Psychologists in correctional centres

What to expect from the psychology service in your institution

New South Wales Department of Corrective Services
Psychologists in correctional centres

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Introduction

THE ROLE of the Psychologist in a correctional setting has not always been clearly defined. As a result, the specialist skills that a Psychologist brings to this environment are often under-utilised. This booklet has been provided to assist you to effectively employ the Psychologist(s) in your centre. The information contained herein is intended to give you an appreciation for what the Psychology Service can offer together with an understanding of its limitations.

The Psychology Service within the Department has its origins in the 1950s, when a single Psychologist was engaged to assist in the processes of classification. Since that time, it has grown to include over 70 Psychologists and now has a significant part to play in achieving departmental objectives, with respect to both staff and inmates.

Today, the role of the Psychologist has evolved from a quite specific and limited function into one embracing a range of responsibilities.

The Department now has one of the finest forensic Psychology Services in Australia which works closely with custodial and other Inmate Development Services staff in protecting institutional and corporate objectives.
the community by providing safe, secure and humane containment and by reducing offending behaviour.

The challenge facing Psychologists and those who work with them is to be aware of their potential and to exploit that potential to achieve institutional and corporate objectives.

J. R. Paget
Assistant Commissioner
Personnel and Education
April, 1997

What is a Psychologist?

BROADLY speaking, a Psychologist is a specialist in the field of human behaviour. That is, they study how and why people behave in certain ways, and how to facilitate behaviour change. In order to use the title Psychologist, a person must have completed a minimum of four years full-time study at a tertiary institution and be registered with the state Psychologists Registration Board. They must then complete a minimum of two years under the professional supervision of a fully registered Psychologist. In the Department of Corrective Services, the supervisor will usually be the Senior Psychologist in the
Some Psychologists may focus on a client's childhood experiences, while others will concentrate on current thought patterns and behaviour. The work Psychologists do is informed by different models or theories about what makes humans behave the way they do. Most Psychologists have one or more theory they feel comfortable with and have expertise in. This will influence the type of work they do. For example, some Psychologists may focus on a client's childhood experiences while others will concentrate on current thought patterns and behaviour.

**How are they different to Psychiatrists?**

PSYCHIATRISTS are medical specialists and as such can prescribe medication to treat problems such as anxiety, depression or schizophrenia. They use a medical model to diagnose abnormal behaviour into different categories of mental disorders and often use a combination of medical and non-medical treatments. Psychologists cannot prescribe medication. In general, Psychologists tend not to work with people who are severely mentally ill, or whose thought processes prevent them from participating in meaningful verbal communication.

**What do Psychologists do within the correctional system?**

THE WORK of Psychologists in a correctional setting can be divided into four broad areas:

1. **Assessment and report writing;**
2. **counselling, intervention and treatment;**
3. **staff care, management and organisational input;** and
4. **specialist therapeutic and clinical programs**

**Assessment and report writing**

Making a psychological assessment involves gathering information about an individual's history and current level of functioning. This information is presented in such a way as to allow a predictive judgement to be made about how he or she is likely to behave. Where appropriate, a Psychologist will include his or her professional opinion. A number of tools are used for making assessments. These include clinical interviews, history-taking and psychometric testing as well as utilising the impressions of other staff and summaries of previous contact with other Psychologists.

Psychologists carry out a range of assessment and reporting tasks. These range from a brief review of an inmate's current state with recommendation to a full psychological report for outside agencies such as ORB or SORC. In the latter case, the interviewing process...
and writing of the report may take up to 14 hours. Within the correctional centre, Psychologists can provide verbal or written reports to Governors to assist in the management of inmates or help in determining their classification.

There are set policies and procedures governing the provision of reports by departmental Psychologists. Requests for reports from the courts, SORC, PRLC, or ORB will be sent through the regional Senior Psychologist to ensure that there is appropriate supervision of the assessment procedures.

It is important to note that Psychologists are not solely responsible for the risk assessment of inmates. This is a team responsibility in all situations and the Psychologist will contribute to the team decision along with other Case Management, IDS and CHS clinic staff. In the case of inmates considered at risk of suicide, the protocols developed for the Risk Intervention Team emphasise the responsibility of the team and also that Psychologists are not solely responsible for the risk assessment of inmates.

2 Counselling, intervention and treatment

Counselling involves talking to inmates about issues which may be causing problems, including those linked to their offending behaviour, and helping resolve them. It may take some time to identify the problem areas and decide on a suitable approach. The Psychologist provides feedback to the inmate and generally directs the conversation in such a way that the inmate is encouraged to find his or her own solutions. Counselling aims to raise the person’s self-awareness, highlight problem areas and help the person work out ways of changing. Ideally, it should help the inmate come to terms with his or her crime, and help develop new ways of behaving and relating to others. As part of their training Psychologists learn and develop counselling skills. The terms ‘treatment’ and ‘intervention’ refer to the techniques and strategies the Psychologist employs to facilitate change in the client.

A counselling and treatment service is offered to inmates who may be experiencing emotional, behavioural or relationship problems, either related to their offences or adjustment to imprisonment. This may take place on a one to one level or in groups. Counselling can be provided on an ongoing basis to an individual, or it may be just a ‘one-off’, as in the case of crisis intervention. Crisis intervention is provided in situations where the person is experiencing acute emotional distress or trauma.

Counselling/treatment is also available to staff members who request help or are referred.
Staff care, management and organisational input

As well as working directly with inmates, Psychologists are trained to take a problem solving approach to the difficulties which may be hampering the effective running of an organisation as a whole. For example, a Psychologist may work with both staff and inmates to identify ways of reducing frustration in a correctional centre, in order to lower the number of inmate assaults. Usually this kind of consultancy would be provided by a Senior Psychologist.

A staff psychology service has been developed to organise the provision of counselling, peer-support and educational programs to correctional centre staff to help them deal with work-related and/or personal stress. The service also assists staff who have been involved in critical incidents during the discharge of their duty.

Psychologists can also provide information to the case team and the correctional centre management about how an inmate or group of inmates can best be managed to help the centre run more smoothly. For example, the sex offenders program can offer guiding principles for the management of such offenders.

Specialist therapeutic programs

Specialist clinical programs are designed to target identified groups in need within the inmate population. They are designed to provide a more intensive and structured therapeutic program. These include:

- Special Care Unit
- Kevin Waller Unit
- Alexander Machonochie Unit
- Sex Offenders Program
- Intellectual Disability Program

Special Care Unit

Located within the Long Bay Complex, the Special Care Unit involves a 16 week program that provides inmates with the opportunity to address various self-selected goals. The program allows inmates to develop the skills that will better enable them to manage their lives both in and out of correctional centres.

Kevin Waller Unit

Formerly known as the Crisis Support Unit, the Kevin Waller Unit is a live-in program for inmates with a history of self harm or suicide attempts. Located at the Long Bay Complex, the unit is not designed to provide intervention to inmates in crisis. Instead it aims to assist inmates who have a history of such behaviour, but are presently stable, to develop skills to cope with situations without resorting to self-destructive behaviour.
The Alexander Machonochie Unit

The core component of the Violence Prevention Program, this unit is also located at Long Bay. The program uses a peer education model to enable inmates who have been violent or aggressive to change their own behavior and become resources for their peers once they have returned to their correctional centre.

Sex Offenders Program

This program has been designed to meet the need for the systematic assessment and treatment of sex offenders. The treatment modules include group work, individual counselling, psychosexual education and social skills training.

Intellectual Disability Program

Run through a number of development units, this program was set up to assess the intellectual and psychological functioning of inmates with an intellectual disability, as well as provide training in general life skills, employment in correctional centre industries and personal development through vocational/educational programs. Units are located at Goulburn, Kirkconnell, and the Special Purpose Centre at Long Bay.

What don't Psychologists do?

Provide a cure

Contact with a Psychologist does not automatically bring about change in an inmate. Successful therapy largely depends on the motivation of the client and his or her willingness to do the hard work involved in making changes to lifelong behavior patterns. Sometimes facing up to life's realities can be a painful process and inmates drop out of contact because they feel unable to cope.

Automatically make people feel better

Often inmates experience relief after a session, however this is not always the case. Sometimes they find their views are challenged rather than supported, and this may result in anger or disappointment. Sometimes sessions stir up deep-seated emotions in inmates, leaving them feeling vulnerable.
Solve all a centre’s people problems

Corrections centres are a complex and sometimes volatile mix of individual personalities in a confined space and as such cannot realistically be expected to run smoothly all the time. While Psychologists can contribute to reducing a centre’s problems, the success of any plan will depend upon the acceptance of the advice and the motivation of the staff team to address issues.

Make accurate predictions 100% of the time

Despite rumours to the contrary, Psychologists do not have access to a crystal ball. They rely on the information they have before them at the time to make assessments and predictions. If this information is inaccurate or insufficient this will affect the accuracy of their predictions. Such areas as risk assessment, crucial in correctional management, must therefore be a team effort with information collected from all relevant sources.

Always respond immediately to every request made of them

Psychologists generally have many demands made on their time and usually have a waiting list of inmates to be seen. If a case is considered urgent, such as a suicide risk, the Psychologist, as the available mental health professional, must give priority to such a demand. If a case is not urgent it will rarely be possible for the Psychologist to attend to it straight away.

When to refer an inmate to the Psychologist

An appropriate referral to a Psychologist is one which comes within his or her area of expertise and which can be dealt with meaningfully. There should be reason to believe there are psychological issues involved, for example, the inmate is having difficulty coping with a certain situation or their behaviour is abnormal or maladaptive. This may include the following:

- The inmate is considered at risk of suicide or self-harm.
- The inmate has been imprisoned for a serious offence such as murder, manslaughter, or a sex
offence and has not previously had contact with Psychological Services.

- The inmate appears to be depressed, that is, going through a prolonged period of sadness, lethargy, accompanied by changes in sleep habits, appetite and withdrawal from social contact.

- The inmate is behaving in ways that seem to be abnormal or markedly different from their normal mode of behaving.

- The inmate appears intellectually disabled.

- The inmate is highly impulsive or aggressive.

It is also appropriate to make a referral to the Psychologist if:

- The inmate is a serious offender who is applying for a reduction in classification or parole.

- The inmate themselves requests to see the Psychologist.

Wherever possible, referrals should be written so that they are documented. The Psychologist can then provide feedback which can be placed on the inmate’s case management file. It is important to state why an inmate is being referred. Time is often wasted trying to discover the reason for the referral. It is also a good idea to gain the inmate’s consent when making a referral. An inmate who is unexpectedly summoned to the Psychologist’s office may react defensively and be less likely to be motivated to address the issue.

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When is a referral inappropriate?

PSYCHOLOGISTS are under obligation to respond to all referrals made to them. If they are overloaded with unnecessary or inappropriate referrals, their ability to provide a proactive service, rather than one which merely responds to crisis, is limited.

A referral is inappropriate when there are no psychological issues involved, where the referral is made simply to buttress a management decision, or if the issue can be better dealt with by another member of staff. These include cases where:

- An inmate is displaying a normal emotional response to a situation. For example, he or she is distressed over having been disallowed a phone call or is missing the children. In such cases strategies such as simply listening and comforting can be provided by a range of staff.

- An inmate simply expresses the desire to ‘talk to someone’. Before automatically referring him or her to the Psychologist, the case officer should determine whether there are psychological issues involved.

- An inmate has been rude to an officer and is therefore considered to have an ‘attitude problem’.

Strategies such as simply listening and comforting can be provided by a range of staff.
management issue and is not necessarily indicative of maladaptive psychological functioning.

* The inmate has been referred on the basis of outdated documentation. For instance, a self harm attempt or death of a relative ten years ago.

Why confidentiality is important

ALL PSYCHOLOGISTS practising in Australia, including those in correctional centres, are bound by a professional Code of Conduct published by the Australian Psychological Society. In this Code of Conduct there is particular reference to confidentiality. Referring to information gained from inmates, Psychologists are instructed that:

‘They may reveal such information to others only with the consent of the person or the person’s legal representative, except in those unusual circumstances in which not to do so would result in clear danger to the person or to others.’

In addition to the above, the Code of Conduct states that the issue of confidentiality

‘s shall take precedence over a Psychologist’s self-interest and over the interests of the Psychologist’s employer and colleagues.’

In abiding by the above Code, Psychologists may appear to be secretive or elitist. However, not to follow this Code would jeopardise their status as a Psychologist.

As well as being a critical part of their code of professional conduct, confidentiality is vital in establishing a relationship of trust between inmate and Psychologist. Without this no meaningful work could take place.
What information to expect from psychologists

THERE ARE a number of situations where concerns for individual safety override the need to maintain confidentiality. If the Psychologist considers an inmate to be a significant self harm risk, escape risk or danger to others, he or she is obliged to inform management.

Within the bounds of confidentiality, Psychologists are able to contribute valuable information on the management of inmates. Although they cannot disclose details revealed in sessions, the Psychologist is usually able to indicate whether or not an inmate is seeing them, the general nature of sessions, whether the inmate is addressing issues surrounding his or her offence and what progress he or she is making in this area.

Within the bounds of confidentiality, Psychologists are able to contribute valuable information on the inmate's psychological state and level of functioning, they are able to make recommendations about their management and placement.

What is a reasonable workload for a psychologist?

THE ACTIVITIES that make up the working week of a correctional centre Psychologist include therapeutic contact with inmates (counselling, group work, informal contact, attending crises), attending meetings (PRC, reception committee, IDS, psychology, management etc.), writing reports (ORB, SORC, PRLC, PRC, suicide risk assessment, external program risk assessment, escape reports, etc.); preparation for counselling sessions (file maintenance, liaising with other staff, reading/planning) and staff related services (staff counselling, training, and consulting).
On most days Psychologists will have a number of these tasks to attend to. The following figures from a recent survey of departmental Psychologists indicate the average proportion of each week spent on these tasks:

Therapeutic contact with inmates 50%
Writing reports 10.7%
Attending in-courses 13.6%
Preparing for counselling sessions 19.1%
Staff related services 2.1%
Other 4.6%

Preparing for counselling sessions:
The survey indicated that, on average, a Psychologist spends eight and a half hours per week in preparation for counselling sessions. This roughly equates to 30 minutes preparation for every 60 minute session. Preparation includes the important task of liaising with other staff members to develop a fuller picture of the client, writing file notes or group reports and any reading which may be relevant.

Attending meetings:
Psychologists typically have a number of meetings to attend in any given week. The survey indicated that on average a Psychologist will spend over six hours in meetings per week.

Reports:
A full length psychology report, such as that requested by ORB, SORC, or court, takes an average of 14 hours with approximately half this time devoted to assessing and interviewing the client and administering psychometric testing. On average a Psychologist will spend over five hours per week working on various reports.

The frequency of requests for reports is an issue which needs consideration and on which the Psychologist is able to give advice. Requests for reports which do not have a clinical basis may be damaging to the inmate who is the subject of the report.
A note on working conditions

PSYCHOLOGISTS need quiet and privacy to be able to perform their duties effectively. At the very least a Psychologist should be provided with an office or interview room. Conducting a suicide risk assessment within earshot of other inmates or staff is extremely difficult. Administering psychometric tests in areas with high levels of extraneous noise may invalidate the results of the test. Ideally, the working space of a Psychologist should be suitably sound insulated to minimise noise transmission both in and out of the office. It should also include provision of a secure container, such as a lockable filing cabinet, in which confidential documentation may be safely kept.

In addition to noise concerns, office space for Psychologists, as for all staff, should meet the minimum standards set down in Occupational Health and Safety regulations.

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