Role of Psychotherapy in forensic populations

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Forensic Psychiatry in ascent

- Forensic psychiatry is generally attributed with greater competence with regard to prevention of criminal recidivism, even if studies comparing recidivism after release from forensic–psychiatric hospitals with that from prisons are, at least, methodologically problematic due to the uncontrollable selection effects.

- This is in line with the fact that elements of psychiatric and psychotherapeutic methods like cognitive therapy are used in programs (e.g. reasoning and rehabilitation – R&R) that are primarily directed at improving the legal prognosis and are applied in penal institutions.
Dubious ascent

- The attribution of higher competence is accompanied by the hitherto unfulfilled expectation that forensic psychiatry can decisively reduce the relapse rate in individuals with personality disorders, especially in offenders with dissocial personality disorders, as found in the international psychiatric classification systems, particularly the subgroup of "psychopaths".

- There is a special need for therapy research in these patient groups that are rejected by many – even forensic – psychiatrists.
Regional differences in dealing with psychopathic offenders

- Psychopathic offenders are occasionally given inpatient psychiatric care although long-term hospital treatment is usually not necessary or useful.
- Inpatient psychiatric care of prisoners is also subject to wide regional variations. Some penal institutions have their own inpatient psychiatric unit. It may be easier to address manipulations like goal directed actions aimed at achieving a transfer to a hospital situated outside the penal institution if the facilities are within the same system.
- On the other hand serious mental disorders get higher quality of care in the mental health system: e.g. in Germany general psychiatry is better staffed with more highly trained personnel and offers more up-to-date therapy.
Regional differences in dealing with psychopathic offenders

- In most countries, psychopathic offenders, if sentenced, are sent to prison. A prospective study investigating the characteristics of a six-month cohort of remand prisoners requiring transfer to psychiatric units under the Mental Health Act 1983 in London showed, for example, that the diagnoses of the transfer group included only one (2% of 53) adjustment disorder in a man with an antisocial personality disorder (Banerjee et al. 1995).

- Regionally, however, there is also the tendency to shift the burden for sexually and aggressively violent predators, formerly characterized as bad, from the penal to the mental health system (Tucker 1999).
Course of inmates with psychopathic features in a prison hospital setting

- Relating to a self-report survey of prisoners, some personality-disordered persons found it difficult to live with mentally ill individuals, but some specified that they did not want segregated units (Ryan et al. 2002).

- Psychopaths may create particular management problems for staff: disputes about prison property to a formal complaint about the behavior of a member of staff, taking illicit drugs, fighting with another inmate, assaulting another inmate or staff member, failure to comply with prison good order and discipline (Edens et al. 2001, Young et al. 2004).
Characteristics of hospitalized psychiatric patients
Behaviorism in forensic facilities

- In Germany established in German language
- R & R Programme
- SOTP Programme
Treatment of Personality Disorders

- Diagnostic Phase
- Motivational Phase
- Phase with specific treatment
- Phase of rehabilitation and resocialisation
- Phase of aftercare
Psychotherapy of Personality Disorders

- High theoretical coherence for therapist and client
- Sound and flexible therapeutic relationship
- Promotion of compliance
- Long-term treatment
- Cooperation with other psycho-social agencies
Treatment of Personality Disorders

- Diagnostics (individualised theory of delinquency, legal prognosis)
- Necessary Interventions (respecting the risk, need and responsivity principle)
- Control of treatment integrity
- Control of treatment effect
- Control of stability of visible effects
Forensic Psychiatric Facilities: multidisciplinary assistance
Berlin January 12, 2010

- 4552 prisoners
  - 509 remand prisoners
  - 351 juvenile prisoners
  - 228 women prisoners
  - 412 prisoners not paying their fine
  - 33 prisoners in preventive detention
Psychiatric Treatment of Prisoners in Berlin

- **Inpatient**: Department of Psychiatry and Psychotherapy in the Berlin prison hospital with 36 beds in three units (~150 admissions/year)
- **Semi-hospitalization**: follow-up unit with 12 treatment places (~20 admissions/year)
- **Outpatient clinic**
  - outpatient psychiatric care (~3500 contacts/year)
  - Psychotherapeutic Counseling and Treatment Center (PTB): run by 3 half-day psychologists
Staffing (Inpatient treatment)

- 4 psychiatrists, 1 general practitioner
- 1 occupational therapist
- 27 nurses
- 1 social worker
- Per fee contract
  - 16 hours per week occupational therapy
  - 18 hours per week art therapy
  - 6 hours per week music therapy
  - 6 hours per week sports therapy
Staffing (Inpatient treatment)

- 1 Psychologist (20 hours)
  - Psychoeducation
  - Dependency group (low threshold)
  - PMR (modification)
  - Training of social competences

Supportive Psychotherapy