description of static factors of VRS.

Static Factors

Few Static Factors are listed below:

- ✓ **Current Age**
- ✓ **Age at first violent conviction**
- ✓ **Number of young offender convictions**
- ✓ **Violence throughout lifespan**
- ✓ **Stability of Family upbringing**

Static Factors

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How these factors are scored while using VRS?

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Current Age

There are lesser chances that an old man would commit violence.

So if the person is 45 years or above 45 score of 0 is given.

Current Age	Score
45 or above	0
40-44	1
30-39	2
Below 30	3

(2) **Age at first violent conviction**

First case in court that resulted din some kind of conviction also determine future violence risks. Researches have shown that if the first offence was committed at the young age there are more future risks of violence. So, high score is given to the age below 15.

Age at first violent conviction	Score
30 or above	0
20-29	1
15-19	2
Below 15	3

(3) **Number of young offender convictions**

In this category frequency of convictions at the young age are scored to determine future risks.

Number of young offender convictions	Score
No convictions	0
1 conviction	1
2 convictions	2
3 or more	3

(4) **Violence throughout lifespan**

If a person is not habitual of violence and only committed a single crime there could be many reasons and motives for that particular offence, such individuals are at low risk for further violence. But if the violence is the pattern of the some one's life then there are more chances that he will commit violence after releasing from prison. So a score of 3 is awarded to such people.

Violence throughout lifespan	Score
Generally no violence	0
1 crime	1
2 or more crimes but do not fit in any pattern	2
Violence is the pattern of life	3

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Prior Release Failure or Escapes from jail
In similar way prior release failures and efforts to escape from prison are rated as 0,1,2,3.

Stability of Family upbringing
If person is brought up with good parenting, 0 scores are given.

Stability of Family upbringing	Score
Good upbringing	0
Quarrels of parents in childhood but resolved later in life	1
Through out tension in family, unresolved and constant stress	2
Separation of parents and very upsetting environment (e.g. living with father and mistreatment of step mother)	3

Dynamic Factors
Dynamic factors have been found to predict recidivism as well as, or better than, static factors and are found more helpful in treatment. These factors are also measured during process of therapy. It is knowledge of dynamic factors that is necessary in order to assess changes in an offender's risk level. Dynamic factors from VRS are listed below. These factors are also scored in the same manner as the static factors are scored. except Meq

1. **Violent Lifestyle** (like having frequent quarrels with other co prisoners can also determine future risks)
2. **Criminal Personality** (if test scores determine that person has any personality disorder they are more likely to re-offend)
3. **Criminal attitude**
4. **Work Ethic** (this factor is very good predictor as the individual who has non serious attitude towards work is more risky then the person who is seriously and devotedly accomplishing the work)
5. **Criminal Peers** (if person keeps bad company there is more risk of future violence and if the person has company of good people then he is more likely to spend a non violent life afterwards)
6. **Interpersonal Aggression**
7. **Emotional Control**
8. **Violence during institutionalization**
9. **Weapon use**
10. **Insight into violence** (If one admits that one has committed some thing wrong and have insight of his crime then less chances of future violence)
11. **Mental Disorder** (although mentally ill people do not commit crimes but some time their severity of mental disorder can also predict the future behaviour)
12. **Substance Abuse** (substance abusers are at very high risk of future recidivism. Because one can commit several type of crimes either to get drugs or under influence of those drugs)
13. **Stability of relationship with significant other**
14. **Community Support** (the degree of support from family, neighbors and relatives is also measured and can predict the risk of recidivism)
15. **Released to high risk situation**
16. **Violence cycle**
17. **Impulsivity**
18. **Cognitive Distortion**
19. **Compliance with community supervision**
20. **Security Level of anticipated release institution**

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Lesson 29

TREATMENT OF VIOLENT BEHAVIOR / PERSONALITY PSYCHODYNAMIC PSYCHOTHERAPY

OBJECTIVES:

- To get an insight about the stages of change
- To understand the use of violence reduction scale, integrating the risk assessment and change measurement together for therapeutic purposes
- To understand that while using VRS, How we actually measure change
- To find the answer that how psychodynamic model works for the treatment of violent criminals

Topics from previous lectures

Stages of Change

The Trans-theoretical Model of Change or the **Stage of Change Model** was developed by **Prochaska *et al*, 1992**, it addresses the issue of treatment readiness, treatment change and the need to match treatment delivery to client readiness. The model postulates that individuals who modify their problem behaviours progress through a series of five stages:

1. **Pre-contemplation**
2. **Contemplation**
3. **Preparation**
4. **Action**
5. **Maintenance**

Pre-contemplation

Is marked by absence of any desire to change.Criminals in the pre-contemplation stage have neither insight nor intention to change in the foreseeable future. They are often in denial and blame external factors. Do not consider crime as some thing bad. Like a chain smoker denying the adverse effects of smoking on health.

Contemplation

Those in the contemplation stage are fence-sitters; they acknowledge their problems but have shown no relevant behavioural change: `all talk, no walk'. But at least in this stage they have started thinking about the change. Like a smoker has started thinking about quitting the smoking, although no behavioural step is taken yet.

Preparation

Those in the preparation stage combine intentions to change with relevant behavioural changes to address problems. However, changes tend to be recent and/or quite unstable.(e.g.cutting down the number of cigarettes)

Action

Those in the action stage actively modify their behaviours, attitudes and environment to address their problems; overt behavioural changes are made, commitments followed through and energies expended to change.(a smoker has completely quitted the smoking but only three to six months have passed so we can not say that he will maintain his behaviour)

Maintenance

In the maintenance stage, the desired behaviour is maintained over a long period of time like one year or more. Relapse prevention techniques are used to consolidate, strengthen and generalize the gains made in the action stage.

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Treatment is a process of change. The primary goal of correctional treatment is to bring about positive changes in criminogenic needs leading to risk reduction. Treatment changes must be assessed objectively and systematically to determine the amount of risk reduced. Assessment and treatment must be closely integrated: assessments of the clients' risk, need and responsivity should inform treatment providers of *who* to treat (risk principle), *what* to treat and *how* to deliver treatment, in particular to treatment-resistant clients Clinicians who provide correctional treatment require the appropriate tools to assess risk, needs, responsivity and treatment readiness, and to measure treatment change.

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The VRS was developed by **Wong & Gordon, 2006** and is designed to **integrate the assessment of risk, and treatment change into a single tool**. It assesses the clients' level of violence risk, identifies treatment targets linked to violence, assesses the clients' readiness for change and their post-treatment improvements on the treatment targets. Treatment improvement or lack thereof is linked to quantitative changes in violence risk.

(1) (2) (3)

Qualities of Violence reduction scale

The VRS allows the practitioner to exercise reasonable clinical discretion while maintaining structure and scientific rigor. This scale is one of the best, as integrate the idea of risk assessment and change measurement together for therapeutic purposes.

- It provides a **quantitative measure of the risk** of violent recidivism of forensic clients, in particular, those who are to be released from an institution to the community
- It **uses both static and dynamic variables** that are empirically or theoretically linked to violence to assess and predict violence.
- Identifies **treatment targets** linked to violence; dynamic variables that receive high ratings (rated 2 or 3) are considered relevant treatment targets.
- It uses the well established Transtheoretical Model of Change to **assess change as a function of treatment** linking changes in treatment to changes in risk.
- It identifies the **client's stages of change (treatment readiness)** which tells the service deliverer what therapeutic approach to take that would maximize treatment efficacy.
- It allows service deliverers to assess **pre- and post-treatment risk levels.**

How Do We Actually Measure Change?

- **Move from one stage to the other is measured as a decrease of one point**
- **Total change in dynamic factor is added together.**
- **Sum of the all change points is taken as measure of change.**

In addition, according to the Transtheoretical Model of Change, the client's ideal behaviours at each stage of change should be matched with appropriate intervention: the responsivity principle. As such, assessment of the client's stage of change also identifies the most appropriate therapeutic approach to take. A brief summary of therapist tasks that correspond to each stage of change follows:

Pre-contemplation

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The therapist should: focus on developing a working alliance, enhancing motivation for change and engagement in treatment; raise doubts and create dissonance regarding the client's current functioning

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and his hopes of achieving future goals; use cost-benefit analyses to highlight the cost of criminal behaviour.

Contemplation

The therapist should: tip decisional balance; evoke reasons to change in order to reduce dissonance; strengthen the client's confidence to effect change (i.e. increase self-efficacy).

Preparation

The therapist should assist the client in: determining the best course of action to change; setting and achieving shorter-term behavioural goals that are planned, observable, measurable and relevant; highlighting successes and emphasizing change potential.

Action

This is the main skill-teaching and skill-building phase of treatment. The therapist should assist the client in strengthening skills through over practice and reinforce client's self-efficacy in problem-solving and achieving treatment goals.

Maintenance

The therapist should: assist and encourage the client to practice and generalize learned skills to new and challenging situations by providing access to such situations; identify strategies and interventions to prevent lapses and relapses. Obviously, strengthening and reinforcing the client's self-efficacy is important whenever the client takes steps to make changes, regardless of the stage of change.

How to treat a violent personality?

Gordon & Wong, 2000 developed a program with the Integration of assessment and treatment of violence-prone offenders. A risk reduction focused correctional treatment program for violence prone forensic clients.

We have discussed different psychological models of violence. Now we will discus s that how these approaches can help in treating a violent, crimnogenic personality.

Psychodynamic model

Psychodynamics provides a unique opportunity for therapist and patient to discover and to explore the violence, both conscious and unconscious. We have discussed in detail the basic concepts of this model; now will view the application of those concepts into forensic psychology.

Freudian assessment

Using a psychodynamic approach, clinician may assess through **HTP**. As discussed earlier, individual is asked to draw a house, tree and person and then those drawings are interpreted. No special equipment is required for this test.

House drawing represents family
Tree drawing tells about the ego strength and growth potential.
While drawing of **person** depicts the self esteem and ego strength.

Two qualities /benefits of using this test are that:

1. **It not only allows assessing the personality.**
2. **But also permit to begin communication in a meaningful way.**

HTP is a very good test to start a therapeutic relationship, because it permits a window into the soul of the person. On one hand therapist is communicating with criminal so working toward making a rapport on the other hand by interpreting the drawings treatment targets are identified like if the ego is too much strong are weak, steps are taken to balance them.

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The primary use of the HTP, however, is related to the qualitative scoring scheme in which the test administrator subjectively analyzes the drawings and the responses to questions in a way that assesses the test taker's personality. For example, a very small house might indicate rejection of one's home life. A tree that has a slender trunk but has large expansive branches might indicate a need for satisfaction. A drawing of a person that has a lot of detail in the face might indicate a need to present oneself in an acceptable social light.

Other methods of interpretation focus on the function of various parts in each of the drawings. In the house drawing, the roof might represent one's intellectual side, the walls might represent the test taker's degree of ego strength, and the doors and windows might represent the individual's relation to the outside world. In the tree drawing, the branches might indicate the test taker's relation to the outside world and the trunk might indicate inner strength.
One crucial thing for consideration is the **cultural differences** in interpretation of HTP, a chimney on roof with smoke may indicate warmth and satisfaction in England but the same drawing has totally different indication in our culture, smoke can points to the aggressive and violent environment of family.

Common sense is more important then the HTP manual in forensic settings.
While heeding a psychodynamic approach, a clinician will also explore the following phenomena and will estimate the severity of problem. We are not going to dwell on description of these concepts as we have already discussed in detail.

- **Psychosexual stages** (how individual developed and what was the surrounding environment and family attitude toward child)
- **Fixations at different stages**
- **Oedipal conflict** (relationships with father , mother are analyzed)
- **The role of defense mechanisms** (which defense mechanism is person using more frequently like blaming others all the time, or rationalizing e.t.c)
- **Personality factors** (presence of any personality disorder is identified as individuals with PD are comparatively difficult to treat)

Starting therapy
In psychodynamic methods, focuses on the depth and breadth of the clinical experience itself: entering into the inner world of patients and their object relationships, meeting and facing feelings as they emerge within transference and the countertransference. No relationship starts with out transference and counter transference. A therapist needs to be alert and attentive to resolve the transference counter transference issues.

Transference
Transference is the client's unconscious redirection/projection of feelings for one significant to the therapist. (Perceiving therapist as father or mother)

Counter Transference
From a psychodynamic perspective, countertransference is an inevitable part of all patient-therapist contact. In its broadest sense it means the therapist's emotional response, which stems both from the specific relationship with the particular patient and from the character and disposition of the therapists personal life. Conscious countertransference can usually be controlled and may shed useful light on aspects of the patient's personality and ways of relating. Clearly, it remains an essential task for the clinician to meticulously observe the inner feelings after every session and discuss under supervision to crystallize the vision.

Therapeutic relationships
Once the therapist has resolved the all transference and countertransference issue and fantasy relationship evaporates, the real therapeutic relationship emerges.

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Psychodynamic Techniques

Techniques

Following techniques are used:

1- **Free association** (client is asked to express what ever comes in mind with out any censor)

2- **Dream interpretation** (earlier dreams are considered as current sate of mind and later dreams in therapeutic process are considered as a change that has occurred as a result of therapy)

3 **Re-parenting**

Is the emotional support from therapist (will discuss in detail in next lesson)

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JUNGINA THERAPEUTIC MODEL

Objective

- To understand the re-parenting technique of neo-Freudians
- To get an idea that how a therapist with Humanistic approach incites in forensic settings
- To explore that how art therapy can help to treat offenders

Topic from previous lecture

Psychodynamic therapy

Psychodynamic Techniques

- Free association
- Dream Analysis
- Re-parenting

Re-parenting

Re-parenting methods are a subtext of both Attachment Therapy and Therapeutic Parenting. And many practitioners treat a criminal of any age as an infant. The therapist becomes the **patient's surrogate parent** to make up for the terrible job her real parents did. They provide emotional support, love and care to the wounded inner child of a criminal.

Limits of re-parenting

At the same time Inner child support and reparenting has its own limits, for one hour the surrogate parent will provide the support but like father/mother has to go for their jobs and daily chores, a clinician "Terminate of session".

Through this reparenting the traumatic and abusive experiences of childhood are corrected and this phenomenon is called **Corrective emotional experiences.**

Formulation vs Interpretation

It is not necessary from clinician's side to interpret the all issues of transference, counter transference, dreams and then discuss with the client rather some time many individuals do not posses enough intelligence, education and aptitude to understand the interpretations. So, clinician bears the responsibility to understand the interpretations and situation then use common sense to formulate the therapeutic process accordingly.

Point to remember! Assessment and therapeutic process work in continuum. While drawing house, tree or person the discussions that take place, results in transference/counter transference and then real therapeutic relationship emerges.

Jungina Therapeutic Model

It should be noted that diverse mixtures of components of various models can be found in forensic settings, and sometimes such mixtures or admixtures are called "multimodal" programs, like assessment is being made by estimating the ego strengths and at the same time archetype constellation is being measured (which archetype is dominant in personality).

Jungian Analysis

Is done with the help of followings:

- Examining archetypal constellations
- Personality types Extrovert-Introvert
- Assessing Functions
  - Sensation
  - Feeling

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- Thinking
- Intuition

Archetypal Constellations

Archetypal dominance is assessed, and if it is found that shadow is dominant, help from hero is sought and appeal is made to that archetype. In some cases Hero archetype is dominant (very self less and fighting for societal causes. Robin Hood is a perfect example for Hero archetype) in this situation the persona archetype is developed to make a non violent personality.

Personality Typologies

A clinician using Jungian approach may also take into consideration the personality type of the person. And then treatment targets are set accordingly.

Active Imagination

This method is based on that we all talk to ourselves, but we sometimes do that as part of a negative cycle of worry, blame, or guilt. Active imagination personifies the "parts" of us that are talking -- with the presupposition of creating more clarity or even resolution that might not be possible in real situation. Anything might stimulate active imagination. You might be seeking clarity on a key decision, or you might be puzzled by an emotional reaction you've had about a dream. While using to treat offenders, they are asking to actively imagine the situation that triggers disturbance and then solve problem in imagination.

Art Therapy

Carl Jung introduced the process of drawing or art making in his treatments. According to the American Art Therapy Association, art therapy is based on the belief that the creative process involved in making art is on a basic level healing and life-enhancing. Art can be used to assess the crimnogenic personality along with many other techniques. Like if a person draws lines by gravely pressing the paper, it indicated his intense feelings and anger. On contrary side if a person draws very light almost invisible lines, it shows low self esteem. For instance I asked a client to draw her favorite animal. She drew a lion I could not found any kind of lion in that drawing rather it was a picture of human body on limbs and complete human features. Then after probing her it was explored that she had inability to express anger. As discussed earlier unexpressed anger can built rage and can erupt like a volcano .it is essential to **express anger in nice way.** After wards she was given treatment with emphasis on how to express anger in suitable way.

Use and selection of different colours used in drawings can also help in understanding psychological states.

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GROUP THERAPY FOR OFFENDERS

Objective:

- **To know that how group therapy works**
- **When, where and with whom is GT more beneficial**
- **To understand that how different approaches work in group settings**
- **To get an insight about the disadvantages of GT**
- **To intimate with the benefits of GT for therapist**

Mcq

How Group Therapy (GT) Works?

"A form of psychotherapy where there are multiple patients led by one or more therapists"

The presence of two or more therapists is important in Forensic settings because:

- **To manage a group of people , who are violent and aggressive**
- **Another purpose is the supervision, unlike GT, situations involving individual therapy usually supervisor is out of the room.**
- **Presence of another therapist facilitate the therapeutic process and can provide *Feed Back***

Group therapy is very diverse. There are two general ways of categorizing group therapy, by the time limits set on the duration of the group, and by the focus of the group and the way group members are selected. Psychologists with different theoretical training will use group therapy for many different types of psychological problems and concerns like:

except Mcq

- **Substance Misuse Treatment**
- **Anger Managements**
- **Thinking and Problem Solving**
- **Sex Offender Treatment**
- **Music Therapy**
- **Art Therapy**

When, where and with whom?

When, where and with whom is group therapy effective? A crucial thing to remember is that GT is not alternative of Individual therapy, just to economize the therapy. A forensic psychologist must foresee the real need of GT. Is GT is more effective for that particular individual or not? For instance if an offender or an individual with Asperger's syndrome, who hate the presence of other people around, so imagine if a therapist gathers a group of such people what will be the result, absolutely hoax and banging situation!

Behind the prescription of GT there must be a solid reason. Usually in Forensic settings, groups are established when incarcerated individuals are ready for group interaction and half of the treatment is already done.

Learning in Groups

As discussed earlier different approaches significantly differ from each other. While working with groups basic concern does not alter, the only difference is that here the gravity of therapeutic process is not only the treatment and behaviour of one individual. Now let's understand that how different approaches work in group scenario.

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Psychodynamic Groups MCQ

Psychodynamic groups are based on the same principles as individual dynamic therapy and aim to help people with past difficulties, relationships and trauma as well as current problems. They aim to do this with the help of the whole group of up to eight people plus one or two facilitators.

Groups are based on the principle that groups themselves are helpful, supportive and enabling to people and that the whole group can be involved in change and understanding. Group therapists believe that everyone attending a group has strengths and can contribute.

Offenders and ASPD are incompatible to their original group and legal system; it means that an individual is like a single piece of the jigsaw, without much meaning on its own. On joining a therapy group the individual tries to reconstruct the original jigsaw of his family, shaping the other people to fit.

In Individual psychodynamic therapy (IPT), therapist analyze transference, counter transference and general behavior and assumes that client have similar behavioral pattern with other relations in non therapeutic conditions. (relationship with siblings, parents and family). In GT family replicate other group members (six or more people like siblings fighting to grasp the attention of parents)
If all such problems are solved then a healthy relationships emerges as a result and healthy societal manners are adopted by the group members.

Humanistic Groups

HGT takes an entirely different point of view from psychodynamic approach, according to humanistic view in offender's group therapy; we have a bunch of people learning to grow together. Therapist cultivates the environment of respect and acceptance. It is made cleared therapist set a rule at the start of GT that irrespective of the whole crimes and wrong deeds, group has to give respect and acceptance to each other. Now imagine a group of offenders who have been indulged in different kinds of crimes through out the life (may have involved in violent activity, rape, murder, child molestation and so on) so according to the preset rule they are not suppose to frown while listening to others rather have to nod. In this way the atmosphere of respect and acceptance is elicited.

When criminals share the darkest and ugliest parts of their criminal lives, the therapist and other group members are not just listening with attention but also irrespective to all their deeds, giving them regard as a human being. In this atmosphere criminal learn to regard, accept and honor other people and a healthy interaction emerges.

Cognitive Behaviour Therapy Based Groups

A minimum educational level is required for this therapy because clients and therapists work together, once a therapeutic alliance has been formed, to identify and understand problems in terms of the relationship between thoughts, feelings and behaviour. The approach usually focuses on difficulties in the here and now, and relies on the therapist and client developing a shared view of the individual's problem. This then leads to identification of personalized, usually time-limited therapy goals and strategies which are continually monitored and evaluated. MCQ

Social Skills Groups

These group therapies are conduct in class room like situations. Social-skills training helped reduce suspiciousness and facilitate healthy interaction among inmates and staff as well. In which people are trained social skills like how to say "no" with out fighting with others. MCQ

Assertiveness training

A polite but assertive 'no' to excessive requests from others is taught to enable offenders to promote balance in life with out fighting. Assertive communication can also help in handle difficult family, friends and co-workers more easily, reducing drama, violence and stress.

MCQ

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Anger management skills are also taught in this group training
Better ways to handle frustration/anger

- ✓ **Counting to 10 before reacting**
- ✓ **Distracting oneself to a pleasurable task**
- ✓ **Learning an internal dialog to cool oneself down and reflect upon the best course of action**

Acceptable ways to resolve conflict are also part of social skill trainings, like

mcq

- ✓ **Using words instead of physical contact**
- ✓ **Seeking the assistance of the teacher or conflict resolution tea**

Psycho-education Groups

These groups are also based on class room format, people are taught about their emotions, difficulties and their remedies. This type of psychoeducation is a some times family-based treatment modality that typically begins by attempting to form a collaborative relationship between the therapeutic team and family members. In general, psychoeducation efforts are designed to teach family members about a given mental disorder, its course, prognosis, medications, and management. At times, such education is provided to individual families, whereas at other times it is offered in a multi-family workshop.

Disadvantages of Group therapies in forensic settings
Along with many advantages, major disadvantages of GT include:

- **Much gain is not available if offender is not willing/ready for group therapy**
- **GT is absolutely not recommendable for individuals with Asperger's syndrome, as they hate company of others.**
- **GT is not beneficial with the group of severe mental disorders.**

Group Therapy of Therapists

Can we run groups of therapists, staff and doctors e.t.c? Personally I found it very beneficial as a group discussion takes place with usually a senior and experienced therapist. Therapist gets strength, feed back and suggestions from such groups. A person who is continuously working with offenders who have been involved in devilish nature of crimes and as a human being it is really difficult to work with them maintaining an unbiased positive attitude. So in such condition analysis of counter transference and discussion can be very helpful. Techniques of art therapy are used to understand the internal mental and unconscious processes of therapist for better understanding. **Psychodynamic is the best approach for therapy of therapist**, no matter from which perspective therapist is.

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Lesson 32

PSYCHOTHERAPIES IN FORENSIC SETTINGS

Objectives

- **To explore the effective psychotherapies, used frequently in forensic area**
- **To understand the basic assumptions and application of systemic intervention in group settings**
- **To find out the use and effectiveness of family therapy**
- **To unveil the basic assumptions, and application of Narrative therapy**

Systemic Interventions Therapy

SIT considers the importance of system in which an individual is living. No one can live in a vacuum. Although In Individual Therapy, not minimizing the importance of society but focus is on one individual. SI occupies the idea that no single being can form the whole system. Man is a part of society; any offender is not solely responsible for the criminal acts.

SIT is an intensive family- and community-based treatment that addresses the multiple determinants of serious antisocial behavior. The multisystemic approach views individuals as being nested within a complex network of interconnected systems that encompass individual, family, and extra familial (peer, school, neighborhood) factors. Intervention may be necessary in any one or a combination of these systems.

SIT considers human relationship dynamics to help people change dysfunctional or unhealthy aspects of human relationship systems. It postulates that if one representative of a human system can recognize and change dysfunctional patterns, other members of that human system can also change.

For instance a man leaving in indigent condition with wife working as maid for house holds of other people. Both face the cruel and inhuman behaviours of their employers with insufficient working conditions (working out side in hot summer), man had a row with co worker and injured him badly.many times childhood, past experiences are not that much important in violence than the current system and conditions. SIT occupies the idea that one individual is not separate from system so, transform the system for violence and crime reduction.

1. First of all SIT **Analyze the system, in which person is living.**

2. **Working with staff** (working conditions, salary, temperature, degree of consistent humiliation from employer is analyzed) if person is already incarcerated then prison staff can be trained accordingly. There is a crucial need to transform our jail system, as this place has become den of crimes. The real aim of jail was to educate the criminals so when they come out of jail would live with enough skills and earnings. But perversely prisons have become the first places like where:

   - ✓ **Offenders use drugs first time**
   - ✓ **Homosexuality**
   - ✓ **People learn to make contacts with other gangs and become serial murderers, terrorist and so on.**

So if we know that a problem exists then why do not try to change prison system? SI approach knows the reality that the whole jail system would not change over night into university. So SI advocates a gradual and step by step approach.

To employ SI ideas two things are important:

a. **You should belong to that group in some way in which changes are required**

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b. **Spend a lot of time in listening and responding to the problems with consistency.**

Training and education at following levels are targeted in Systemic intervention approach

3. Running staff training groups

Trainings to senior officers, decision makers can help in gradual change.

4. **Educating managers**

5. **Workshops for relatives/friends**

6. **Using groups as pivots**

Family Therapy

Another name o f systemic intervention is family therapy and therapist usually meets several members of the family at the same time. This has the advantage of making differences between the ways family members perceive mutual relations as well as interaction patterns in the session apparent both for the therapist and the family. These patterns frequently mirror habitual interaction patterns at home, even though the therapist is now incorporated into the family system. Therapy interventions usually focus on relationship patterns rather than on analyzing impulses of the unconscious mind or early childhood trauma of individuals as a Freudian therapist would do. The transference and counter transference is meticulously analyzed.

- **The whole family becomes the client.**
- **Interaction is observed.**
- **Therapy is also provided**
- **Family is asked to maintain a life history book of family, so as a result the whole family works together and many times solutions become easier because of mutual interaction and understanding.**

Narrative Therapy

NT is developed by Michael White who intensively worked with severe offenders/criminals. Michael believes that we live in our stories and make small scripts through out the life.

'Narrative therapy is premised on the idea that the lives and the relationships of persons are shaped by:

- **The knowledge and stories that communities of persons negotiate and engage in to give meaning to their experiences**
- **Certain practices of self and of relationship that make up ways of life associated with these knowledge and stories.**
- **Most criminals have negative stories so living an unlawful, unethical, inhuman life.**

A narrative therapy assists persons to resolve problems by:

- **Encouraging persons to re-author their own lives according to alternative and preferred stories of identity, and according to preferred ways of life.**
- **Enabling them to separate their lives and relationships from those knowledge and stories that they judge to be depriving**
- **Assisting them to challenge the ways of life that they find quashing.**

How to rewrite the life stories?

Therapists try to re author the client's stories with the help of:

a. **Questions**

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b. Compliments

This is not as easy as it seems, but therapist tries to enhance the positivity of a criminal and every person experiences create many different stories in their life. These stories may be separate from each other, but often they occur at the same time or even overlap. It is even possible that the same event creates many different stories in a person's life. No single story can summarize a person's life, and so many stories and examination of these stories is required to help understand the person telling them. Narrative therapy finds ways of developing insight into the stories of the client's life. A therapist using narrative therapy is interested in the history of their client. They are searching for an in depth account of the problems that are affecting the client's life. Narrative therapy is sometimes identified as having the client "re-authoring" or "re-storying" their experiences. These descriptions emphasize that the stories of people's lives are pivotal to an understanding of the individual.

Phases of narrative therapy

The basic assumption of NT is that people are the experts of their own lives. When they examine themselves they view their problems as separate from themselves. Within Narrative therapy, people's beliefs, skills, principles, and knowledge will assist them in reducing the severity of their problems in their lives.

Therapists can assist their clients in telling their story by acting like an **"investigative reporter".** The person who is telling the story is intimately aware of the story they are about to tell to the therapist.

Opening space questions

Asking the client about the time when he/she was happy. Therapist tries to explore the glittering, bright and shiny period of life. There must be an era, a phase when stars were shining in the lives of those criminals, now habitual of viewing the world in the darkness of crime. So before problematic area we can find the opening space for our new positive, non-criminal, healthy story. This approach is contritely to other approaches as we are all the time focusing on child hood traumas, abuse, and other bad experiences of criminal's life.

The therapist, as an investigative reporter, has many options for questions in the effort of exposing the successes the client has accomplished against their problems. These questions can open an examination of how the problem has influenced the person's life and what aspects of the problem keep the client from having a productive non-criminal life. The therapist can also examine the characters in the client's story to determine which are helping the booster, those who are assisting the problem, and what are their plans in the story. (e.g who were the best friends in childhood and how the offender used to play and enjoy with them, description of favorite teacher, favorite birthday gift e.t.c)but remember in narrative therapy focus is on positive events and experiences and negative experiences are deemphasized.

Therapists have many options for questions that are helpful in discovering successes that the client has achieved. The therapist can help the client identify the aspects of their life that are unaffected by their current problem and discover why they are safe. The therapist can also look into client's issues and find what skills and knowledge they currently posses to combat the problem and establish new ways to strengthen these skills. Identifying the client's desires for a better life can also give insights on successes that has had over their problem, as well as views on how they would like their story to turn out

Developing stories questions

With all exploratory and investigative questions new stories are developed gradually, you will be surprised to find so many good things in violent, bad, evil minded offenders, anti social personalities and murderers. This therapy is no more mechanist rather artistic and humanistic.

Meanings and values questions

New meanings and values and vision of world is created through exploring and stressing on positive events and rewriting the story.

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PSYCHOTHERAPIES IN FORENSIC SETTINGS

Lesson 33

Objectives

- **To understand the basic assumptions of Solution focused Therapy**
- **To know about use of miracle questions in Solution Focused Therapy**

Topic from previous lecture

Narrative Therapy

Michael White theorized that we all are living out our stories and a criminal's story is full of aggression and violence. Therapist's work is to develop a connection in happy and positive events to rewrite more healthy non violent life story. Along with questions, compliments are used to boost the self esteem of client in NT. putting all happy, creative and positive events together, formulating a story client can be proud of.

Techniques:

Therapist's letter to client

Therapist writes a letter to client telling him "firstly I was only aware of your bad and criminal activities, now after meeting you I have come to explore many new ripe and good qualities in your personality like you honor ladies e.t.c". But remember all complements should be genuine and true in nature.

Client is asked to arrange/maintain a **Life story book**, definitely a positive one.

Solution Focused Therapy

Solution Focused Therapy a radical, revolutionary development that was initiated in a very crucial time while working with drug abusers. SFT is one of a family of approaches, known as systems therapies. Solution focused brief therapy (SFT) is a type of talking therapy that is based upon social constructionist philosophy.

SFT MCQ MCQ

It focuses on what clients want to achieve through therapy rather than on the problems that made them criminals or drug abusers. The approach does not focus on the past, but instead, focuses on the present and future. The therapist uses respectful curiosity to invite the client to envision their preferred future and then therapist and client start attending to any moves towards it whether these are small increments or large changes. To support this, questions are asked about the client's story, strengths and resources, and about exceptions to the problem.

Solution focused therapists believe that change is constant. By helping people identify the things that they wish to have change in their life and also to attend to those things that are currently happening that they wish to continue happening, SFT therapists help their clients to construct a concrete vision of a *preferred future* for themselves. The SFT therapist then helps the client to identify times in their current life that are closer to this future, and examines what is different on these occasions. By bringing these small successes to their awareness, and helping them to repeat these successful things they do when the problem is not there or less severe, the therapists helps the client move towards the preferred future they have identified. MCQ

Solution focus is enhanced through miracle and scale questions.

Questions

The Miracle Question

The miracle question is a method of questioning that a therapist uses to aid the client to envision how the future will be different when the problem is no longer present. Also, this may help to establish goals.

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A traditional version of the miracle question would go like this:
"Suppose our meeting is over, you go home, do whatever you planned to do for the rest of the day. And then, some time in the evening, you get tired and go to sleep. And in the middle of the night, when you are fast asleep, a miracle happens and all the problems that brought you here today are solved just like that. But since the miracle happened over night nobody is telling you that the miracle happened. When you wake up the next morning, how are you going to start discovering that the miracle happened? ... What else are you going to notice? What else?"

Or a question for client with sleep disturbance would go like this "what was the last night when you slept a sound and undisturbed sleeping? What so special happened in the day that leaded to peaceful sleep?

Client may answer "I woke up early in the morning that day, had proper breakfast, and then exercised in evening e.t.c" in this situation client itself is suggesting the solution. Then therapist might ask him what do you say if you start exercise daily?

There are many different versions of the miracle question depending on the context and the client.
In a specific situation with anger problem, the therapist may ask,
"If you woke up tomorrow, and a miracle happened so that you no longer easily lost your temper, what would you see differently?" What would the first signs be that the miracle occurred?"
The client (a child) may respond by saying,
"I would not get upset when somebody calls me names."
The counselor wants the client to develop positive goals, or what they will do, rather than what they will not do--to better ensure success. So, the counselor may ask the client, "What will you be doing instead when someone calls you names?"

Mkq Remember in SFT therapist is neither suggesting nor taking a position of expert, basic assumption is that clients are experts in their problems and solution, therapist works as facilitator. Use of questions and compliments is also frequent. Therapist asks very carefully worded questions, avoiding fantasy and dream rather stressing on action oriented steps. in SFT

Q **Advantages of Solution focused and Narrative therapies**
These therapies are infact effective and when we look at the states of different therapies while working with offenders, my own preference skewed towards these therapies because: except Mkq

- **Effective problem solution**
- **Forward looking and realistic**
- **Provide a ray of hope**
- **Helpful and have curative nature**
- **Does not hang to give advice and lecture**
- **Very effective for offenders in short time**
- **Economical**

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PSYCHOTHERAPIES IN FORENSIC SETTINGS

Lesson 34

Objectives

- **To understand the use of scale questions in Solution Focused Therapy**
- **To familiarize with some other common techniques, used in Forensic settings**
- **To understand the importance and application of humanistic therapy with offenders**
- **To have a look at the limitations of humanistic therapy**

Scaling Questions

One of the most useful concept for a solution-focused therapy is the 0 to 10 scale, where 10 equals the achievement of all goals (perfect situation) and zero is the worst possible scenario/ disaster. The client is asked to identify his or her current position and the point of sufficient satisfaction. Within this framework it is possible to define ultimate objectives, what the client is already doing to achieve them and what the next step might be lower down the scale, and to describe a preferred future (e.g. "where on the scale would be good enough? What would a day at that point on the scale look like?").

POINTS ON SCALE	SITUATION	WHAT TO EXPLORE
10	The perfect solution	the miracle question as a mean to encourage creative thinking
7	A good but realistic outcome	A realistic description of the client getting on with his/her life with without the problem without winterfeeding much.
3	Where the client is now	client's current state, every thing that client is doing and that has helped him to reach this point
0	The disastrous /worst situation	better not to go into details

Scaling questions are used to identify useful differences for the client and may help to establish goals as well. It typically ranges from "the worst the problem has ever been" (zero or one) to "the best things could ever possibly be" (ten). The client is asked to rate their current position on the scale, and questions are then used to help the client identify resources (e.g. "what's stopping you from slipping one point

0 ---------- 10

Moving onwards using scales

Complements are used and client is encouraged by saying that you have already achieved a good position only few steps are back. And typically a client gets cured with in 3 to 4 sessions.

Humanistic kind of therapies

Solution focused therapy and narrative therapy belong to the same tree of humanistic approach. But while working with in legal settings, psychologists need to have a whole range of psychological techniques at their disposal. That can be used from time to time with particular client.

Some Common Techniques

Motivational Interviewing

If we encounter an offender, who is totally unwilling and unmotivated to change, a technique is devised to deal with such situations known as **motivational interviewing.** In many cases it works beautifully

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and effectively. The central idea is the stages of change; a person is motivated through interviewing from one stage to other stage of change.

Stages of change

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1. **Pre-contemplation**
2. **Contemplation**
3. **Preparation**
4. **Action**
5. **Maintenance**

Avoiding reactance

The basic concept working behind is that reactance can strengthen the undesired behaviours and thoughts. According to reactance theory, offenders will respond negatively to messages that generate a perceived effort to change and will dig deeper to hold onto their vice. They will defend their right to and will justify their entitlement to small vices. So better option for a therapist is to give suggestion but do not stress and more forward quickly without leaving chance for reactance.

rolling with resistance Mcq

Extension

This technique is borrowed from boxing. In this technique therapist move in the same direction in which the client is moving to imbalance the client – also known as rolling with resistance. e.g. client is consistently complaining about husband's behaviour and therapist can understand well that her complaints are not genuine. So therapist, using this technique can ask that client "yes you are right your husband is really bad, have you ever considered divorce". In this situation **extension technique** is used to imbalance the client by rolling and moving along or even some times ahead resistance.

Exploring contradictions

Mcq

Therapist finds and points out the contradictions in goals and actions. Like chain smokers can have a goal to maintain a healthy life style. Therapist can help him to understand the contradictions in his behaviour that is smoking and his goal that is maintaining the healthy life style.

Externalization control anger

Externalization or **name and shame the culprit** technique is usually used with children but in Forensic settings offenders are asked to draw paint color the externalized object like uncontrollable/impulsive anger and other emotions. In this situation offender is not considered responsible for his specific behaviour rather problematic behaviour is considered an external object. If an offender has anger problem then therapist using this technique might ask him to draw and colour his anger. Anger is treated as an externalized object rather than a part of personality.

Mcq

The basic objective of studying all these techniques and therapies is to understand that how can we work people who are in the life of crime and how to get them out. We will srtudy this in our Pakistani muslim context.

Humanistic Therapy

Narrative therapy and solution focused therapy borrows ideas from humanistic therapy. We have discussed the humanistic model earlier so now we will not dwell in details. Now we will see that how humanistic therapy works in forensic settings. The basic assumption is that no matter whether the therapist is following humanistic approach or not but he/she must have these qualities and all therapists must begin here.

Because humanistic concepts:

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- **Are Pre-requisite for all kind of therapies**
- **Helps build rapport**
- **Helps builds respect for client**
- **Helps to earn client's trust**

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Mcq

Basic humanistic concepts are:

1. Empathy

The therapist tries to appreciate the client's situation from the client's point of view, showing an emotional understanding of and sensitivity to the client's feelings throughout the therapy session.

2. Unconditional positive regard

Unconditional positive regard means that the therapist accepts the client totally for who he or she is without evaluating or censoring, and without disapproving of particular feelings, actions, or characteristics. The therapist communicates this attitude to the client by a willingness to listen without interrupting, judging, or giving advice. This attitude of positive regard creates a non threatening context in which the client feels free to explore and share painful, hostile, defensive, or abnormal feelings without worrying about personal rejection by the therapist.

3. Reflection for understanding

Reflection occurs when the therapist repeats fragments of what the client has said with little change, conveying to the client a nonjudgmental understanding of his/her statements.

4. Questions for clarification

Clarification occurs when the therapist abstracts the core or the essence of a set of remarks by the client. Questions are asked to know/ explore more. Two benefits of such questions are: Mcq

1. **That therapist had understood what client was trying to tell**
2. **That therapist is interested to know more**

5. Reflection for insight

Reflection is also used to provide a better insight of client's thoughts and emotions. e.g one client says that his cousin has created the all problem of his life counselor may reply "it means that you have hate for your cousin"

2-Mcq

Limitations Drawbacks of Humanistic Therapy

No doubt humanistic therapy is very effective and has imminent importance but while working in legal settings it has few drawbacks as well.

1- ✓ It is really difficult for therapist to give positive regards and respect to a person who has committed a lot of hideous crimes like child molestation, rape and murder e.t.c

2- ✓ Only this therapy may not accomplish the all requirements so we need some other techniques and therapies too.

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Lesson 35

PSYCHOTHERAPY IN FORENSIC SETTINGS AND SPECIAL CHALLENGES

Objectives

- **To understand the importance of limit setting in forensic settings**
- **To address the issue of confidentiality in legal setting**

The equal balance of boundaries limits and rights of therapists in both forensic and non forensic psychotherapy is important. But importance becomes more vital because a forensic psychotherapist is not just a therapist who works with "difficult" cases. Trainees need to be familiar with all aspects of forensic practice to understand the complex and often difficult environments in which they (and their colleagues) have to work. They need to have a clear and practical understanding of what it is their forensic psychologist colleagues have to do, so their input can be integrated with other aspects of planning treatment. Equally, forensic psychotherapy is more than just talking to forensic patients.

Balancing empathy with limit setting

While working in forensic /legal settings a therapist encounter the challenge of limit setting and they ought to remember a word of caution that respect should be two way process. An offender who is habitual of breaking limits and exploiting other people will definitely try to exploit and will move beyond set limits. Usually zeal of humanistic therapists ignores the importance of these limits. But a **Balance of empathy, positive regard, compliments, positivity with boundaries, ethical conduct and firmness is the core idea of therapeutic alliance.**

Issue of limit setting has crucial elemental importance in therapeutic process. Therapist has to observe and create the balance between empathy and limit settings with firmness and consistency. Respect, dignity and safety of therapist are equally important.

What do we mean by boundaries?

Boundaries can be time related, space related and other psychological limits also include in this category. And breeching code of conduct is neither beneficial for therapeutic process nor for the client as in forensic setting a therapist is basically trying to help offenders learn and respect boundaries and rules, by violating limits a therapist is not helping in right direction and creating disruption in therapeutic process, infact teaching and reinforcing the breakage of boundaries. Boundaries can be following types:

- **Temporal boundaries**
- **Physical boundaries**
- **Psychological boundaries**

Professional way of boundary setting

A forensic therapist can enforce limits in following ways:

- **Not granting extra time, ending session with in time and not extending the session.**
- **Not promising privileges like extra TV watching time e.t.c**
- **Not seeing out of turn or taking a client in extra slot**
- **Not visiting outside professional locations,** like if a client asks to meet in Mc Donald' or try to talk in corridors. Some time it is not safe to view clients outside the professional/forensic setting.

Safety concerns

What forensic patients have done and are capable of doing must never be forgotten. However, in secure environments the availability of nursing staff or guards to maintain a watchful presence,

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together with physical security aids such as emergency buttons and personal alarms, protect forensic psychotherapists when seeing patients. In non-secure environments, the task of the forensic psychotherapist can be made more difficult when there is poor-quality or ambiguous information about the patient's behaviour between therapy sessions. In these settings, the forensic psychotherapist must more frequently assess whether the total treatment available has been enough to prevent destructive acting out.

For **Therapist's safety,** therapist needs to have control over therapy room and seating arrangements should not block the way out. Particularly client should not be placed in between outside door and therapist.

Safety of client is also very important, like a client tells that he/she is going to commit suicide. Facing such situation what a therapist should do? How to respect the issue of confidentiality?

How to maintain Confidentiality in forensic settings

Forensic psychotherapists are often involved in multi-disciplinary, interagency and medico-legal work as well as working in settings such as prisons, where they have dual obligations both to their patients and to their employing authority. Such situations can give rise to conflict with respect to confidentiality.

To address confidentiality is more important in forensic settings then non forensic settings, because therapist frequently encounter the clients claiming to possess the weapons with intentions to kill the co-prisoners. Many times therapist faces the dilemma of **client's safety and confidentiality** (planning for suicide) **or society's safety and confidentiality** (plan of some violent act like murder) e.g a client has a plan to murder his co prisoner, in this situation **therapist has two challenges:**

- ✓ **Therapist is to use the therapeutic space and convince the client for not practicing that hideous job and handover the weapon to the prison staff.**
- ✓ **And even after that if therapist is doubtful then it is his responsibility to break the confidentiality because this is a serious threat to some one's life.**

Take another example of a child who has been abused by his uncle, now considering the matter of confidentiality a therapist will not break the trust of that child but rather will try to boost the confidence and self esteem of child to inform his parents about the hideous activities of his uncle. Although at first it is quite difficult for the child, so child is convinced to resist the forlorn stay with uncle.
So in short breaking confidentiality should be the last resort to any problem.

Observing boundaries

It is therapist's duty to observe the boundaries and create a balance.

1. Not a good idea to use client's services – outside of professional relationship like fixing a car engine. By doing this therapist is creating another new boundary and may not be able to enforce other limits.
2. Therapist should not establish any friendship with client.
3. No gifts should be taken from clients. Infact this boundary should be cleared to client at the start of the therapeutic relationship.
4. **Dual relationships**

Therapist should avoid following types of relationships with clients:

5. Any sexual relationship whether it is marital or out of this context. Therapist should understand their own boundaries and limits and this rule is also applied to x-clients. Research evidences supports the notion that because of the **phenomenon of Transference** (Parent like relationship) a client who enters sexual relationships whether in marriage or out of it, have effects that are usually experienced by victims of incest.

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6. **No business dealings**

In limit setting a forensic therapist is suppose to:

- **Impose and enforce boundaries for clients.**
- **Setting boundaries for self**
- **Making those boundaries clear to the client as adherent to therapeutic process.**

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Objectives

FORENSIC PSYCHOTHERAPY

Lesson 36

- **To know about the forensic psychotherapy**
- **To learn about the basic and important features of forensic psychotherapy**
- **To understand the importance of working systematically and getting institutional support for the success of FPT**

Forensic Psychotherapy FPT

Forensic psychotherapy is an emerging exciting new development in psychology particularly developed only for psycho-legal types of problems. Can't we call all other therapies use in forensic setting forensic psychotherapy? There is a difference because all other therapies are developed as generic therapies and are still used in non forensic settings.

Many other therapies are also used in forensic settings, but those therapies are used in non forensic settings too. FPT is solely design to use with the forensic population with legal concerns, although many techniques are borrowed from other psychotherapies like psychoanalysis, humanistic approach e.t.c.

Main features of forensic psychotherapy are as follows:

Balancing act

As discussed earlier that creating a balance in between empathy and firmness and positive regard and professional limits and boundaries is the crux of therapeutic relationships.

Exploring therapeutic alliance

Exploring the client's behavioral pattern towards therapist in counseling process. In group therapy interaction with other group members is also explored to determine the degree of change and to focus on targeted areas. Childhood experiences are also explored.

Providing a whole range of experiences

In forensic settings, therapist has to work with a wide range of clients like:

1. **One who have been living in slumps, on streets and had not experienced love, sympathy, affection and comfort in life.**
2. **On the contrary hand there is offenders who were spoiled and developed narcissistic personalities with excessive money and facilities but with overindulgent and affectionless parenting.**
3. **Third types of offenders are those who can not develop trust for any one because they have been a victim of child sexual abuse or incest.**

Although range of people is quite wide but their experiences are very limited and narrow. One can think that the offenders who are brought up in slumps or street born can not be short handed of different flavors of experiences but many of them have not experienced the real happiness and mirth. They have lived an emotionally deprived life, and can not experience different types of emotions. A therapist provides them a whole range of experiences through:

- **Exploring emotional life in safe environment**
- **Art therapy**
- **Music therapy**
- **Drama therapy**
- **Fantasy and Imagery Exercise**
- **Relationship problems are solved**

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- **Home works assignments**

Exploring emotional life in safe environment

Forensic psychotherapists need to think about their patients—how and why they committed their offences, and why they present complex management problems to colleagues. Therapist allows talking freely about **childhood relationships** with father, mother, siblings and other family members. Discussions take place about the bullying experiences in school years. Then adolescence emotional experienced are also explored like many young boys or girls are sexually exploited by older aged man or women and consequences of such experiences can be dangerous. Discussion of such experience in safe environment is a totally new experience for clients then therapist exposes them to new experiences like expressing emotions through drawings and paintings.

At therapy

Art is used to explore personalities; in FPT art is not used as a tool to assess personality rather for the exploration of personality.

Music Therapy

Music therapy is the clinical and evidence-based use of music interventions to accomplish therapeutic goals by a qualified professional who has completed an approved music therapy program. **Every** session has some theme and clients are allowed to beat drums or play any other instrument with the help of trained musician.

Specific goals of music therapy in forensic settings may include the following:

1. **Increase self-awareness**
2. **Improve reality testing and problem-solving skills**
3. **Improve respect for others, including peers and authority**
4. **Develop healthy verbal and non-verbal communication skills**
5. **Decrease impulsivity through practical techniques**
6. **Accept responsibility for thoughts and feelings**
7. **Learn relaxation and coping skills**
8. **Improve physical conditioning**
9. **Develop effective leisure skills**
10. **Explore feelings and make positive changes in mood states**

Drama Therapy

The use of dramatic process and theater as a therapeutic intervention began with Psychodrama developed by Moreno. DT is intentional use of theater techniques to facilitate personal growth and providing an offender a variety of experiences that they usually could not experience in their lives. Drama therapy is an expressive therapy Drama therapy exists in many forms and can be applicable to individuals, couples, families, and various groups.

Often, drama therapy is utilized to help a client:

- **Experience a wide range of experiences and emotions**
- **Solve a problem**
- **Achieve a catharsis**
- **Delve into truths about self**
- **Understand the meaning of personally resonate images**
- **Explore and transform unhealthy patterns of interaction**

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Drama therapy is extremely varied in its use, based on the practitioner, the setting and the client from fully-fledged performances to **empty chair (talking to fictitious personality), role-play, and role reversals**. Such techniques are borrowed from creative arts. We use psychodrama with those clients that really need to experience other emotions.

Now take an example of a depressed incarcerated man, who was convicted and sentenced for ten years. Spending one day in prison is difficult and he has to stay there for eight more years, how as a forensic therapist you can evoke hope in him. In such situations **Fantasy Exercise** is very effective, in which client is asked to close eyes accompany by deep breathing and imagine that he is a superman, who can fly over the sky but live as a disguised prisoner and when ever wants can **fly** and help needy people.

By practicing such **imagery exercises** two concerns can be touched:

1. **Developing positive feelings like prisoner is very powerful and eliminating depression.**
2. **At the same time developing the feeling to use that power for needy people so creating altruism in an offender.**

Relationship problems are solved

Offender is persuaded to give gifts to wife so relationships problems are solved and a healthy support is created for therapeutic process. Researches support the notion that drug addiction is a reaction to negative relationships. And addiction is a core reason of many crimes.

Therapeutic Structure

Patients may be treated in individual therapy, in group therapy or through mixing individual with group therapies.

Working systemically

Although forensic psychotherapy is psychodynamic based, which is individual oriented therapy but the importance of system is also realized in FTP. The idea is not to upset many people and attract people in your side. Like working with collaboration with prison guards, frequent contact is maintained. With out cooperation of all concerned people work of a forensic therapist is almost impossible as he will stay with all positive attitude just during therapy session but client has to spent all other time with other prison staff and if their behaviuor is inhuman and humiliating then the positive regard and empathy of therapist would not effect or contribute the healing process.

Building alliances with staff

In process of working systematically forensic therapist working in a prison setting try to persuade the **prison staff** to join training groups to learn the strategies to deal with job related stress. These groups are intestinally entitled as training group because usually joining a group for psychotherapy is considered stigma. Training groups are formed and psychological principals are taught to the prison staff so they also strengthen the healing and helping process. Work in this dimension is very important.

Forensic psychologist has to deal with many difficult challenges and need to be very careful even in selection of words while interacting with system. They have to work very politely and diplomatically to create alliances. Alliances are not only established with prison staff but also with other key individuals through regular meetings other than group meetings. Like **Alliances with home ministry, interior ministry, policy makers and decision makers** are essential to reform the prison environment so; vicious cycle of violence can be breached.

But the importance of balancing limits is equally important here. The professional responsibility of a psychologist is to **call a spade a spade**. So in consideration of alliances making they ought not neglect their basic purpose of challenging and confronting the maltreatment.

Pinpointing the people who are creating the and to clear them the metaphor of change gradually obstacle is equally important.

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Getting institutional support

A forensic psychotherapist can not work in a vacuum and one man army is not the idea so like minded people are founded and alliances are established. Institutional support is sought to strengthen the changes that have occurred and cultivate the future successes.

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Lesson 37

VIOLENCE REDUCTION PROGRAM

Objectives

- **To learn about the targeted population and challenges while working with such clients.**
- **To know about the main features of Violence Reduction Program**

Violence Reduction Program

Program Objectives

The primary objectives of the Violence Reduction Program (VRP) are to decrease the frequency and intensity of violent behaviors, to decrease or eliminate the antisocial beliefs and attitudes that support the use of aggression and violence, and to assist the program participants to acquire appropriate interpersonal skills that are effective in reducing the risk of recidivism, in particular, violent recidivism.

Target Population

The VRP was developed by **Wong & Gordon** designed to address the treatment needs of **high-risk violent offenders,** in particular those who are non-compliant, lacking in motivation, resistant to treatment, and have a history of institutional misconduct. VRP was typically developed for the offenders who are considered untreatable and fall in personality disorder category. The program designers recognize that this sub-group of violent offenders is highly **heterogeneous with respect to their criminogenic needs** and responsivity. For example, the offenders may have a combination of criminogenic needs such as substance use, criminal peers, antisocial/anti-authority attitudes, cognitive distortions, impulsively, lack of social support, aggressive acting out behaviors and so on.

In addition, they may have responsivity issues such as lack of motivation, mental health issues such as anxiety and depression, educational deficiencies, psychopathic personality features etc. The program design, although structured and goal oriented, is flexible enough to accommodate the heterogeneity of criminogenic needs and responsivity in this client group. Basic concern of VRP is to Change dynamic factors. **While working in prison setting a therapist has to face following challenges:**

1. **Extremely difficult client group**
2. **Unwillingness**
3. **Lack of motivation**
4. **Lack of trust**
5. **Lack of rapport**
6. **No relationship skills/abilities**

Unwillingness

In forensic settings courts or other institutional pressures may require psychological treatment. Therapists typically have viewed unwillingness to enter treatment as a unitary concept, in which clients fall somewhere along a single dimension that ranges from highly willing and eager to highly unwilling to engage in treatment. Therapist tries to improve their willingness to participate in this healing process. Here again the concept of **stages of change** is important as client moves in the continuum of these stages. If the person is in pre-contemplation stage the therapist try to help him to move into contemplation, preparation and then into action and maintenance stage.

Lack of motivation

Clients often do not experience the problem for which they were referred as being a problem for them. They believe that the behaviour that concerns others is quite reasonable and that the law has been unfair and punitive. An example is persons who use violence instrumentally to get what they want. Their violent behaviour is not mediated by anger and is adaptive, in that it generally serves to get them what they want.

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The behaviour may be normative in the environment in which they live (e.g., in prison) and within their subculture outside prison. Their problem is that they have been caught. Clients who become angry and then behave aggressively or violently may also enjoy their anger and the sense of energy and power that it gives them, and believe that it is a useful and legitimate way to manage their lives.

Lack of trust

The therapeutic relationship in the forensic setting is typically not a dyad but a triad, involving the therapist, the client and criminal justice system or by the treating team. The goals of treatment may have been set by the court or releasing authorities rather than by the client and therapist is paid for services by court. Mistrust is found in clients as therapist is not working to help them rather working for the court.

Mcq

Sometimes clients may fear that therapy will be controlling, and that the therapist will try to dominate them. As a consequence they often fight against what they perceive as an imposition on their freedom in a setting in which they have few other sources of self-efficacy and mastery than the maintenance of the private self.

Lack of rapport

Therapist has to work very extensively and hardly to build up a rapport with such clients.

No relationship skills/abilities

Another challenge is that such clients usually lack in relationship skills and abilities.

- ✓ To deal with all such challenges a therapist who enters or want to employ VRP must have clinical background with having grip over a wide range of psychotherapy.
- ✓ Therapist must have some experience of forensic setting along with sound experience in clinical training and experience.

Salient features of VRP

The major idea put forward is that correctional programs should target the criminogenic risk/need areas. More specifically, programs should target that risk/need areas that are "Dynamic" (i.e. changeable) as opposed to "Static" (unchangeable).

Stages of change were used by Wong and Gordon. **"Application of stages of change on Violence Reduction Scale is called Violence Reduction Program.**

Dynamic Factors

Emotional Control

Emotional control is very important feature, training to control emotions like anger is provided during VRP through **role playing, coping statements and anger management skills.**

Mcq

Clients also have the issue of **less experienced emotions** like happiness, or even anxiety and depression so instead of feeling the real emotion they only experience anger. Absolute emotional control is not possible but efforts can helping controlling behaviour, incase if anger is not controlled but consequences of that emotion in form of behaviour can be controlled.the idea is behind that we are not responsible for the thoughts but responsible for behaviour and even no court in the world can punish just for thinking any thing.

Violence during institutionalization

If we succeeds in controlling one's aggression and violence in here and now, if we can help one person to change and control his violence. We will succeed in keeping him away out side of the prison. Change in violent behaviour is brought through reinforcements like smoking is a luxury in prisons and if client shows non violent behaviour through out the day; he can be given an additional (or depending on situation) cigarette on that day.

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Weapon use

In the same way client can be persuaded through reinforcements for having no weapon with him in prison.

Insight into violence

There are two types of violence one is **instrumental violence** and other is **emotional violence.** Understanding one's own violence as insights builds reduces the risk of future violence.

A major task of treatment is to enable patients to develop an awareness of their mind and its **functions.** Through treatment, they can acquire an awareness of who they are, what they have done and the **impact** of this on their own minds and the minds of others. In providing patients with an understanding of **their** own mind, the forensic psychotherapist aims to increase patients' capacity to contain unpalatable thoughts and emotional states rather than impulsively acting on them. Benefits for the patients **may** include a more realistic perception of their self-worth, a firmer sense of identity and a decrease in psychotic and paranoid anxieties. Patients' capacity to make and sustain more-mature **interpersonal** relationships may also improve as their view of the external world becomes more realistic and less distorted by the configuration of their internal world.

Mental Disorder

Usually psychotics are not violent but a person having criminal history and having sever depression can kill other co-prisoner or can show other kinds of violence under effect of his mental disorder. So mental disorders are treated using medications and psychotherapies.

Substance Abuse

Substance abuse is a fundamental problem and requires a program on it's on. What ever we eat have different impact on our brain and ultimately to our thoughts and behaviour. This is a very important dynamic factor usually it is initiated in bad company to reduce painful emotional states and for soothing if a person is very violent and addict, until or unless he does not quit this addiction no other improvements are possible because first of all he will commit crime to get those drugs and then will commit violence and offences under the influence of that crime so no training of emotional control or other behavioral controls is workable or effective under such conditions.

The client is given the chance to find other copying strategies to deal with emotional pains rather than using drugs. Drug addiction is one of the most difficult dynamic factors to treat. Comparatively non drug addicts have far more chances to improve as a result of VRP.

Stability of relationship with significant other

It means relationship with wife or husband or a person who is very close. As we have also discussed earlier that addiction is a reaction to negative relationships. So working to solve relationship problems can help in two ways:

a. If a person has already good relationship then this can be used to strengthen the healing process because for motivation and improvements this relationship is very important.
b. And if the relationship problems exist then the therapist try to solve them not just for motivation but also for community support as well.

Violent Lifestyle

Violent life style is not only monitored in prisons but also out side the prison world. So VRP is very effective because it helps in staying away from old violent life style in non prison settings.

Criminal Personality

Crimnogenic personalities are considered, diagnosed and treated accordingly by using the wide range of techniques and therapies.

Remember all dynamic factors are interrelated, improvement in one factor have effect on other factors as well.

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VIOLENCE REDUCTION PROGRAM

Objective

- **To know about the salient features of violent reduction program**

We have been talking that how to help people get a new way. Prisons are reformative institutions but we know the fact that no such interventions and structures are present there. So for this purpose Wong and Gordon developed the VRP in Canada and now this program is also being employed in many other countries as well. Let's get back to the salient features of VRP.

Criminal attitude

First of all there is a need to separate attitude from criminal personality, although there is no crystal clear difference in attitude and personality because if attitude improves as a result personality does too. But criminal attitude is changeable so targeted in VRP.

Work Ethic

Work ethics and aggression are closely correlated. As we all know that people lacing in work ethics moves towards crime. What is work ethics? Work ethics is to work honestly and with quality. Developing work ethic is an important step in intervention. Clients are reinforced if they show interest in work and show quality, as quality is also essential feature of work ethic. Client is persuaded to work whole heartedly, keeping quality so offender is ready to work out side the prison. In our cultural and religious context offenders can be told that work is also prayer.

Low quality_____ Termination of Job_____ back to theft. Robbery, substance abuse.

Criminal Peers

Living in prisons an offender would definitely encounter the company of other criminals but therapist stresses to live in company of peers who are also interested in change and want to abide the life of crimes. And this change can be easily assessed by getting the reports from prison staff.

Interpersonal Aggression

How interpersonal aggressions differ from violence? If interpersonal relationships suffer from aggression, shouting and abusive language and a therapist have succeeded in creating changing in interpersonal aggression the treatment is forwarding in the right direction.

Community Support

Therapist try to create community support for offender, as we have already discussed that Client has to go back to the community and if community is supportive future violence are reduced. And if this support is not possible then client is persuaded to live in a community that is supportive. Like if after release, start living in a community where substances are frequently sold and used then there are more chances of relapse and all other related crimes and problems. Prior to release, therapist incorporate the family of offender in the treatment and they are taught and encouraged to recognize and avoid the issues that can cause offender to land again in prison.

Released to high risk situation

A person who is released to high risk situation has more chances to re-offend like a person who has killed the 6 members of a family and effected family has warned that they will kill him at his release. And there are chances if he is released in high risk situation either he will become a prey or will murder some other people to save his life. So on first place high risk release is to be avoided or release is kept secret and fictitious names are awarded and identities are changes so person can settle in outside the prison.

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Violence Cycle

Violence is a vicious cycle, all factors are interconnected. To break this cycle therapist make the client to realize that he has been trapped in this cycle and how to come out of this.

Impulsivity

Impulsivity means behaving with out thinking. Impulsivity is also reactive. Clients are taught that how to control impulsivity by placing their favorite things in front of them and asking them to control their impulses. Impulse control is important but astonishingly simple to treat.

Cognitive Distortion

Cognitive distortion means wrong thoughts that are being considered right and these thoughts are many times reasons for violent behaviors. Like if you get late to your office and your Boss scolds you. You start thinking now this is the end of the world and until or unless I do not react I can not maintain dignity in the eyes of my colleagues' e.t.c.

Some time cognitive distortions are governing us and are very common in our culture. And if do not lead to violence can lead to depression. So use of knowledge and sensible thinking is very important.

Compliance with community supervision

As per parole if offender does not visit the psychologist, social worker or report police station then there are more chances that client will re-offend. In such situations community and family support is sought.

Security level of anticipated release institution

This phenomenon is not important and applicable in our country. With the multi-disciplinary team, the forensic psychotherapist needs to differentiate between the patient who has made significant psychological progress and could move to a less-secure environment, the patient whose level of illness remains severe and the one who falsely believes himself or herself to be better and engages in either a conscious deception or an unconscious pseudo-compliance ought not to be moves in less secure level.

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Objective

VICTIM SUPPORT

- **To know about who are victims and their types**
- **To learn about the victim support**
- **To understand the main features of Post Traumatic Stress Disorder**
- **To get familiar with Support and Cathartic therapies**

Victims of violence

First we have been discussing how to help offenders and violent criminals but now will be throwing little light on the serious issue of victim support.

Who are victims?

Victims are, by definition, those people who have been harmed or "scarred" physically and/or psychologically by crimes against them or their property. It also makes sense to include "co-victims" of various sorts in this definition because the impact or "touch" of victimization is wide-reaching -- and includes family survivors, friends and acquaintances, co-workers, classmates, neighborhoods, communities, regions, and sometimes whole nations. It also makes sense to include helpers of victims as victims themselves.

Types of victims

- **Victims of rape and sexual assault**
- **Victims of violence**
- **Survivors of murderous assaults**
- **Survivors of robberies**
- **Hijack survivors**
- **Others**

Victim support (whom and why?)

Victims react differently to the same kind of crime, is based on their **pre-morbid personality.** Like a victim of mobile snatching can react completely differently to the same street crime. One can think as if end of the world and other can thank Allah for not having a big loss.

In general, violent crime such as rape, aggravated assault, homicide and alcohol-related vehicular homicide produce more crime-related psychological distress than property crimes like burglary. Also, victims' appraisals of how dangerous the crime was are related to crime related psychological trauma. In particular, a belief that one might have been seriously injured or killed in a crime is a more powerful predictor of distress than objective factors such as physical injury, force and use of a weapon.

Prior history of most mental disorders did not increase risk of developing PTSD after experiencing a stressful, violent crime. However, a history of major depression did increase the risk that PTSD would develop, but only if the crime was highly stressful. This suggests that victims with PTSD or depression may be particularly vulnerable to crime-related psychological trauma, but also confirms the important role played by the stressful nature of the crime itself.

All crime victims have the following common reactions:

- ***Anger*** **-- it is not unusual to be angry at police, criminal justice, or society (Greenberg & Ruback 1992)**

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- ***Depression*** -- **low mood, low appetite/weight loss, sleep problems, energy changes, self-blame/guilt, worthlessness/ hopelessness, difficulty concentrating and thoughts of death (APA 1994)**
- ***Anxiety*** -- **fear/distress/worry, psychosomatic symptoms (sweating, shaking, difficulty breathing, nausea, chest pain, dizziness), behavior change (avoidance, rituals), and behaviors to reduce distress (APA 1994)**
- **Post Traumatic Stress Disorder : typical response of victim to crime is PTSD, previously known as "shell shock' and this term emerged in war situations.**

Main features of PTSD

1. **Anxiety and Fear**
2. **Depression**
3. **Obsessions, after they have been victimized**
4. **Flashbacks**
5. **Unexplained Aggression and Anger**
6. **Dissociation** — disconnected from ownself & world, lack of continuity b/w thought, memories etc.
7. **Low self-esteem**

Self-esteem or self-worth is a person's self-image at an emotional level; circumventing reason and logic. After going through the experience of hideous crimes like rape, robbery, murder survivors, one develops a very low esteem.

Therapy for Crime-Related Psychological Trauma

There are dozens of different psychotherapies, but relatively few are designed specifically for use with crime victims and have had their efficacy evaluated. Most of the research on efficacy of treatment for crime-related psychological trauma has been conducted with adult victims of rape rather than with child victims or with adult victims of other types of crimes. However, much of what has been learned from research on treatment of rape victims is probably applicable to treatment of other crime victims as well.

Supportive Therapy

As discussed earlier, this is an umbrella term and many other therapies come under this but the basic purpose is to deal with PSTD and other psychological problems of victims.

Techniques used to provide support

Empathy

Empathy is appreciation of victim's problems and feelings without experiencing the same emotional reaction. To be distinguished from sympathy, that is usually non-objective and non-critical.

Emotional Support

Also known as **holding, like a mother holds child.** An emotional support that is provided to prop up the healing process.

Cathartic Therapies

These therapies allow the victim to release and express their pent up emotions, feelings. This is accomplished through:

1. **Allowing clients to talk freely with out interruption and judgment but keep in mind this is not easy at the start of the therapy and particularly in the case of deep traumas.**

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2. **Victims are helped to release and express their emotions through Art and music therapies.**

Art therapy

Victims are allows to draw, paint and colour, what ever they feel in response to that particular crime experience. And as therapy proceeds and client becomes stronger and stronger he is asked to re-visit the trauma and they try to paint and colour that trauma. But this is to do with great care and usually used in very few cases.

Music therapy

What Is Music Therapy?

"Music Therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program."

As we have discussed music therapy with offender here we use music therapy to help victim to deal with the psychological problems that have aroused as the result of crime. Music therapy can be vital in helping heal the pain of traumatised victims.

How Does Music Therapy Help victims?

Music therapy has been shown to have a significant effect on an individual's relaxation, respiration rate, self-reported pain reduction, and behaviorally observed and self-reported anxiety levels. A coordinated program of music and music therapy interventions in response to crisis or trauma, designed and implemented by a qualified music therapist, provides opportunities for:

- **Non-verbal outlets for emotions associated with traumatic experiences**
- **Anxiety and stress reduction**
- **Positive changes in mood and emotional states**
- **Active and positive participant involvement in treatment**
- **Enhanced feelings of control, con.dence, and empowerment**
- **Positive physiological changes, such as lower blood pressure, reduced heart rate, and relaxed muscle tension**
- **Including understanding and coping with anxiety and helplessness**
- **Building confidence and sense of security**
- **And providing a safe or neutral environment for relaxation**

Music therapy is used in two ways

a. **A soothing music is played** and victim is asked to relax and some times client is asked to re-visit the trauma through imagery to reduce the bad effect in relaxed and safe environment.
b. Some Instruments are placed in front of clients and they are **allowed to play** them and provide an outlet to problematic emotions.

Drama Therapy

Drama therapy can be effectively used to relieve the trauma through drama and role playing. Client can explore the whole range of experiences playing different kinds of roles. **Comedy dramas** are also used to weaken colour of traumatic experiences.

Externalization

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Externalization means to put something outside of its original borders, especially to put a human feeling outside of the human body and naming and then painting that feeling.

We will use his differently while working with victims, so they are asked to draw their PTSD, draw a picture of pathology externalize them and name it. Naming is predominantly important as by naming we are confining a separate psychological space for the problem.

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VICTIM SUPPORT

Objectives

- **To introduce with different ranges of supportive therapies**
- **To acquaint with the use of Eidetic therapy for victim support**
- **To know about the different use of narrative therapy**

Supportive Therapies

Debriefing

Another technique used to provide support to victims is debriefing or psychological debriefing that is semi-structured conversation with an individual who has experienced a stressful or traumatic event. In most cases, the purpose of debriefing is to reduce any possibility of psychological harm by informing people about their experience or allowing them to talk about it.

Desensitization

It is human psychology that avoidance of situation wires in persistence of problem, **desensitization** is a process for reducing the harmful psychological effects of traumas. It also occurs when an emotional response is repeatedly evoked in situations in which the psychological problems that is associated with the traumatic event of crime proves irrelevant or unnecessary.

Eidetic Therapy

Eidetic Image Therapy is an innovative approach to psychotherapy that uses a special type of mental image called eidetic to get problem areas quickly and generate insight and growth.

The eidetic is a powerful personal image that's seen in the mind like a movie or film strip. According to Dr. Ahsan Akhtar we all have the ability of *eidetic imagery*. Every image has some bodily energy linked. It contains a detailed record of all important life experiences and is neurologically stored in the brain for future reference. When recalled, the eidetic recreates a vivid experience of events and conflicts with all of the basic elements intact: the visual picture of the event, the physical and emotional feelings associated with it and the meaning or significance it contains.

Through a step by step process, Eidetic Therapy enables you to see significant life experiences from different points of view, examine them from an enhanced perspective, and allow the solutions that resolve longstanding problems to become clear.

Imagery is an important tool in the Dr. Akhtar Ahsan's rapportire of eidetic therapy. So how do we come to know that which image is causing the problem. This problem is solved by the use of eidetic parent test, as most of childhood traumas create problems for us. But when we use this therapy for victim support, revisit of the traumatic event that is bothering the client is not a difficult at all. But to revisit the trauma is not appropriate in first few sessions so most of the time in victim support this is avoided rather than client is asked to revisit the positive events from childhood.

Kinesthetic imagery

Kinesthetic imagery is another important dimension of eidetic therapy, imagery of touch and feeling in terms of temperature (chill or hot imagery). This is highly effective in forensic settings as victim is not required to visualize the trauma rather has to focus on the physical sensations in terms of temperature during that traumatic experience (were you feeling hot or cold?). and Dr. Akkhtar Ahsan reports that people report in very deep surface.

So now the question is what intervention technique is adopted? Therapist helps in changing the temperature of that kinesthetic image. Like therapist would ask client to close eyes and focus on the

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temperature and then try to reverse the polarity. If a client reports he was feeling very cold almost fozen while robber placed his gun on my forehead. Therapist might ask him imagine that you are sitting in front of heater and room is becoming warm and comfortable. Eidetic therapy is found to be very effective and creative therapy.

Psychodynamic Therapy

We have discussed this in detail already in whish we do not only make interpretation but also hold the victim in a very safe environment.

Cognitive Behavior Therapy

Clients wrong believe are challenged in a very empathetic way by making positive compliments and praise. Like usually victim has the wrong believe of why me? Therapist challenge such believes and inquires about evidences but with great care and tactics. They are told that they are not alone even they are better than many other victims who have suffered even bitter traumas.

Narrative Therapy

We have talked much about this therapy in the context of criminals or those who have constant problem with law or violent people with negative developed stories but in victim support we have people who generally have positive stories but a specific incident of crime have changed their perception. Some time victim has a very positive and creative life before that particular trauma but then developed PTSD. And start having perceptions what ever I do bad things happen at the end. Narrative therapist would sit down with him/her and firstly try to understand the negative story concocted. Story that narrates success in beginning and then disaster, achievement in start and then adversity.

While working with offenders narrative therapist encounters the state where his clients has nothing positive in life so help them to re-author their scripts but in victim support therapy **re-sequence the successes in the beginning and disaster at the end into hardship in the start and accomplishments at the end,** With the help of complements and questions.

Self-Esteem problems

Victims of more hideous crimes like rape e.t.c, experience the immense lack in self worth/self evaluation and self esteem.

Male victims and female victims differ in problems like if a man is raped his "manhood" is badly effected by this trauma so self esteem squash badly.

Female victims can encounter adverse family reactions if married husband can divorce and if unmarried can receive obscurity in getting married and even if get married can have ambivalent feelings with her for through out the life.

Whether victims of violence or rape self esteem boosting therapies are essential elements

Self-Esteem & Therapy

How to boost self-esteem?

In identity national, social, cultural, familial and self identity is involved, like ethnic identities Lahori or Peshawiri. But self esteem comes through achievements.

- **Fulfillment comes through achievement**
- **Achievement comes through action**
- **Action comes from motivation**

Self esteem lowers in response to hideous crimes and humiliation involved

Skills training and achievement based programs can help boost self-esteem.

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-**Activities** are designed with great care to help victim and when client achieves success in doing those activities, boost in self esteem is a result.

-**Questions** are asked to provide an opportunity of catharsis

-**Compliments** are used for encouragements.

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Objectives:

SUBSTANCE MISUSE TREATMENT PROGRAM

- **To learn the differential diagnosis of drug addict and ASPD**
- **To know about the controversial and few other important drugs**

As a result addicts exhibits many anti-social traits like:

- **Lying**
- **Stealing**
- **Conning, Manipulation/ Cheating**
- **Irresponsibility**
- **Violence and aggression**
- **Lack of victim empathy**
- **Bad company**

Differential diagnosis

For making differential diagnosis, we need to understand that stealing, lying, irresponsibility and aggression is different because addicts do lie but **addicts' lying** is not compulsive and pathological they lie in order to get money for drugs and so are purposeful. Like wise manipulation, stealing and bad company is also to get drugs. Addicts can exhibit violence and aggression under the influence and effect of drugs. People with ASPD have flat emotional experience so lack victim empathy; addicts also **show lack of victim empathy** but usually they do this because of withdrawal symptoms or under the influence of drug, an emotional numbness have empowered them and they are unable to feel empathy for victim.

Antisocial Personality disorder — ASPD

But differential diagnosis is not that much easy as it appears to be because one of main characteristics of ASPD is the drug addiction and they use poly drugs for thrill seeking. Here one delicate concept to remember that all ASPD are drug addicts but it is not necessary that all addicts have ASPD.

The education about the effects of different drugs is very important in order to understand the treatment programs. Because few drugs are highly addictive, having devastating bodily effects and are strongly linked with crimes rate and other drugs are rarely linked with crimes like people using "Ganja" you will never find him committing any crime.

Drugs are widely divided into two categories:

1. **Uppers or stimulants** (like tea, coffee)
2. **Downers or depressants** (use of such drugs slows down the bodily functions and person feels happy and cheerful)

Use of many drugs like heroin becomes life style so change is requiring a crucial medical and psychological treatment. And lot of will, behavioral and emotional power along with community support is essential. So role of psychologists is vital in helping an addict to live a normal life.

Few of important drugs are listed below:

1. **Marijuana**
2. **Heroin**
3. **Cocaine**
4. **Unconventional drugs**
5. **LSD and other Pills**
6. **Alcohol**

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Marijuana

- **Marijuana: the controversial drug**
- **Many studies insist it is harmful**
- **Many others reject such claims**
- **Legal drug in many countries and many states in the United States**
- **Less harmful than alcohol**
- **Medicinal use such as in cancer patients**

This drug provides a gateway to all other more lethal drugs, the belief a lower classed drug can lead to the use subsequent abuse of "harder", more dangerous drugs. Some believe tobacco, alcohol, and marijuana are gateway drugs.

Heroin and cocaine

- **Highly addictive**
- **Tolerance increases exponentially**
- **Distort the perceptual system**
- **Impair conscious control**
- **Could lead to dangerous behavior**

Many crimes like stealing, manipulation, lying, violence and aggression are done because of the withdrawal symptoms or under the influence of drug.

Unconventional drugs

These substances are not usually prepared for addiction purposes but their mis use can be also addictive and can have devastating effects on nervous system like:

- **Glue sniffing (common in street children)**
- **Solvent abuse**
- **Spirit, petrol, cleaning agents etc**
- **Highly poisonous**
- **Impact nervous system**

LSD and other Pills

- **Many legal and illegal pills**
- **Legal pills such as tranquilizers are addictive**
- **Illegal pills such as Ecstasy**
- **People have died as a result**

Many pills that are legal and use under the care of doctor is for a certain period of time is acceptable but people misuse them as addiction agents and even such drugs can have extremely lethal effects.

SEX OFFENDER TREATMENT PROGRAM

(Additional material about an important and sensitive area on forensic psychology)

Objectives

- To understand the Sex offender treatment program
- To know about the Risk assessment of sex offenders
- To learn about the different types of sex offenders

This is a very sensitive but very important topic in forensic psychology Sex offending, in all its varieties, is a topic where it is important to remain emotionally detached and open minded. As for as violence related crimes are concerned, many people adopt criminal life due to many personal/situational factors. And psychological treatment is only offered to those who have developed the criminal life style

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and are dangerous but more hazardous types of criminals are sex offenders and seriously need psychological treatment.

Types of Sexual Offences

In our Pakistani frame work sex is only acceptable in the realm of marriage and any other kind is illegal. But from where we are getting the forensic psychology is west and **adultery** is not considered illegal there but in Pakistan adultery is also illegal but as being forensic psychologist we need to know that people involve in this practice do not need any psychological treatment.

1. Incest

Is that crime in which usually victim is female and perpetrator is male, with whom marriage is not allowed in Islam like step father, uncle or father e.t.c

2. Rape

Is legally defined in Pakistan as an adult male sexually violating an adult female and in west the same charges are applied for a male victim and male perpetrator.

3. Sodomy

This offence has come from British law, and sodomy is legally defined as male sexually assaulting another male. In Forensic psychology we can talk about the treatment of habitual of sodomy.

4. Penetration with a foreign object

Perpetrators, who are not sexually capable, can use foreign object for penetration.

5. Oral Copulation

The perpetrator forces the victim to have oral sex and again it is a punishable offence.

6. Sexual Assault

Why this is different from rape because it can take many forms from hideous crime of rape to inappropriate touching. Such cases do not come into courts in Pakistan but can have a deep psychological trauma on victim and in west females are more likely to involve police in these kinds of issues and police is more likely to arrests that person.

7. Sexual Battery

Some body assaulting other but also violently, in west even many wives can accuse their husbands for sexual batteries. So on the basis of sexual battery a wife can get divorce on these grounds.

8. Sexually assaulting an animal

A person having sexual preference for animals can seek treatment from psychologists.

9. Sexual Homicide

Sexual homicide is a much more serious crime and a very tricky area because not all homicides are accompanied by the sexual activity e.g. a women is raped and then murdered and this is called a homicide but on the other hand is a serial killer who have killed six or seven or even more than this prostitutes. And clarifying himself by saying that I am purifying and glorifying the world and being a pious man it is my duty. As we know from our religion that taking state's law in hands in not permissible. And In our psychological reference if a person is indulged in these kinds of activities, a psychologist would assume he is sexually motivated and this is another form of sexual proversion and expression and must be treated. But it is a case of murder that is punishable by death so question of treatment does not arise.

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10. Indecent exposure/ exhibitionism
It is legally defined as if a man indecently exposes himself to a female or to a child is considered a crime and in west urinating in public place is also considered indecent exposure and a crime but in Pakistan it is a common practice.

11. Voyeuristic Activity
Peeping other people with out their knowledge when they are in toilet or changing clothes or naked.

12. Lewd acts with a child are another illegal offence.
13. Molest Children
14. Invitation to sexual touching
15. Unlawful sexual activity with a minor, having relationship with some one who is legally below age. Here there is a mismatch in shariat and law as in shariat marriage below 18 years of age is permissible. But again this issue does not come under the category of treatment that a forensic psychologist has to offer.
16. Attempted sexual offences
17. Crimes related to child pornography
18. Pimping
19. Offering prostitution services
20. Seeking/ hiring prostitutes
21. Consenting sex in public locations
All these types are considered illegal in our country.

Sex Offenders: Assessment and Treatment
Risk Assessment
In terms of future risk of sexual offences, we will discuss :

- **Static 99, Hanson & Thornton 1999**
- **Penile Plysmathography (PPG)**

Risk Assessment

Static 99, Hanson & Thornton 1999
This tool was designed to assess the long-term potential for sexual recidivism among adult male sex offenders. And it assesses future risk just on the basis of static factors. categories that are incorporated in this tool and it's scoring is given below:

Prior sex offences charges none = 0
1 to 2 charges = 1
3 –to 5 charges = 2
6 + =3

Convictions none = 0
1 = 1
2 – 3 = 2
4 + = 3

Prior sentencing dates
3 or less = 0
4 + = 1

Non-contact sex offences
No = 0
yes = 1

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Index non-sexual violence
No = 0
yes = 1

Prior non-sexual violence
No = 0
yes =1

Unrelated victims
No = 0
yes = 1

Stranger victims
No = 0
yes = 1

Male victims
No = 0
yes = 1

Young offenders
25 + = 0
18 - 24 = 1

Single, ever-married or lived 2 years = 0
No partners = 1
All scores are added up to view the total score of an offender and future risk is determined.

Viewing the items of this scale we come to know that:

- Statistically speaking, non contact sexual offenders are more likely to re-offend because they have deep rooted psychological problems.
- Some one who has violent tendency and have committed some sexual offence is at high future risk, because violence and sexual offences are strongly correlated.
- If a person is involved in family and convicted, research supports that there are less chances that he will re-offend. On the other hand a person is going to other peoples house and then committing a crime has more hardened criminal personality, difficult to treat and has higher future risk to re-offend.
- If a person is victimizing a stranger there are more chances that he will re-offend.
- Sexual preferences for male are difficult to treat
- Younger offenders have more chances to re-offend

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Lesson 42

SUBSTANCE MISUSE TREATMENT PROGRAM

Objectives

- **To understand the relationship of alcohol and crimes**
- **To know about the basic psychological techniques used for substance misuse treatment**

Alcohol

Alcohol is known as "Ummul- khabais" because of our religious teachings in our culture this drug is banned and illegal along with other drugs and not only alcohol but all other drugs are also not acceptable because of the clear instructions about this drug. Alcohol is a compelling central nervous system depressant; with a range of effects Alcohol has a multiple devastating effect on the body, nervous system and liver. Initially, alcohol generally produces feelings of relaxation and jollity, but further consumption can lead to blurred vision and coordination problems. A huge number of crimes/ violence and road side accidents are largely due to alcohol consumption.

Poly drug use

- **Mixing drugs**
- **Poly drug use is highly dangerous**
- **Drinking followed by drug use**
- **Drug use followed by drinking**
- **One drug after another**
- **Extremely dangerous**
- **Can affect more than just the nervous system**

Treatment

Usually substance misuse treatment is very intensive and requires lot of energy from both therapist and struggling client who is trying to quit the lethal lifestyle. Here again the concept of stages of change is employed as these stages are also highly linked with the degree of prognosis. As if a person is self referred, indicates the motivation to quit drugs and also pointing that person is in **preparation** phase as he has taken a step towards quitting the drugs.

Person is helped to move from one stage to next stage and usually people who approached the maintenance stage do not relapse. But many people relapse while moving in action and preparation stages.

Stages of Change

- **Pre-contemplation**
- **Contemplation**
- **Preparation**
- **Action**
- **Maintenance**

Treatment

Educational programmes for young offenders need to adopt a broad educational approach to over the wide range of substances used. At the same time, it should be acknowledged that much of their recreational drug use is determined by social settings and drug-using peer groups, and may only be successfully addressed by changes in lifestyle or environment. A concentration on drug use in isolation is unlikely to be successful. Programmes focusing on positive alternatives to drug taking are welcomed. Addicts are being provided the genuine information about the destructive effects of different drugs.

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Learned and educated people are asked to list down the benefits like momentary pleasure and feeling of relaxation and other harmful effects. Then they are asked to analyze them all meticulously. Through such activities insight is evoked.

Different kind of therapies and activities are used to help people in quitting the drug.

- Group treatment vs individual
- Relaxation training
- Mindfulness
- Examining costs and benefits
- Enhancing motivation
- Thinking about a drug free future
- People narrate life stories
- Participants are encouraged to support each other
- Facilitator is also educator
- Clarifying misconceptions

Group activities

- Listening to others
- Sharing experiences
- Role plays and drama
- Music
- Insight and awareness about consequences
- Impulse control
- The New Me

SEX OFFENDER TREATMENT PROGRAM

(Additional material about an important and sensitive area on forensic psychology)

We as psychologists are concerned with the treatment of **sexual deviances** defined as any sexual preference, interest, or obsession out of the ordinary and/or problematic. Deviant sex is often manifested as part of various psychological problems. It is the responsibility of the therapist to treat the sexually deviated/problematic people but can help only if they are motivated for the treatment. And if they do not want a therapist can not help them.

Homosexuality

We have a deeply segregated society, boy's schools, girl's schools, boy's or girl's "mudrasas". As a result child form sexual relationships with same sex in these institutions and it is more likely to happen than we believe. Some people treat this as a stage and when they cross this stage, lead a normal life. But some times it can take another direction and it becomes their preference and some of them are unable to develop attraction for opposite gender and cause a lot of problem in family many of them go along with this and do get married and have children but maintain a series of affairs with other men on side. All this rex their marriages and increase the danger of HIV.

Types

One who have been indulged in homosexuality but have preference for opposite gender -1
One who could not develop preference heterosexual relationships -2
In such cases certain roles are adopted and one play dominant role and other play submissive role. Researches show that man having submissive roles experience more difficulties in adjustment to normal life.

Pedophiles

Persons having sexual interests toward children.

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Treatment for Pedophiles and homosexuals

Such treatment programs encompasses following important things:

- ✓ **Training people in non deviant sexual arousal by the use of pornographic material**
- ✓ **Client is supposed to maintain a diary stating true sexual fantasies.**
- ✓ **-Temptation in environment is removed.**

Relapse Prevention Program

-Consists of 4 principals

- Have to be aware of consequences.
- Surf the urge
- In their shoes
- New me

Penile plysmathography

- The patient is seated in a chair
- His penis connected to a monitor via ring around the shaft
- He is shown deviant and non-deviant sexual stimuli
- His erection is measured in response to these stimuli

Problems with PPG

- Awkward
- Inhumane
- Most clients get no erection
- Some normal clients can get erection to non-deviant stimuli due to novelty
- Unreliable
- May even be invalid

Types of sex offenders

- Sexual misbehavior that is illegal but the parties are consenting or no victim is involved: prostitution, pimping, consenting sex in public spaces, pornography
- Sexual acts with children, non-consenting adults
- Non-contact sex: exhibitionism & voyeurism
- Sex with animals & dead bodies

Sex offender Treatment Program

- Victim Empathy is evoked in offenders
- Consequences of action are being realized
- Treating deviance and pornographic material is used to treat the deviance behavior

Problems with SOTP

- Naïve
- Mostly therapists are women
- Clients are men
- Recall leads to arousal
- Clients use recall to excite themselves

Treatment Methodology

- Teaching rights
- Religious teachings

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EXPERT WITNESS

Objectives:

- **To know about the role of psychologists as an expert witness**
- **To learn the report writing for courts as an expert witness.**

Expert witness

"A witness with specialized knowledge of a particular subject who is called to testify about an event even though they were not present when the event occurred."

As expert witnesses, forensic psychologists typically are asked whether they were able to reach an opinion "to a reasonable degree of psychological certainty." qualified psychologists have been permitted to offer expert witness testimony on a wide range of psycho legal issues in both civil and criminal courts.

Forensic psychologists often testify as experts in court. There are numerous ways that a forensic psychologist can assist the many kinds of courts at law (civil, criminal, family, probate and juvenile) few of most important kinds of assessment are listed below:

- **Insanity Pleas**
- **Violence Risk**
- **Sexual Offence Risk**
- **Child Custody Hearings**

Insanity Pleas

Insanity evaluations are competency evaluations and sanity evaluations. Sanity evaluations are also called "criminal responsibility" or mental state at the time of the offense evaluations. Duty to assess that whether who committed the crime was sane at the time when he /she committee the crime or not.

Violence Risk

Prior release of a dangerous criminal, in the same way a psychologist is called to assess the future violence risk, and present a report in court.

Sexual Offence Risk

Services of psychologists are also sought to assess the future risk of sexual offences.

Child Custody Hearings

Child custody cases also involve psychologists as an expert witness. In the case of divorce the issue of child custody arises and separations that take place in Pakistani families settled in Britain are bitter one, mother accusing father as very violent and wild and father blaming mother as having some mental disorder like mental retardation e.t.c. So in such cases the help of psychologists is sought either by the lawyer of father / mother or by court.

In a civil case of child custody, the parent deemed more likely to fulfill the best interests and needs of the child is awarded custody, and the other parent may be permitted only limited or supervised visitation or no contact at all.

Psychologist has to assess that who can fulfill the child's emotional and supportive needs.usually three types of assessment are done by t he psychologists in such cases:

1. **Assessment of father**
2. **Assessment of mother**
3. **Assessment of child**

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4. **In some cases the whole family is assessed**

And for all these kinds of assessments clinical psychologists are involved and court prefer clinical psychologists that is why one of my previous lectures I mentioned that the preferred route to become a forensic psychologist is to become a clinical psychologist. first become

Psychologist assess the stable job of father, financial conditions mental status, presence of personality disorders, assessment of cognitive abilities, violence tendencies and over all frame work to determine who can be the best in interests of child.

In terms of evaluating mother, issues are addressed like whether mother will re-marry or not and if yes then step father is also evaluated and his feelings and behavior about child is also determined.

What a psychologist has to do as an expert witness?

1. **Assessment**
2. **Writing court report**

We have discussed in detail that how psychologists assess people by using checklists, personality inventories and projective tests. Now let's discuss writing court reports.

Writing Court Reports as Expert Witness

Font page will address following features:

- **In the XYZ Court like (Civil, high, supreme or family court e.t.c)**
- **Between**
- **Claimant and Defendant (name of claimant and defendant)**
- **Report regarding ABC (like report of child custody case)**
- **Prepared at the request of:**
  - **Instructing lawyers (defense lawyer of prosecution lawyer)**

Contents

1. **Summary of conclusions**
2. **Instructions**
3. **Issues**
4. **Brief Curriculum Vitae**
5. **Documentation**
6. **Chronology/ Case abstract**
7. **Technical Background**
8. **Opinion**
9. **Literature/ References**
10. **Expert's declaration**
11. **Statement of Truth**

Appendices

Summary of Conclusion

Usually in other documents summary of conclusion is presented at the end but in report of expert witness it is listed in the beginning because the court does not have enough time to read the whole, detailed report.

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Summary of conclusion includes:

- List the main facts derived from the evidence dealt with in the report.
- And opinions arrived at.
- And answers to questions posed by the court/lawyers.

Instructions

Substance of all instructions given by the court or worthy judge that is received by the expert, whether written or oral should be clearly mentioned in **instruction** and an expert is strictly restricted to follow those instructions. Do not give your opinion the court has not asked you to do.

Issues

Main issues are to be listed here like personality disorder or mental retardation of any of the parents.

- The issues to be addressed should be clearly set out.
- These need to be well-defined.
- These could have arisen in the preliminary findings.

Brief Curriculum Vitae of expert witness

- Name of expert and affiliation
- Qualifications
- Relevant experience:
- Competence to act as an expert witness.
- In relation to the specific issues at hand.
- Identity of any assistants who helped with the report.

Documentation

- A full list must be provided of all documents that are consulted by psychologist as an expert witness.
- And material on which the report is based.

Chronology

- Factual items of the evidence.
- No opinion is to be included here.
- Outline of details of history of the case.

Technical Background

- All terms should be defined clearly.
- An explanation of the technical issues.
- Details should be clearly presented.
- Paragraphs should be of reasonable length.

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- **All technical terms should be clearly defined or explained.**
- **Details of any tests conducted should be set out**

Opinion

- **Expert should express his position clearly. like child should stay with mother)**
- **Unambiguously**
- **The facts used to arrive at the opinion should also be listed here.**
- **The reasons given for the opinion should be explicit.**
- **Alternative opinions should be addressed here.**

References

A numbered list of all items of technical literature relied on is listed in this section of report.

Expert's declaration

The expert declares that **"I understand that my overriding duty is to the court, both in preparing reports and in giving oral evidence. I have complied and will continue to comply with that duty"**

Statement of Truth

Also provide the statement of truth with signatures as it is legal requirement of submitting the reports to court **"I confirm that insofar as the facts stated in my report are within my own knowledge I have made clear which they are and I believe them to be true, and the opinions I have expressed represent my true and complete professional opinion"**

- **Signature** **Date**

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COUNTER TERRORISM

Lesson 44

Objectives:

- **Understanding of real origin of terrorism**
- **To know about the famous terrorists movements**
- **To understand the role of psychologists and counter terrorism**
- **To get an insight about the role of psychologists in the use of war propaganda and brain washing**

What is Terrorism?

Terrorism is defined by the US Department of Defense as "the unlawful use of -- or threatened use of -- force or violence against individuals or property to coerce or intimidate governments or societies, often to achieve political, religious, or ideological objectives."

The word terrorism is used in many historical, political contexts. Terrorism has been around as a major trouble to governments as long as recorded history but in this lecture we will address modern kind of terrorism , **modern terrorism originates in communist struggle and freedom fighting**. As terrorism was systematically used in communism and freedom fighting particularly in the countries of colonial occupation like Britain, France and Italy e.t.c

There are people who believe in wild struggle and fighting to win or get freedom. They confirm the idea to over throw the power so terrorism is elemental in such movements. In such situations violence and aggression and terrorism gets a logical, rational and philosophical support and is not seen as a dirty word. They support the idea to weaken the enemy or government with terrorist activities.

On contrary few leaders believe in peaceful struggle as Quaid-e Azam Muhammad Ali Jinnah was a firm believer of peaceful struggle for freedom.

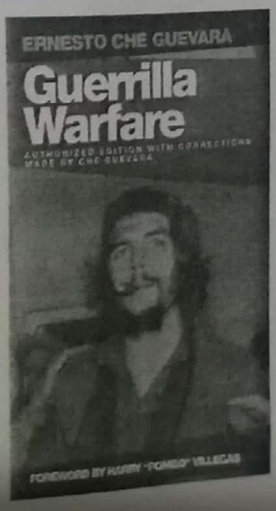
Famous Terrorist Movements

Few of famous movements involving terrorism include:

- **Guerrilla Warfare**
- **Red Brigades (Italy 1970s)**
- **Irish Republic Army**
- **PLO**
- **ANC - African National Congress**

Guerrilla Warfare

Mao Zedong is considered founders of Guerrilla warfare who was a communist and guerilla warfare was used during the Chinese civil war. Basic tactics are based on use of violence and aggression for the attainment of goal and even a Book entitled "guerrilla war fare "written by **Che Guevara** (an American-Latin leader) was published addressing the tactics of defeating the enemy with the help of terrorist activities. Terror is used to focus international attention on the guerrilla cause, killing of opposition leaders, shake down cash from targets, frighten the general population, create economic losses, and keep followers and possible defector in line.



Red Brigades (Italy 1970s)

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Brigate Rosse in Italian, were a terrorist group located in Italy and active during the 1970s. Red Brigades sought to create a revolutionary state through armed struggle and to separate Italy from the Western Alliance (NATO). Suicidal bombing attacks, systematic assassination, plane high jacking and killings were very common and they murdered many important persons.

Irish Republic Army

The IRA fought a guerrilla war against the government military in Ireland from 1919 to July 1921and as mentioned earlier it was a wild struggle incorporating all terrorist activities.

PLO

The Palestinian Liberation Organization also approved the use of violence, aggression and exclusively "armed struggle" against **Israeli occupation.**

ANC - African National Congress

The **African National Congress** (ANC) has been South Africa's governing party, usually people know the ANC leadership concluded that the methods of non-violence but infact they also used the violent tactics and Nelson Mandela was convicted for 20 years.

Misconceptions

A famed misconception in west is that "Jihad" and terrorism are closely linked. Muslims are viewed as most suitable suicide bomber because of the concept of "Shahadat".

- **Modern Jihad in Chechnya**
- **Modern Jihad in Afghanistan**

We need to understand Jihad in its real context as it was launched by Hazrat Muhammad PBUH in "Gazwat". That was the legitimate "Jihad" and had clear frame of work and instructions. In Islam, a war is not for oppressing or subjugates civilians; it is waged for the cause of Allah and weak people and there is a clear code of conduct like no women, children and old people will be harmed or injured, poison will not be mixed in wells. We have to make a clear distinction in Jihad and terrorism as these two entities do not go together. As long as the issues of suicidal attacks are concerned this concept is not unique to Islam as we have discussed that suicidal attacks were very common in Red Brigade, American –Latin guerrilla warfare and Irish Republic Army .

Suicidal attacks have no connection with religion; martyrdom is not the case. Usually suicidal bombings are a political ploy and trick.

Algerian struggle against French colonial rule

Was a violent socialist struggle lead by Ahmad bin Billah. It was purely a secular movement but many people gave their lives but it was not"jihad"

Vietnam Struggle

Vietnam struggle against American occupation was a communist and purely Buddhist movement. Formal and conventional warfare was fought and too much violence and terrorism was involved that American Army had to run away from the Vietnam and were extremely exhausted by the terrorist attacks. But that was not Jihad as suicidal bombing was frequently practiced.

Counter Terrorism and roles of psychologists

"Counter-terrorism means the exercises, practices, techniques, tactics and strategies that are adopted in order to fight terrorism".

How to counter terrorism?

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But now the question arises that **how can Psychologists help in counter terrorism?** How to encounter terrorism we must now the causes and ground on which a terrorists and their activities role. Psychologists can be extremely helpful in determining the alarming increase in terrorism including Pakistan.

1. **So psychologists are very helpful and frequently involved in Assessment**
2. **Are involved in finding measures to encounter terrorism**
3. **Investigation**

Another important duty of psychologist is investigation. Because propaganda and indoctrination stays at the core of terrorism, understanding their profile and functions increases the ability to counter terrorism more effectively Psychologists are involved in finding the truth we must look in to the doctrine of brain washing they have been through and what made a person to become a terrorist. What privileges and incentives are promised to the families of suicidal bomb attackers? Answers of all such questions are essential to understand the doctrine of bran washing. Then some one could be able to debrief them. Here understanding of one thing is very important that process of investigation is to be done for the attainment of information that is to be supportive in counter/reduction of terrorism.

Israelis are known as experts for counter terrorism but they apply torturous methods and disintegrate, humiliate, denigrate, intimidate Philistines. They are terrifying but their inhumane techniques do not help in gaining information.

If we want to acquire valuable information, the best way is the human treatment. And psychologist **challenge their believes**, create uncertainty about certainty like telling them that you are going to kill your own brothers and human ways of investigations are 100% more effective than the torturous ways that only ends up with firming the existing believes.

Psychologist's strategies to combat terrorism

1. **Challenging the believes of terrorists**

2. **Reducing media coverage to terrorist activities** by taking media in confidence as spreading terror in civilians is usually one of the basic intentions of terrorist's activities.

3. **Not negotiating with terrorist,** but in some case negotiations are unavoidable like incidences of plane high jacking.

4. In such cases the need of most appropriate people arises who can negotiate effectively, again psychologists are involved in **training expert negotiators** because psychologists do have an edge of understanding the psyche of terrorists through trainings and experiences.

5. **Providing counseling** to the victims of terrorist's acts and effected families. Like in 1980s services of psychologists were sought in Pakistan history while a plane was high jacked and few passengers were assassinated in front of all other high jacked passenger. They were extremely traumatized, so were provided individual as well as group counseling and very effective remedies were recommended by the psychologist and that had a very substitute and positive effect on victims.

Psychologists & Propaganda war

"War of hearts and minds of people" Wars are not only fought with dangerous weapons but wars are won on the basis of many psychological tactics and propagandas and psychologists have several positive and negative roles to play.

- **Psychologists work as media managers because they know the principals of communication and information's are passed with out offending media and government.**

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- **Psychologists work for damage control**
- **Psychologists as policy makers**
- **Eventually the politicians have a decisive role**
- **Psychologists can't undo wrongs**

Q explain
DMD
MQ

Psychologists and Brain Washing

Dorland's Medical Dictionary defines brainwashing (also known as thought reform or re-education) as **"any systematic effort aimed at instilling certain attitudes and beliefs in a person against his will, usually beliefs in conflict with his prior beliefs and knowledge."**

Brain washing is historically used in wars and understanding of brain washing doctrine is substantive for counter terrorism.

Japanese and the WWII in the Far East

Early Japanese anti-American propaganda was used during WWII. Philippine public was co-operating with American military. Japanese disguised their own planes and painted as if were the planes of American Air force and throw down the leaf let near by American troops in community of Philippines addressing American solders to stay away from Philippines women as they had dangerous sexual diseases, were loose character and easy. And just after few days Japan defeated the US military in Philippines just because of the psychological war.

MQ

Chinese communists and the Korean war prisoners

The most precise brain washing was used by Chinese during Korean War, China got involved and large numbers of American solders were arrested and a large group of intelligence-officers, psychiatrists, and psychologists received assignments to debrief United Nations soldiers. Astonishingly, when American solders went back they were all communists.

MQ

MQ

One other important historic name is Dr. Joseph Goebbels , known as master of propaganda and brain washing who used many effective psychological tactics in German during WWII.

Key Points

- **Suicide attacks are not unique to Islam**
- **Red Brigade and IRA have used suicide bombings**
- **Psychologists have a vital role to play in Counter terrorism**
- **Investigation should focus on exploring indoctrination & Brain washing**
- **Challenging beliefs and creating uncertainty is more effective than torture**

Or intimidation

- **Reducing media coverage to terrorists is also helpful in counter terrorism**
- **Not negotiating with terrorists**
- **Negotiations during hostage taking**
- **Psychologists as expert negotiators**
- **Counseling to ex-hostages**
- **Counseling for victims of terrorism and their relatives**
- **Psychologists can help in policy making but Eventually the politicians have a decisive role and psychologists can't undo wrongs**

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SUMMING UP FORENSIC PSYCHOLOGY

Lesson 45

Objective

- **To review the all main topics that we have learned so far.**

Summing up

In this lecture we will look back to revise that what we have learned hitherto. First of all we looked at the breadth and definition of Forensic psychology.

"Forensic Psychology is reflected by any application of psychological knowledge or methods to a task faced by the legal system".

Then we touched the area of police psychology, Application of psychology is immensely important in police department as being the single law enforcement agency. We need police psychologists for the:

- ✓ **Assessment**
- ✓ **Selection and recruitment**
- ✓ **Training**
- ✓ **Support and Counseling**
- ✓ **Helping in investigations**

We also dwell in much depth about the psychology of violence and perspective of different psychological models like:

- ✓ **Freudian Model**

How inflated egos can resort to violence and what defense mechanisms can be the cause of any crime.

- ✓ **Jungian Model**

While learning about Jungian model we had a discussion about the inflated archetypes and resulted violence and aggression.

- ✓ **Humanistic Model**
- ✓ **Behaviorist model**

Crimnogenic personalities

Childhood abuse and trauma can develop a person into crimnogenic personality. Following personality disorders are strongly linked with the violence and legal issues:

- **Personality Disorders**
- **Antisocial Personality**
- **Narcissistic Personality**
- **Paranoid Personality**
- **Borderline Personality**

Anti social personality disorder is considered to be directly linked with the exertion of aggression and violence. Although Borderline personality directly does not practice any violence but becomes an easy prey and legal issues like prostitution, suicides rise on the surface.

Risk Assessment

Another area that requires psychologist's service is future risk assessment, prior release risk assessment is done with the help of two types of instruments:

- **Static Instruments:** PCL-R, Static 99
- **Dynamic Instruments:** VRS, HCR-20

Static factors refer towards the unchangeable things that like the child hood trauma and abuse of criminal.

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Q difference b/w static factor & Dynamic factor.

MQ **Dynamic factors** refer towards the changeable factors like if a person is taking heroine as a drug or keeping weapons, once he decided to quit and quitted the addiction so risk factor is eliminated.

Problems with Risk Assessment

We also touched the controversial issue of unpredictable nature of human beings and implication of statistical tools for predicting future risk.

- **Subjective**
- **Statistical**

Forensic treatment

In the realm of treatment we learned about the therapies like **narrative therapy**

Narrative Therapy

- **Proved useful with prisoners**
- **People live out stories**
- **Prisoners have negative stories**
- **Therapist collects positive events**
- **Weaves them into a positive story**
- **Questions are the most important technique**

Along with NT we also dwell into details of Solution focused Therapy, Art Therapy, Drama Therapy Role Play, Empty Chair, Role Reversal and many other techniques.

Expert Witness

Another duty of a Forensic psychologist is to write reports for courts as an expert witness. We learne the method of report writing and few elemental things like:

- **You work for the courts and not for lawyers**
- **Use as much objective evidence as possible**
- **Opinion should be based on factual evidence**

We also splurge two lectures understanding the problem and treatment of substance misuse.

Point to ponder! In Pakistan Forensic Psychology is a new emerging field, there is a crucial n to hire psychologist in police department and other civil and criminal courts and settings.

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