VID 1

Intro + Intro to Forensic Contexts

Scene#1

0:00

Hi, I'm Shay and this is Lars. We're both psychologists who've worked in the forensic space since the 1990s. For the past 15 years we've worked out of our own private practise clinic in Brisbane and probably about 10 years ago we started training in Schema Therapy and we really haven't looked back since. The more recent development of Schema Therapy in the forensic realm is really exciting for our profession. We think it's certainly helped us become better therapists with our clients. In our experience, even our toughest forensic cases become interested in their modes because they can relate to them. Also working with third parties such as prisons, institutions or tribunals, being able to explain complex and challenging behaviour to lay people, essentially using schema modes and concepts has been really beneficial and helpful. The inspiration for creating this product was actually you guys. Time and time again in my supervision I've been asked the questions how do I engage a forensic client on the get go? How do I use schema mode cards? How do I do and make sense of offence paralleling behaviour?

1:08

This training programme is an attempt to try to show these skills and these techniques with a forensic client from the beginning to the end. We have structured the training programme to consist of 6 distinct sections that covers the beginning, middle and end of therapy with a forensic clients talking head shots of Shay throughout the training programme will describe what's going on in this session, why particular techniques are being used and the thinking and reasoning behind engaging the client in that particular way at that particular time. Common pitfalls and top tips for engaging a client will be discussed and shown in each of these clips. Lars and I and our little film crew of Hing and Esther and Merco are really proud of making this training product and being able to use a bit of artistic flair to make it feel engaging and realistic. This is a real forensic client experience. We hope that you find it engaging too, and

that you find it a useful resource on your journey to working with forensic clients with Schema Therapy. So let's start Hero's journey with the beginning, a call to adventure.

2:35

Working with clients in a forensic context is different from working in clinical contexts in several key ways. Firstly, many of the clients that come to see you might be mandated to come, meaning that they don't really want to be there. They might not have turned up if it had been their choice. It's often high stakes, so the opinion that you have and the things that you write about their participation may have a direct influence on very important things such as their freedoms or their privileges. Secondly, the focus of therapy is always about reducing risk, it's always about reducing recidivism. So clinical matters pretty much take a back seat. It doesn't become the focus of therapy, which is one of the key differences between forensic and clinical intervention. Thirdly, the forensic context is important with regards to just environmental issues. Clients often have a lot less control over their environments. They have a lot less ability to make decisions about how they live and where they live and those types of things. One of the other things is that they can also often face danger from others within their environment. And the childhood of many forensic clients is often fraught with trauma in that many clients, you know have had histories where they've suffered severe neglect or abuse of various forms or abandonment. There's a reasonable proportion of forensic clients that have been removed from care place into things like foster homes or outside the home care, and likewise A proportion of them have gone on and ended up in juvenile detention centres. Within institutions such as that, people suffer further, you know, they're further exposed to abuse and difficult environments with people with with some unsafe and exploitative behaviours. And many of forensic clients will have exhibited really challenging behaviours from a young age. Some of them, if they've come into contact with agencies, will have had early diagnosis of things such as conduct disorder, oppositional defiant disorder, ADHD, substance use disorders.

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The typical theme of these childhoods is dog eat, dog it's top dog, bottom dog, perpetrator. Victim.

Vulnerability is seen as a sign of weakness. It's dangerous to be emotionally vulnerable because you open yourself up to real exploitation and abuse by others in your environment. Violence in these contexts is not only normalised, but it's actually seen as a necessary and mandatory type of behaviour. In order to keep yourself safe from other people and other violence in the environment to people in those environments learn that other people are not safe, that grudges are to be held, that you can't walk away when people belittle you, that you can't trust other people. So when you're called out or mocked by other people or you feel provoked by other people that you have, you know, people learn very early on that reacting with violence is a way that helps to keep them safe and it helps them to kind of fight back against a very unsafe environment. Or often, they're protectors. In those environments are other people who also use violence to protect.

6:02

Considering the challenging circumstances that these people grow up in, it's no surprise then that this population has a high prevalence of personality disorder, psychopathy, externalising behaviours that get into trouble with the law, and other kinds of problematic behaviours like substance addiction and dependence. Indeed, forensic clients, when you compare them to regular clinical clients or even clinical hospital clients, have a far higher prevalence of personality disorder, particularly antisocial personality disorder, borderline personality disorder, narcissistic personality disorder, and of course, psychopathy, which is a particularly extreme form of personality disorder.

6:42

These clients rarely present voluntarily for treatment, and if they do, it's definitely not for mental health reasons. The evidence based framework used to make decisions about offender rehabilitation and management is something called the Risk Needs and Responsivity model. The R&R model as it's known, basically posits that the best way to intervene with offenders is to target resources at those who are the highest risk by targeting specific factors about that individual that make them risky. Something that we call criminogenic treatment needs and or

risk factors, they're more commonly known and then delivering treatment to that offender in a way that they can access relative to their individual characteristics such as their personality characteristics, the level of cognitive functioning, cultural factors and so on in order to maximise their ability to access the treatment and benefit from it. And that principle is known as the responsivity principle. Now the challenge in most forensic contexts is not figuring out whose high risk. We have pretty specific risk assessment instruments these days that can determine that for us and it's not even about figuring out what to treat. So we also have lots of good research about these are the types of treatment targets, what is the evidence say is connected to violence. The real difficulty when you're working with forensic clients are the responsivity characteristics. Responsivity characteristics actually represent the biggest obstacle as to whether or not you get traction in treatment or not. Understanding the responsivity principle in terms of working with clients and applying it effectively to that person's individual characteristics is often the make or break of whether or not treatment can get any traction and whether or not the person can respond and engage to it.

8:39

The principal recognises that offenders respond differently to engagement depending on those individual characteristics, and personality disorder being a large one of these responsivity issues. Personality characteristics are often front and centre when someone first presents in session. This often means that the person will present initially as poorly motivated, and they will mistrust you and the whole process from the outset. Interpersonal distance, hostility, sometimes direct threats to you as the clinician are not uncommon in the initial stages of engaging forensic clients. These types of behaviours can create a dynamic that when you're starting to do to try to engage in treatment can make it a very harrowing one. However it's in dealing with these responsivity issues I think is where Forensic Schema Therapy really comes to the fore. Because therapy interfering behaviours as it's often, you know, labelled in treatment with personality disordered people can be conceptualised specifically in Schema mode therapy as a side or a part of the client that's interfering in the process. It's not their total self.

9:59

We try to highlight that there are other parts of them, of them that can make different decisions and that can respond differently in that space. These are then identified as maladaptive coping modes, so modes that emerged in childhood in order to keep the clients safe, in order to keep them in control.

10:19

These are modes that they needed to protect themselves in order to survive in unsafe environments. It protects their vulnerability, but what we emphasise is that it's a mode, it's a part. It's not all of them.

10:34

Although contextual issues are markedly different with forensic clients than they are with clinical clients, the initial goals of engaging someone in treatment broadly remain the same as when you work with clinical clients. These include #1 establishing a workable report, #2 starting to identify the modes and starting to identify the different sides of the client and using these modes to develop the clients mode map, identifying the client's key unmet emotional needs from childhood, and then starting to empathically confront the overcompensating modes as they appear in the therapy process.

11:15

As a result of this, we've got some common identified some common pitfalls at this stage in therapy with forensic clients, #1 being assuming that the client will be intrinsically motivated or that the client will be motivated to become a better person. Forensic intervention is is not so much dealing with those things, it's very much dealing with risk reduction and that's your goal. It's not so much about changing people for to be better, it's about trying to help them reduce the likelihood of them, you know, becoming violent again. Pitfall #2 is that being warm and compassionate and being empathic with the client is all that's required in a lot of clinical therapy. This is a highly emphasised part of it, and it's not that it's not necessary with forensic clients, but it is definitely not enough. And in fact a lot of forensic clients mistrust warmth and

they mistrust compassion initially. It actually triggers part of their suspicious or paranoid over controller modes because it's it's not something in their environment that they're used to. And whether or not you are you like it or not then they see you as part of the system. So, you don't get trust from them even being warm and engaging for long periods of time, you will still have clients who inherently, you know, are waiting for that kind of gotcha moment where that they, they believe that you know the process just can't be trusted.

12:54

Pitfall #3 is that they understand the system that they're in. The most forensic clients you know can be uneducated or actually quite naive about the system, often the criminal justice system and how it functions and the decisions that are made about them and how those decisions are made. So one of the key pitfalls, as you know is, is making an assumption that they're well aware of what they need to do and how things work in order to help themselves. And finally, the 4th pitfall at this stage of working with forensic clients is that you as the therapist don't understand the system well enough. That is, for a forensic client, if there's an inkling that you don't quite get their situation or you don't quite get how the system works it, it immediately erodes credibility and therefore any buy in or investment they have in you as a therapist being able to help them.

13:50

So I've also got some top tips at this stage. Top tip #1, Understand that context is king. Behaviour is inextricably linked to environment, so you must be pragmatic in your interactions. Know what the point of leverage is with your client. It's critical to know what their motivation is. What is it that he wants? Is it that he wants more freedoms? Is it that he wants access to the community? Is it that he wants phone calls with his family? Is it that he wants extra buy up whatever it is in that environment, understanding how the context works and what levers can be pulled in what way is critical to facilitating motivation and buy in from your client at this stage. So be pragmatic. Think of it like it's a business transaction, right? It's kind of like, OK, so you got to give a little to get a little. Starting out with that pragmatic kind of interaction is

often a good way to try to engage forensic clients, because they also then understand that you understand the context that they're in.

14:58

Top tip #2 is be honest. Always. This is especially being honest is a generally good principle. But with forensic clients, it's especially important because they, you know, often have a mindset that they're just waiting for people to be deceived or to to be operating on a different agenda, you know? And so that lens is kind of put over you too, as a therapist. So it's extremely important that you are transparent from the outset with every interaction that you have, with the purpose of your role, what you can and can't do and being realistic about that. Being honest also builds credibility with people. Because when they can double check what it is that you're saying and they will, then they know that they're on the straight and narrow and they're much more likely to start to trust the process. But if they think that you've told them a half truth or that you're your, you know that that what you've said doesn't sort of add up. You immediately that the part of them that's that you know sort of suspicious over controller just kind of takes charge and and the report you know is kind of impossible to build. And if you don't know something, it's OK to say that too. You don't have to be an expert on everything. It's better to actually say I don't know than it is to think you have to provide an answer that may not actually be accurate.

16:19

Top tip #3 is genuinely commit to the journey and advocate appropriately. So it's really important. With forensic clients, what you're asking them to do is extremely difficult, and it's important that you very genuinely commit to them. You're there for the journey, come what may, that they can trust that you can go the journey with them. You're going to open up a can and sort of run away, but also that you advocate appropriately so that when they have made progress that you can advocate in the right way with the right people to help them benefit from that. But that you're also clear about the things you know that you can't advocate for and perhaps the reasons for that.

17:03

And remember top tip #4 finally that with clients who have serious responsivity factors. So you know, and that's often in our world serious personality disorder, that therapy is not a Sprint. It's not even a middle distance race. It is most definitely a marathon. So pacing is critical. If you think about the number of years it took the client to develop their way of functioning and the number of years they reinforce that way of functioning, it takes a lot of years, often with people with lots of responsivity issues, in order to be able to sort of unpick that and rework a different way of living.

17:42

So patience is critical, and pitching your expectations for the you as the therapist, but also the client about the time taken for progress and what that actually means is really important. So there's not unrealistic expectations. So the next bit that I'd like to do is actually the introduction to our first scene, which will demonstrate some of the things that I've been talking about in the theory content. So now I'd like to introduce you to our two protagonists, Lars, who's our forensic schema therapist and psychologist, and Riley, who's our serious offender, who's about to embark on his own hero's journey. Riley's, based on a real forensic client and one that lasts, has seen for more than five years. So the scenes that are filmed here are between our actor Mirko, who plays Riley and Lars, are real representations, you know, of this man's presentation at various points in time in therapy and his case conceptualisation. The first scene, which has been named a call to Adventure, Refusal of the call and meeting the mentor, is based on the attachment phase, where we're establishing rapport, identifying leverage and creating buy in. So let me set the scene.

19:05

Rudy's been incarcerated for the last 12 years for a serious violent offence that he committed against people who are his business partners. At the time they were a husband and wife and Riley has just been knocked back on parole. And at this stage Lars has been contracted by

corrections to come into the prison to provide one to one treatment for Riley based on the risk factors that the parole board have identified were unacceptable and that he needs to do this and complete this type of treatment before he can reapply for parole in the future. Now Rileys has had some prior contact with Lars, so this isn't their initial meeting, but what you will see is that last still has to apply a variety of specific therapy skills and techniques in order to get Riley to you know to start to develop some rapport with Riley and to get some buy in in order to do so. The things that last. And you're saying this scene are that he uses a lot of contextual knowledge about the prison system and the parole process.

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He is honest and he shows commitment to Riley in terms of the process and he sets realistic goals in order to establish rapport with Riley. What you will see is that Lars is compassionate and he is warm, but he's firm in terms of, you know, demonstrating his understanding of the system and what Riley needs to do in order to make it successful. And ultimately it is pragmatism and leveraging the incentives in the system, which is what gets Riley over the line to consider buy into the process. Luz also demonstrates, you know, what we like to call holding it lightly, you know as to whether or not Raleigh participates in the process of not. So this removes a power struggle from large trying to feel like he's got a convince the client to get on board. You know really the you want to be able to convey that the ball is really in Riley's court. You know it's up to him last can hold it lightly. He's explained his role, what he can do and and knowing the system and it's up to Riley as to whether or not, you know, he steps forward and and takes that next step and that way you're also beginning the process of helping the client be accountable for the therapy as well.

SCENE WITH DR LARS MADSEN AND ‘RILEY’