

SATELLITE SYMPOSIUM: FORENSIC PSYCHIATRY

TREATMENT OF FORENSIC PSYCHIATRIC PATIENTS

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A specific psychological and social pathology is present in forensic psychiatric population. Working with such patients requires a systematic and specialized education, continuous attention, a high level of empathy, but also psychological strength. The main purpose of treatment is to develop awareness among patients of their mental state and functioning. The treatment involves biological, sociological and psychological methods of treatment, and may be individual, group, or specifically designed, for example in therapeutic communities (McGauley and Humphrey, 2003). It can also take place in the therapeutic programs in the community or on an out-patient basis, which provide various models of treatment (Bateman, 1996; Norton, 1996). In closed forensic departments, next to the implementation of treatment, the task of the professional team is psychological assessment of progress and possibility of moving the patient to the lower-security department. Safety issues and risks are much stronger here so the specialists often have a conflict in their role of therapists and assessors (McGauley and Humphrey, 2003), i.e. in their accountability to the client and responsibility towards society (Taylor, 1998). General meaning of the term forensic psychotherapy involves the application of psychological therapy in the management and treatment of criminal offenders who suffer from mental disorders (McGauley and Humphrey, 2003). The environment in which the treatment takes place determines the objectives and course of treatment. The main domain is the application of forensic psychotherapy in psychiatric hospitals and penitentiaries (Hoffmann and Kluttig, 2006). Forensic psychotherapy is the work of the entire team which, in

addition to the medical staff includes clinical psychologists, psychotherapists, social workers, social educators, special educators, occupational therapists and experts in other related fields who are trained to work with specific populations (McGauley, and Humphrey, 2003; Norton and McGauley, 2000; Cordess and Cox, 1996). The predominantly used approaches are psychodynamic, cognitive and systemic. Forensic psychotherapy involves four basic types of activities: direct clinical practice (assessment and treatment), supervision, clinical meetings, consultations or institutional supervision (McGauley, and Humphrey, 2003). A forensic psychotherapist must take into account the context in which the treatment takes place. Sometimes a supportive therapy will be necessary rather than therapy directed at self-inspection (self-insight?). The period of supportive therapy may pave the way for more active treatment, such as individual psychodynamic therapy (Bateman and Fongay, 1999), dialectal behavioral therapy (Linehan et al., 1993), cognitive analytic therapy (Ryle, 1997) or group psychotherapy (Horowitz, 1987). Contemporary psychodynamic psychotherapy has developed over the years, expanding the theory and practice and now includes (in either the experimental or applied clinical sense) populations that were once considered socially unsuitable, such as people with psychosis, psychopathy, the elderly, etc. (Xenitidis et al., 2005). Forensic psychotherapy is a separate and demanding discipline, whose need in Croatia has yet to be recognized. It is a relatively young discipline that is still being formed and interest in this branch has increased only in recent decades (Norton and McGauley, 2000; Welldon, 1994).