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ORIGINAL PAPER

Cognitive-Behavioral Therapy for Offender Hopelessness: Lessons from Treatment of Forensic Inpatients

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Abstract Patients remanded to forensic hospitals often experience a marked situational depression once initial psychotic symptoms subside and the reality of their legal situation becomes evident. Individual psychotherapy is not often used with this population due to a generally high level of impairment. It is suggested, that with modifications, the cognitive-behavioral therapy manual by Michael Thase (in: VanHasselt, Hersen (eds) Sourcebook of psychological treatment manuals for adult disorders, 1996) designed to treat depression in psychiatric inpatients can be used to treat situational depression in forensic inpatients. Modifications include the use of increased behavioral techniques, the addition of a group component, and lengthening of time limits for each treatment phase. Case examples from a first attempt to implement the new treatment program are presented.

Keywords Forensic treatment · Cognitive-behavioral therapy · Depression in forensic patients

Patients remanded to a forensic hospital face many serious challenges in both the legal and psychological arenas. Forensic inpatients typically fall into one of two legal categories: those who have been found incompetent to stand trial (IST) and those who have been adjudicated not guilty by reason of insanity (NGRI; Dvoskin and Patterson 1998). While these two groups of patients differ according to the legal status on which they have been admitted to the forensic hospital, they tend to look similar with regard to clinical characteristics and the general approach to management and treatment received while hospitalized (Way et al. 1991). For instance, the majority of patients admitted to forensic hospitals have been diagnosed with a psychotic disorder or an affective disorder (Maier and Fulton 1998; Nicholson and Kugler 1991; Salekin and Rogers 2001; Warren et al. 1991). While many other diagnostic categories are also represented among these patients (i.e., substance abuse disorders, personality disorders, and mental retardation), it is typically symptoms of psychosis or a major disturbance in mood (i.e., a manic state that affects one's judgment) that are the underlying cause for a finding of incompetence or a lack of criminal responsibility and that lead to being legally remanded to a forensic hospital (Callahan et al. 1991; Nicholson and Kugler 1991; Salekin and Rogers 2001). Therefore, it is these symptoms that initially receive the greatest deal of attention during the hospital stay.

Treatment in a forensic hospital tends to center around stabilization, symptom management, and security concerns (Maier and Fulton 1998; Salekin and Rogers 2001). The primary focus of initial treatment is often finding the right medications to manage psychotic symptoms experienced by the patient. Therefore, psychiatry typically plays a primary role in treatment. Once symptoms are managed, treatment expands to include many other important areas. A therapeutic milieu in which patients are surrounded by rules, structure, and routine is standard in forensic hospitals (Maier and Fulton 1998; Salekin and Rogers 2001). Patients are typically encouraged to take part in activities offered on their ward and are encouraged to work with staff members and fellow patients to help create a safe and therapeutic environment. Therapeutic and educational groups are frequently used tools in inpatient forensic

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