Forensic Psychology

INTERVIEW #1

MONIKA:

CLINICAL PSYCHOLOGIST

Monika (not her real name) is a clinical psychologist working for an NHS forensic service. She generously volunteered to provide some details of the work that she is involved in and her views of that work as part of an individual's journey. Text in bold represents the questions and Monika's responses are in normal type. Some of the details have been changed to protect Monika's identity but any editing retains the flavour of the discussion.

I'm interested in how [and where] you see intervention as falling in the journey from offending to no longer offending.

Intervention could come at the first moment that they talk to anybody about their offending, or [when they] think about their offending, because I suppose you could class lots of things as intervention. So, intervention could be calling a help-line and saying that they are concerned about their behaviour, or it could be going to the police and saying that they committed a crime, or if there is anything that might happen during that interaction [that] could intervene to change the way that they are thinking and feeling about their behaviour. Formal psychological intervention usually begins after conviction, as part of rehabilitation, in order to reduce the risk of re-offending. However, motivation is key to engagement and successful intervention, so for some individuals intervention will be most effective when they get to a point in their lives when they feel they need to reduce their risk of offending, for example, in order to have contact with their children. It's hard work so there needs to be that incentive.

In your career what parts of the legal system have you been involved in working with, or at what different stages has your psychological expertise been called upon?

Usually after they have been convicted, sometimes a long time after they have been convicted – so maybe up to 30 years. Occasionally [I have been called upon] during the trial process or the legal proceedings before they have received a conviction.

And what would you be doing during that process?

A psychological assessment and a risk assessment, or assessment of their ability to engage in intervention, or assessment of the factors that may have led up to their offending behaviour.

In your view, what are the purposes of those assessments?

The overall purpose is for the court to get an idea of the level of risk in order to determine what would be the best way to manage that person. It may be used to decide if that person is suitable for treatment, what type of sentence they should receive or whether they are best placed in custody and in prison.

Where does that referral usually come from?

The courts. Also, a capacity assessment might be included in an overall assessment of their functioning and personality. Usually they come from the judge, sometimes from the defence or prosecution.

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If you are called to do it [to assess] by the defence does that impact upon how you approach the work?

No. The work would be directed by the type of questions that you are asked to consider, so if the questions have come from the person asking for the assessment, that would shape your assessment because you are asked to answer particular questions.

So what are the kinds of things that you might be thinking about if you are asked to do a pre-sentence assessment? Would you say that there are any particular types of questions that you are typically asked to address?

Well, there's typically a question about the level of risk and what [that risk is]. Usually it's in relation to a particular situation, so for example if the person has been accused of offending against [a] child then it would be the risk to a particular child in the future. We try to provide an explanation of what led to the person offending, an opinion on what situations would increase or decrease future risk and the interventions that could address these risk factors.

Ok, so that's pre-sentence. Do you ever get involved post-sentence?

Yes, that's more frequent. In a regional forensic community service and a medium secure unit - they are the places that I have worked. I work with people to help them understand what made them offend and help them to change those aspects of themselves that lead to offending behaviours. I have gone into prisons and done interventions. One intervention was a prolonged assessment to determine if a particular person [man] could engage in a particular form of therapy because that would be used in the decision-making process in the future.

What kinds of decisions?

For the Parole Board to decide if he was suitable for moving to a lower level of security or for release.

So at times, looking at whether the sentence that someone has might be changed in any way?

Yes.

What about work linked to police or probation, or other services?

We get a lot of people referred by the police and probation for intervention and asked to attend MAPPAs. At MAPPAs we are gathering and providing information, so I might find out about someone from other professionals and we would contribute to risk management plans, by helping others involved to understand a person's level of risk and what might increase or decrease it. We also contribute to CPAs, a meeting held to discuss an individual's progress and plans for the future, tribunals where we are considering a person moving from one service to another, or changing their restrictions – but that can happen fairly often, discussing issues such as changing someone's leave allowances. The thing that psychology brings is a deeper level of understanding, so we can look at the causes of behaviour and then apply that understanding in considering trying to change behaviour or prevent behaviour escalating.

What would you say is your primary purpose?

To help people who have offended understand themselves and change themselves so that they can reduce the chance that they will offend in the future and to help professionals understand a person's risk of offending and also help that person reduce their risk.

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What would you say are the essential skills needed to do this type of work?

There is quite a large knowledge base needed to understand people; to have knowledge of the theories and psychological processes involved in behaviour and an understanding of offending behaviour and the research related to that. You need the ability to develop a therapeutic relationship with the person, so they can work with you and explore and understand themselves. You also need to be able to work with other professionals, communicate well...

What would you say is the biggest challenge?

One challenge is that a lot of people who are in the forensic system may find it difficult to engage in psychological work – because of the things that have happened to them during childhood and as they developed they might find it hard, become defensive and find it difficult to make relationships and find it difficult to trust people. It may be so difficult that they can't do the work needed to progress and that is really sad. Another challenge is the multi-disciplinary team working [aspect] because different professions see the behaviour that we are working with in different ways and that can make working collaboratively difficult and this can make things difficult for the service user too as they might get confused.

Are there any particular ethical challenges?

Sometimes people, Therapy is very, very difficult generally and if you are asking people to explore and sometimes re-experience to a degree painful events from their past, that can feel very difficult and sometimes you can feel that you are trying to persuade people to engage because you are fairly sure that it will be beneficial for them in the long term but they might find it difficult to see that... It's more challenging in a secure environment because sometimes people are told that they have to do the psychological work to move on, to be discharged and I think some can feel pressured into doing psychological therapy and it can be very difficult and very distressing for them. It's important to manage that in the best way that you can and minimise the difficult aspects of it but also help them understand why we are doing this work and to always check that they are consenting to what we are doing, not that they are doing it only because they have been told to.

Are there any aspects of the job that you find personally difficult?

A particular difficulty for me is having to recommend, what people see as fairly harsh restrictions. For example, saying that they should not have contact with their children, or that they should not be discharged from secure services. When individuals cannot really fully understand why they are considered risky because they truly believe that they aren't it can be very distressing for them and for their family. You are aware that there are children being told that they can't go to the park with their dad or that he can't come to their birthday party and that will be upsetting for them. It is especially difficult if there are other professionals that disagree and you are seen as the one 'holding things up'. I think I struggle with confronting people, I do tend to take things fairly slowly, whereas another therapist might be a bit more...I would not be as... Maybe I find it difficult to be very challenging in therapy so I would rather take things slowly and work alongside a person, whereas some forms of therapy require a more challenging approach to someone's beliefs, attitudes, and ways of thinking, but I find that difficult. That might be something about me, but I also find working alongside someone and gradually bringing them over to a different way of thinking is more effective and minimises disengagement although it might take longer.

Do you see yourself as part of the legal system?

Yes...I'm not sure...I suppose I am in a way in that I provide information to people in the legal system who make decisions, so in that way I am.