

# The Biopsychosocial Formulation in Forensic Mental Health

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# OBJECTIVES

Participants will review the biopsychosocial framework, which highlights the interconnectedness of biological, psychological, and social factors in influencing mental health outcomes.

This objective focuses on enhancing participants' knowledge and skills in recognizing the social determinants of health. Participants will learn how these determinants influence mental health outcomes and contribute to disparities.

Participants will review equity and culturally responsive care with the aim to enhance participants' understanding of the importance of acknowledging and addressing cultural, linguistic, and structural barriers that contribute to mental health disparities.

Identify assessments and treatments for neurodiverse people with mental health challenges in the forensic system

# Important Terms

**Biopsychosocial Approach** – The biopsychosocial model originated in the 1970s through George Engel (see Fava & Sonino, 2017). Engel worked in psychiatry at the time and the biomedical model was considered the gold standard, but Engel saw the medical model as reductionistic, so he sought to expand it to integrate knowledge from the behavioral and social sciences which led to the inception of the biopsychosocial approach (Fava & Sonino, 2017).

**Empirically Supported Psychological Interventions.** - Evidence-based practice in psychology (EBPP) is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences (American Psychological Association [APA] Presidential Task Force 2006). Empirically validated or supported treatment involves approaches that are well established through experimentation and found to produce significant and positive outcomes (Chamless et al. 1998)

**DMID-2** Improved outcomes for individuals with co-occurring intellectual/developmental disability (IDD) and mental illness depends upon effective psychiatric treatment. Effective treatment requires an accurate psychiatric diagnosis. Obtaining that accurate diagnosis for individuals with IDD has been, and remains, very challenging

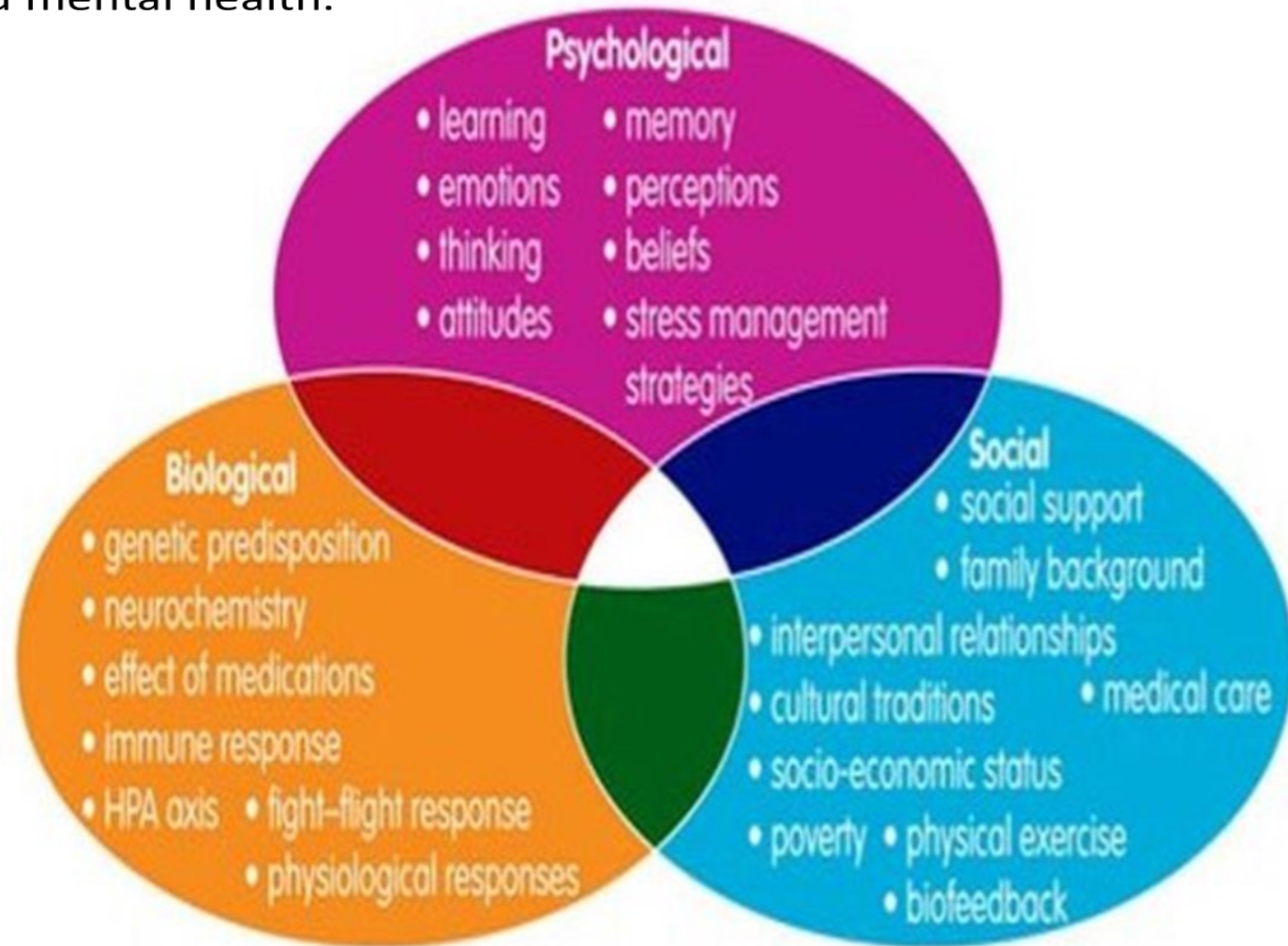
**DSM-5** The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), is the 2013 update to the Diagnostic and Statistical Manual of Mental Disorders, the taxonomic and diagnostic tool published by the American Psychiatric Association (APA). In the United States, the DSM serves as the principal authority for psychiatric diagnoses. Treatment recommendations, as well as payment by health care providers, are often determined by DSM classifications, so the appearance of a new version has practical importance.

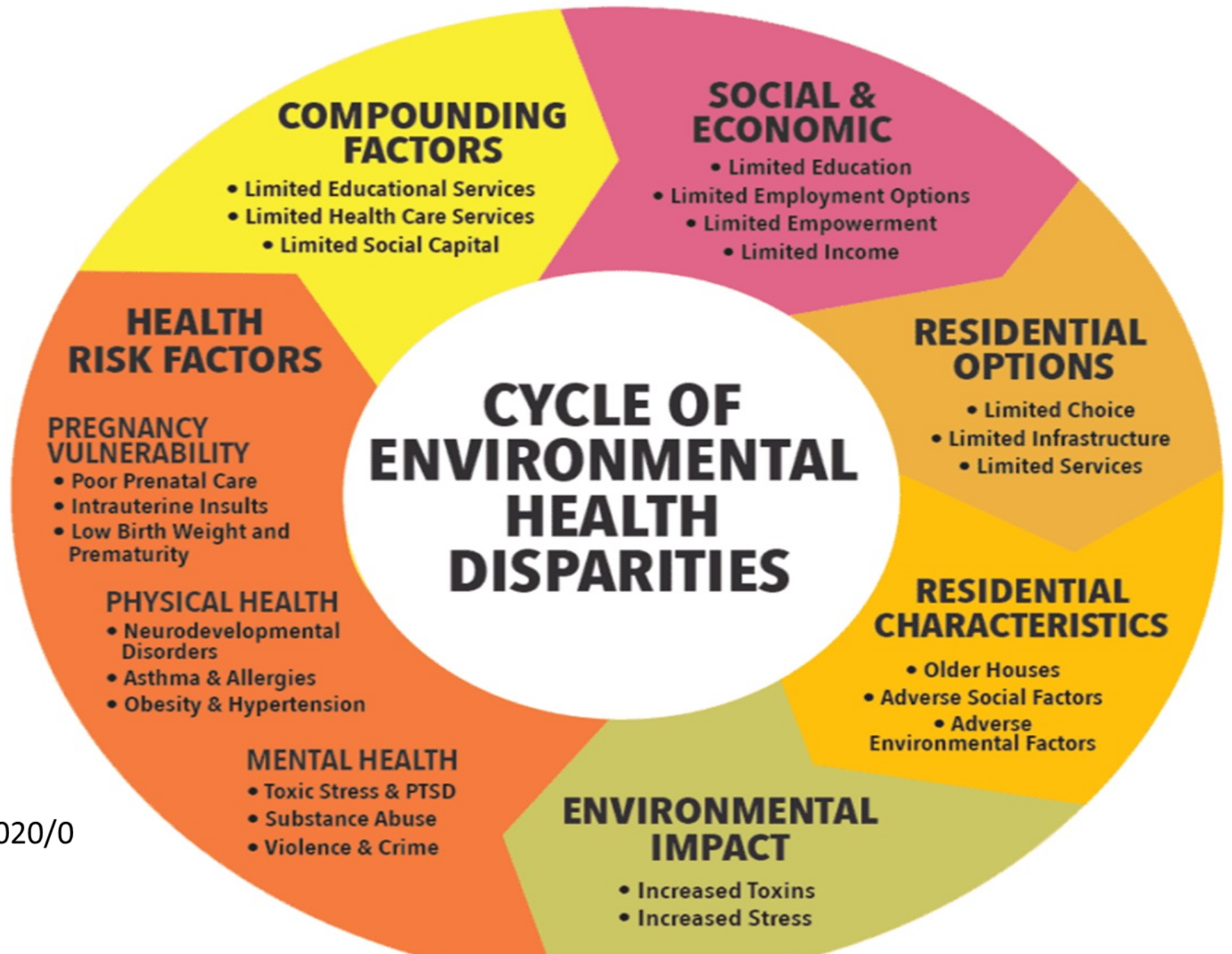


## **Objective 1**

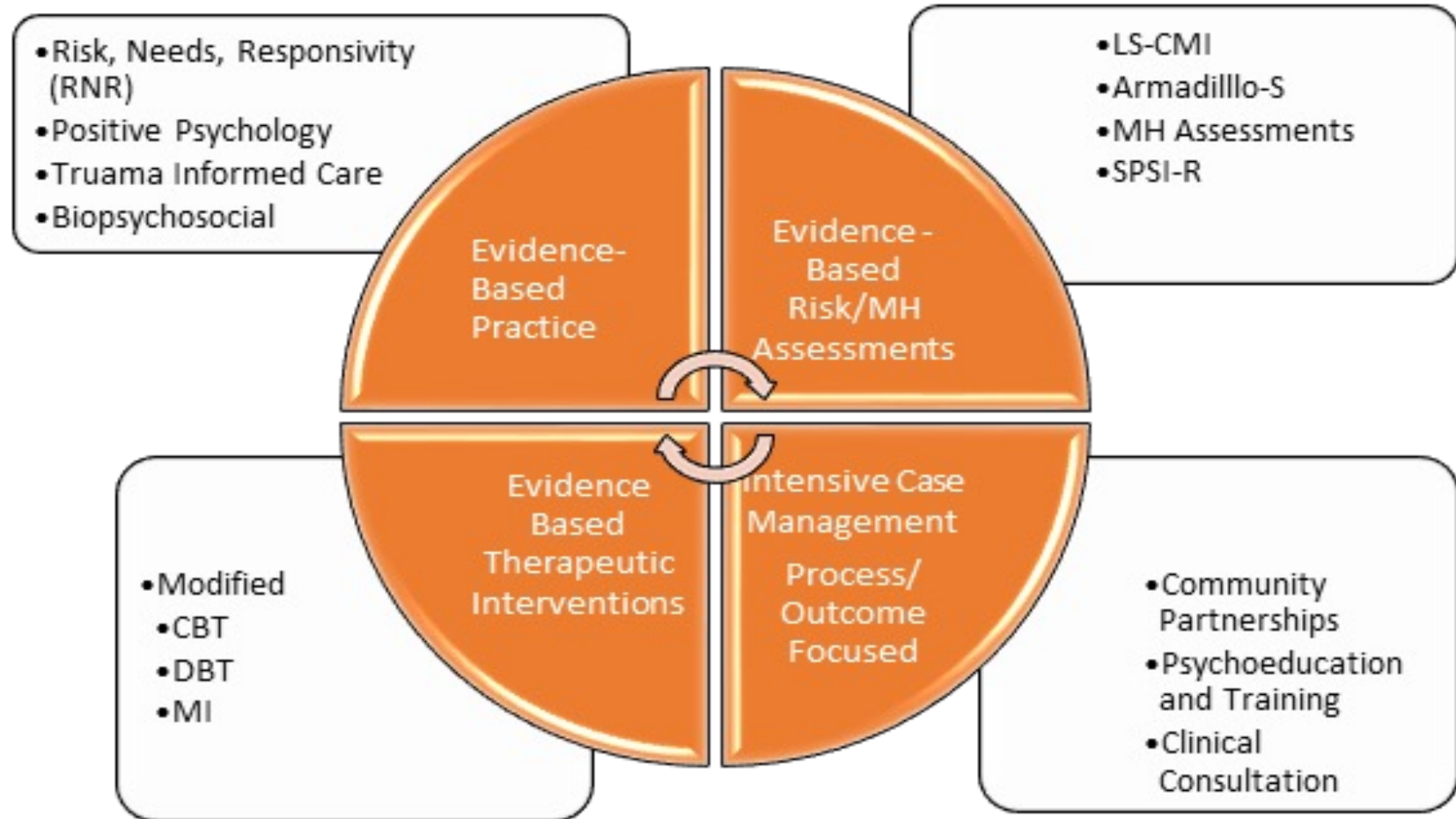
Participants will review the biopsychosocial framework, which highlights the interconnectedness of biological, psychological, and social factors in influencing mental health outcomes.

**Biopsychosocial Framework:** An approach to describing and explaining how biological, psychological, and social factors combine and interact to influence physical and mental health.





# Integrated Evidenced-Based Framework







## Objective 2

This objective focuses on enhancing participants' knowledge and skills in recognizing the social determinants of health. Participants will learn how these determinants influence mental health outcomes and contribute to disparities



# Cultural Factors That Influence Diversity Among Individuals and Groups

## Internal Factors

- 
- Cultural/Racial/Ethnic Identity
  - Tribal Affiliation/Clan
  - Nationality
  - Acculturation/Assimilation
  - Socioeconomic Status/Class
  - Education
  - Language
  - Literacy
  - Family Constellation
  - Social History
  - Military Status
  - Perception of Time
  - Health Beliefs & Practices
- Health & Mental Health Literacy
  - Beliefs about Disability or Mental Health
  - Lived Experience of Disability or Mental Illness
  - Age & Life Cycle Issues
  - Gender, Gender Identity & Expression
  - Sexual Orientation
  - Religion & Spiritual Views
  - Spatial & Regional Patterns
  - Political Orientation/Affiliation

Adapted with permission from James  
Mason, Ph.D., NCCC Senior Consultant



## Objective 3

Participants will review equity and culturally responsive care with the aim to enhance participants' understanding of the importance of acknowledging and addressing cultural, linguistic, and structural barriers that contribute to mental health disparities

# Structural Barriers to Mental Healthcare

## Stigma

Public Attitude

Self Stigma

Social Discrimination

## Access

Geographical Accessibility

Financial Barriers

Lack of Insurance Coverage

Financial Barriers

Limited Provider Availability

Long Wait Times

## System


Fragmented Services

Non Integrated Care

Insufficient Funding

Inadequate Workforce

Inequity in Resource Allocation




Mental health professionals play a crucial role in helping clients overcome the structural barriers to mental healthcare. Here are some ways in which they can assist their clients

**Education and Awareness:** Mental health professionals can educate their clients about the nature of stigma and its impact on mental healthcare. By providing accurate information and debunking myths, they can help clients understand that seeking help is a sign of strength and promote a more supportive environment.

**Empowerment and Self-Advocacy:** Mental health professionals can empower their clients by helping them develop self-advocacy skills. This includes teaching them how to communicate their needs effectively, navigate the healthcare system, and assert their rights to access mental healthcare services.

**Referrals and Resource Navigation:** When faced with access barriers, mental health professionals can provide referrals and assist clients in navigating available resources. This may involve connecting clients with affordable or sliding-scale therapy options, exploring insurance coverage options, or identifying community mental health centers.

**Collaboration and Inter-professional Networking:** Mental health professionals can collaborate with other healthcare providers, such as primary care physicians, to integrate mental healthcare into the overall healthcare plan. By establishing strong networks and communication channels, they can ensure a more coordinated and holistic approach to client care.



Mental health professionals play a crucial role in helping clients overcome the structural barriers to mental healthcare. Here are some ways in which they can assist their clients:

**Advocacy for Policy Change:** Mental health professionals can advocate for policy changes at the local, regional, or national level to address structural barriers to mental healthcare. This may involve supporting initiatives for increased funding, expanded insurance coverage, improved workforce development, and better integration of mental healthcare services.

**Culturally Competent Care:** Mental health professionals can strive to provide culturally competent care by recognizing and respecting the cultural backgrounds, beliefs, and values of their clients. This includes employing culturally sensitive assessment tools, incorporating cultural practices into treatment plans, and actively addressing cultural barriers that clients may face.

**Telehealth and Digital Solutions:** Mental health professionals can leverage technology to overcome geographical barriers and improve access to care. Telehealth platforms allow for remote counseling sessions, ensuring that clients in underserved areas have access to mental healthcare services. Additionally, digital solutions such as mental health apps and online support groups can supplement traditional therapy and provide additional support.



## Activity and Discussion – 10 Minutes

Think about your biopsychosocial interaction with the men and women you support.

What are we doing and what more can we do?



## Objective 4

Identify assessments and treatments for neurodiverse people with mental health challenges in the forensic system

# 4 P's

- **Predisposing factors** - vulnerability that increase the risk for the current presenting challenges. Included family history, and genetic considerations. Any predisposition for mental illness, medical conditions as well as prenatal exposure to drugs or alcohol.
- **Precipitating factors** - stressors or life events that may cause a person to experience a medical or mental health symptoms. Include identity concerns, relationship conflicts or life transitions.
- **Perpetuating factors** – conditions consider include the patient, family, community, or larger community systems that may intensify rather than solve the presenting problem. May include unaddressed relationship conflicts, education challenges, financial stresses, occupation stress, or lack of employment, level of engagement in the community.
- **Protective factors – what are the strengths – include** competency, skill, talents, interest and who or what is supportive. All protective factors serve to neutralize the predisposing, precipitating, and perpetuating factors.



# Why are people with IDD likely to be criminally justice involved?

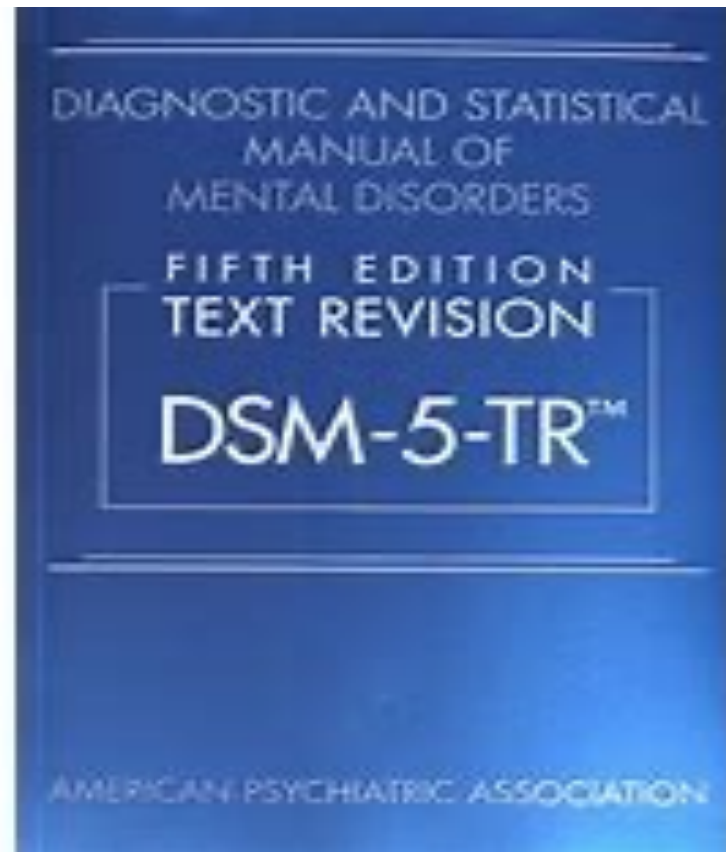
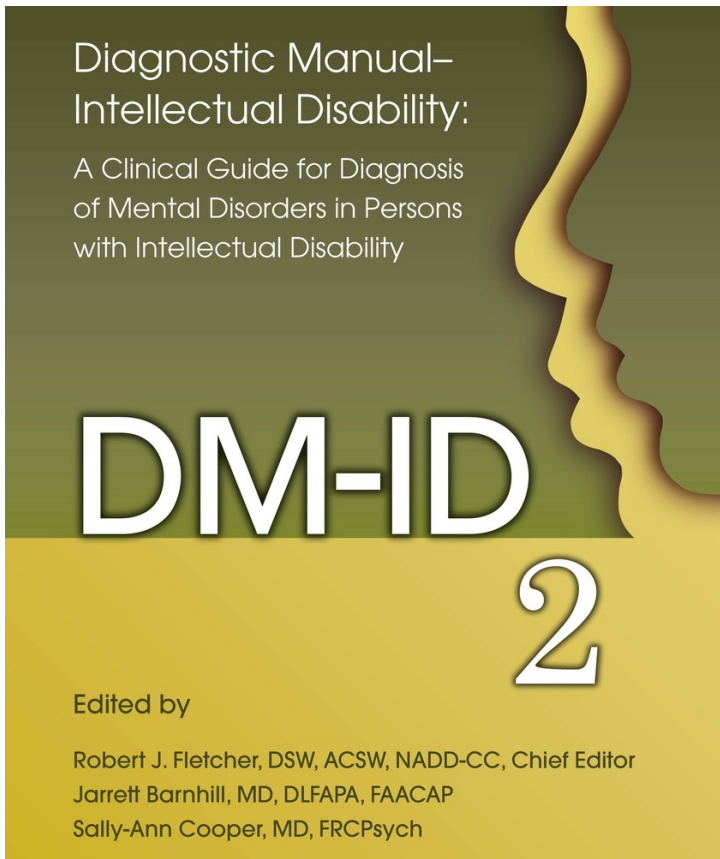
Some people because of the vulnerabilities associated with their life experiences, combined with a lack of education or therapy. They may not have learned that certain behaviors are inappropriate, a violation of the rights of others, and illegal.

Given the social and psychological vulnerabilities in the life experiences of persons with IDD, Holland et al. (2002) suggested the offence rates of persons with intellectual disabilities appear comparatively low.

It is critical that we have appropriate assessment strategies—**including risk assessment instruments**. We must also ensure that there is **proper identification of intellectual and or developmental disability status**.

When we do not accurately identify deficits in cognitive abilities, social relatedness or neurodiversity it decrease the potential for accurate assessment and ineffective treatment and case management.

# Diagnostic Manuals



- [DM-ID-2-chapter-1-Introduction.pdf \(thenadd.org\)](#)
- [DM-ID-2-Table-of-Contents.pdf \(thenadd.org\)](#)



# IDD and Criminal Justice Involvement

There are many factors related to the individual's disability that may have influenced their intersection with the Criminal justice system. Persons with IDD may be more susceptible to be used by others in criminal act because of naivety or because of a desire to be accepted by others.

Hingsburger (2013) coined the phrase counterfeit deviance to refer to those individuals who have criminally offended because of a lack of social belonging, self- advocacy skills, or the inability to discriminate situations that are risky.

It is important to distinguish between challenging behavior that becomes **misinterpreted** as antisocial or criminal from behavior that is clearly criminal. One thing to consider is Hingsburger et al. (1991) in the context of possible hypotheses for sexually inappropriate behavior committed by persons with IDD.

Some of the reasons why people with ID offended sexually were both clinically significant and criminal, whereas others who had offended fell into the category that would be deemed counterfeit deviant.

People with IDD may also be overrepresented in the criminal justice system because of a lack of knowledge about the law (ignorance of the law, no criminal intention) and they do not know the rules governing social behavior.

In many cases people with intellectual disabilities have been denied knowledge of their basic rights, including education regarding the law and social values (Lindsay 2009).



# Screening, Assessment and Treatment

1. Looking at the events leading to the offence
2. The factors relating to the individual's disability as it may affect participation in treatment
3. The motivations at work that sets the stage for the offence provide a strong foundation on which to provide treatment that is specifically designed to the needs of the individual.

## Case Study

John, a person with ASD, is arrested for masturbating in public.

What does he need?

What might we assess?

What testing might help us understand what is happening for John?

What treatment might be necessary ?



# Screening, Assessment and Treatment

## John's Assessment might indicate

Assessment might reveal that training in sexual education and understanding of public and private,

Assessment might reveal that John may need to be provided a place to engage in masturbation without punishment, rather than treatment for sexual offending.

Assessment might also indicate that John's understands what he was doing and is like neuro-typical offenders and his treatment should follow a path that include rehabilitation for the paraphilia (exhibitionism).

John's assessment can determine his vulnerabilities might cause him to re-offend because of possible social conditions or a lack of habilitative skills. Treatment might then include an effective habilitative plan. Habilitative Plan - service that seeks to help people develop skills or functions that they were incapable of developing on their own



# Key Ethical Areas - Practice

**What works with People with IDD who are in connection to the Criminal Justice System Questions to consider for clinical practice:**

Has a comprehensive assessment of the individual and the conditions surrounding the offence been examined to distinguish if the offence is criminal behavior or inappropriate behavior?

Did the assessment and condition associated with the offence determine what conditions led to or contributed to the offence?  
(Recent Stressors Questionnaire - This assessment was adapted from the UMass Recent Stressors Questionnaire originally developed at the University of Massachusetts by Lauren R. Charlot, PhD, LICSW)

Identify the factors that may enhance or create challenges to treatment for this individual?

# Key Ethical Areas - Practice

**What works with neurodiverse men and women who are in Connection to the Criminal Justice System Questions to consider for clinical practice:**

- 1) Did the assessment lead to an individualized plan based on best-practice strategies that provides both habilitative and rehabilitative supports?
- 2) Has a distinction between treatment and management been delineated?
- 3) Does the treatment and/or management approach recognize the rights of the person with intellectual disabilities to consent or refuse treatment?
- 4) Is there a long-term plan based on person-centered planning to ensure that the person will thrive in the least-restrictive environment that can provide best quality of life while also ensuring community safety?



# Treatment Considerations

## IMPORTANT POINTS TO REMEMBER WHEN TREATING PEOPLE WITH IDD

Treatment must be relevant to the individual (Person Centered)—it must make sense and its goals must be those that the person being supported would want to achieve.

Treatment approaches should ensure that skills learned are **generalized to different settings and conditions.**



# Treatment Considerations

IMPORTANT POINTS TO REMEMBER WHEN TREATING PEOPLE WITH IDD

Healthy sexuality and realistic opportunities for sexual expression must be of central focus (when indicated) and not just another skill module offered (Wilson & Burns, 2011).

Engagement with the community and connectedness with others need to be central throughout the treatment process.

Blasingame (2005) suggested that treatment effectiveness requires comprehensive, user-friendly risk management systems in the community involving collaboration (Cross Systems Planning).



# Evidenced Based Practice

**Effective ways to assess and treat people with IDD are**

Structured and focused

Use multiple treatment components

Focus on developing skills including behavioral and cognitive skills,

Focus on clearly defined overt behavior as opposed to non-directive counselling focusing on insight, self-esteem, or disclosure (Landenberger and Lipsey 2005).

There should be meaningful contact between the treatment professional and the person with IDD.

Treatment must focus on what are the actions associated with what is thought to be criminal activities that can be changed. (criminogenic needs: Andrews and Bonta 2010; Bonta and Andrews 2017).

# Modified DBT Efficacy

Marsha Linehan Biosocial theory Behavioral dyscontrol Emotional vulnerability or insensitivity

- Developed originally for suicidal patients with borderline personality disorder (BPD).
- Integrates a focus on change, acceptance and dialectics.
- Principle-drive approach for severe, multidiagnostic, difficult-to-treat individuals.
- Recommended for the treatment of BPD by several national practice guidelines (e.g., NICE, 2009; Australian Clinical Practice Guidelines, 2015).



# DBT for People with IDD in Forensic Setting

## DBT Treatment and Results

- Individuals with intellectual disabilities Rikers Island Mental Health Observation Units and PACE (Program to Accelerate Clinical Effectiveness) Units
- Reduced symptom distress
- More likely to move to a less security setting

## Modification/Program Features

- Simplification of concepts
- Small groups (4-5)
- Repetition
- Creativity and variety
- Handouts using symbols and pictures
- Individual support.

# Case Study

## Rikers Island

### DBT Treatment

- [For Mentally Ill Inmates at Rikers Island, a Cycle of Jail and Hospitals - The New York Times](https://www.nytimes.com/2015/05/08/us/mental-health-in-prison.html) (nytimes.com)

- Mr. Megginson was among a dozen particularly volatile inmates chosen for a new program run by the city's health department. A therapist visited him three times a week for therapy sessions that included meditation, breathing exercises and conflict resolution strategies.
- Martin J. Murphy, the Correction Department's top uniformed officer, said the time spent working with Mr. Megginson and the inmates like him had resulted in a significant drop in the number of use-of-force cases involving them.
- Correction officers, led by union leaders, have long called solitary confinement the most effective punishment for violent inmates. But Chief Murphy said in an interview that the intensive therapy had worked better.
- Mr. Megginson spoke fondly of the therapist. He said she had taught him "just to use my thinking instead of using my fists. Like, if I get in an incident with an officer, instead of resolving it in a violent manner, rather just, you know, walk away sometimes. I try to think it out, think what I'm doing first and try to alleviate the situation."
- In the weeks before leaving Rikers, he sounded optimistic, saying he hoped to get a job in building maintenance. "I'm just a one-time felon," he said, "and my felony is very light. If I had two felonies on my record or three, then it would be rough. I still got a chance. I believe in opportunity."



# Engaging People with ASD and or IDD

Be aware of your own body language.

Some people have difficulty deciphering sounds which are experienced as 'garbled' (e.g., when multiple conversations are occurring at once)

Have difficulty organizing and planning, and recognizing what information is important

Some people may become anxious about making mistakes, which may mean they say nothing or too much. They may over analyze information, or second guess it.

Be aware that a person with ASD may be too shy to introduce themselves in a group setting. Presume intelligence.



# Engaging People with ASD and or IDD

Give as much advance notice as possible, and printed material ahead of time if possible.

If food is being served, check dietary needs beforehand.

Use simple, clear and concise words. Be mindful of using words that have multiple meanings, sarcasm, and figures of speech, as some people with ASD may take words quite literally.

Allow the conversation to take place at a slightly slower pace. Allow the person time to respond to questions and take time to listen and understand their response.

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# Engaging People with ASD and or IDD

Include breaks in the meeting.

Be prepared to communicate in ways other than verbally, for example through writing or using pictures or visual aids (e.g., visual timetables, photographs/pictures, social stories, objects and symbols).

Check that you have understood what the person has communicated. Ask questions to clarify your understanding or get people to repeat what they have said so that you are sure you understand. Do not pretend to understand.

Try to choose a venue that has minimal distractions. Avoid rooms with high background noise, such as traffic, and rooms with harsh lighting/bright sunlight. Keep distractions to a minimum.



THANK YOU FOR PARTICIPATING

Questions ?

