

# INTERVIEW WITH TWO FORENSIC PSYCHOLOGISTS

by Rex and Mickey Gatto

## INTRODUCTION

To many of us in the psychological field, the world of forensic psychology is a foreign one, and as such, we need to better understand what forensic psychologists do and the environment in which they work. To bring information to the worklife in this arena, I interviewed two psychologists, (one male working in the men's forensic unit, and one female working in the women's forensic unit) where they work. The format for this article is question and answer so the two psychologists being interviewed would be able to discuss at length what they do and their feelings about their work. The two people preferred to remain anonymous for reasons of their own safety and security. Remaining anonymous frees them to say what they believe.

For me, personally, going into the forensic unit was as foreign as attending lectures in Chinese. For someone quite comfortable in a business setting, the forensic unit left me feeling unbalanced. Walking through the metal detectors and hearing the doors close and locked behind me created a sense of trepidation and realization at the same time: here I am in "prison," helpless in the middle of something I did not understand.

## QUESTION AND ANSWER SESSION

### **What is forensic unit, and how does it differ from prison or a county jail?**

It is a section of a state mental hospital where the justice system sends people who have gone to court and are thought to be mentally ill or in need of assessment to aid a judge in sentencing. A prison is where a person is sent who has been found guilty of a crime and sentenced to over two years. A county jail is where a person is sent who has not yet been sentenced, or is doing a sentence of fewer than two years.

### **Describe the population within a forensic unit.**

It consists of people who have gone to court, been accused of a crime but not yet charged, but thought to be mentally ill. At capacity, this unit holds 55 men, covering an area of 12 counties, and 15 women from an area of 32 counties. Many patients present with long standing anti-social personality traits and/or are psychotic. Patients have a wide range of alleged offences, from murder and rape to DUI. All are mixed together – there is no way to separate them.

Time spent in the forensic unit has nothing to do with type of crime but instead with type and severity of mental disorder. For example, a person on a rape charge may clear up in thirty days, but a person with a disorderly conduct charge and a psychotic diagnosis may have to stay for 180 days in order to balance medications. The determining factor in this

unit is behavior and diagnosis, not criminal charges. Time spent in the forensic unit is time served towards the sentence. Of course, in the forensic unit, there is twenty-four hour surveillance and guards watch, monitor, and interact with patients/inmates.

### **What is the admittance procedure for the forensic unit?**

When the courts send patients to the forensic unit, they are first checked to make sure they have no metal, contraband or other potentially dangerous items on them. They then go to the unit and are given a shower. They can be forced via a physician's order to shower, shave, be debugged, and have their hair and nails cut and to take medication. In contrast, at the jail, they cannot legally be forced to do any of these things, so they can come to a forensic unit with bugs, filthy matted hair, weeks of accumulated dirt, and unmedicated. The first day in the forensic unit, the patients must be seen by a psychiatrist, a general physician, and a nurse, and within eight to twelve hours, must be assessed. Within ten days of the admittance, a psychologist, social worker, recreation staff member and dietitian do assessments. Treatment teams set up goals for the time the patient is here, and these are reviewed every 28 days to see if they have reached their goals set by the multi-disciplined team. When the patients reach the established goals and are stabilized, the physician releases them and they return to the jail. The court system, because of the patient having been in the forensic unit, now has additional information on the person, which can then aid in evaluation, assessment of competency, sentencing, and, hopefully, necessary treatment.

### **How does a patient spend time in the forensic unit?**

Within the forensic unit, patients can take advantage of recreational activities such as gym, ceramics, cards, television, programming advised by the staff, and individual and group therapy. In addition, they have the opportunity to attend Alcoholics Anonymous, and Narcotics Anonymous meetings. However, the staff cannot force the patients to do anything, not even group therapy. Ironically, the staff can force them to shower, but not to go to therapy sessions. The patients themselves have the option to ignore all suggestions and simply sit in the dayroom all day long. There really is not much motivation to do anything. The only encouragement that the staff can use is, when the patients leave the forensic unit, a report goes to the judge: thus, the staff member can ask the patients if they want that report to indicate that they spent all their time sleeping in the dayroom and refusing to go to therapy sessions. This is not much of a motivator, but may be the only one staff has. In other sections of the hospital, patients can be rewarded with home visits, day trips, etc., but in forensics, patients are confined to one building. There is very little movement. Staff can't drag them to activities; can't instigate a confrontation

### **Do many forensic patients return to society?**

Only a small percent get their charges dropped, but when they do, many have nowhere to go because they are homeless or their families don't want them. The staff tries to have them sent to a less restrictive environment where they can do better discharge planning. Once charges are dropped, there is a time crunch to release them. If they are not released within the legal time constraints, they can file charges that they are being kept illegally. So, they end up in the civil side of the hospital. Those whose charges are not dropped, i.e. the majority, usually end up back in jail.

**Have there been many changes in the forensic patient in the past twenty-five years?**

Previously, it was rare to have a dual diagnosis, but over the years, just about everyone has a secondary diagnosis of drugs or alcohol abuse. The reason is that people with mood disorder or schizophrenia try to self-medicate, and do so with drugs and alcohol. Drug use has gone up across the board in the general population, and thus is more readily available. Now, the forensic unit has two things to fight. If the patients are not dried out at county jail before they come here, they first need that treatment before other conditions can be diagnosed and treated.

**What is the greatest problem?**

There is very little motivation for improvement and change in behavior on the part of the patients. If they don't want to be involved in programs, legally, they cannot be forced to participate. Due to the legal system as it is now, there are no consequences for patient behavior, i.e. if someone acts up or repeatedly assaults or hits, there is no immediate consequence for that behavior.

**What are some of the constraints of a forensic unit?**

Some patients have been there for long periods of time. Many are mentally ill before the crime, and during the crime, and still, the courts say to keep working on them and to get them to the point where they are competent so that they can be presented for trial. Many of these patients won't ever be ready for trial because they are chronically, severely mentally ill, and may never be competent. Because they have been accused of a crime and are mentally ill, they fall through the cracks: there is no where else to send them. They stay in the forensic unit in limbo.

**What kind of degree/training does a person need to work in a forensic unit?**

For the professional staff, certainly degrees are required. Previously, no special training nor job experience was needed, just a degree. Twenty years ago, nothing was offered in forensics, and staff just got on the job training. Now at least, colleges and universities offer a forensic stream within psychology and social work departments.

**What are the problems for staff working in the forensic unit?**

Burnout! It is depressing to see the same people return five, six, even seven times. People from county jails are sent to the forensic unit for treatment and medication, are returned to jail to serve light sentences, are released back to the community, and, predictably, they commit a similar crime and are back through the jail to the unit. People in this group have been through here 8 to 10 times over the years. For professionals, it is very depressing to see them return over and over again. Some have a reputation with staff as troublemakers, and therefore are treated as such. However, if this patient comes in and is really ready to commit to making a change in behavior, the staff members can impede this change because they make assumptions based on previous behavior. For some individuals, it can take 7 or 8 tries to finally be ready to change, but when staff members see them, all they think is "yeah, right, same old story." It is difficult for staff members to break their own mindsets and view each admission with a fresh outlook.

In forensics, there is more stress than in other units and staff must be constantly on guard. There are patients who act out continuously and take all the time and attention of all staff.

In addition, staff can see the toll the abuse takes on readmitted patients. On the first or second admission, staff can still see potential in the person. By the sixth or seventh admission, it is obvious that there is no way to give back what the person had had and lost.

**Are there any benefits to working in a forensic unit?**

When someone new comes in, there is always the hope of a good outcome. There is also always something different. There are some patients who are truly enjoyable. When someone comes in scruffy, dirty, and disoriented, and three months later is clear of thought and well groomed, it is gratifying.

**What would be a “wish list” of changes for a forensic unit?**

Patients need to have jobs and make some money. Having a job would give a person some integrity, some feelings of self worth. A job would allow patients to have some portion of the day doing something worthwhile, seeing a task being completed, getting a reward. Unfortunately in the state hospital system, patients are not allowed to work. If patients in the forensic unit could work, in perhaps housekeeping or dietary, they would be doing a task and keeping busy, which would provide some structure in their lives. This population doesn't have any structure, doesn't know how to follow rules and regulations, and doesn't know how to organize to spend their days or do something productive. Someone needs to be able to come in, teach them skills, give them jobs, fill their days, allow them to go to work or to educational sessions, so that they have an experience that is more like the outside. Within the system, there is no semblance of normalcy.

The forensic staff can stabilize people, get their thinking cleared up, give them group therapy (if they agree to go), talk out problems, emphasize needs for medications and treatment, but that doesn't last all day. Those activities are limited, and then the patients return to the wards, and sink into a hole with no one to exchange ideas with. . They have no opportunity to practice what they learn in their therapy sessions.

The staff at the forensic unit is there to service the admitted patient/inmate. It is a place to come for those who cannot cope with jail. In this unit, the patients can begin to stabilize, and the opportunity is there if they want to make the choice to change. However, research needs to be done to find a better way to treat the forensic patient in order to have more successes and fewer readmittances.

Most of you know me as a business consultant with a background in industrial and organizational psychology. Being in this forensic environment caused me to reflect on the many skills we take for granted on a daily basis in the workplace. It is difficult to think of dealing with people who have days on end filled with nothingness. How does it feel for no one to ever ask for or need anything? Jokingly we could say that sounds great, but think of trying to help and to instill hope in a person who sits in a chair with no thought of future, no ambitions nor direction and without meaningful life purpose. Reflection on what we do and what we have is a reframing thought.