Reducing risk through culture: the interface of cultural and clinical practice in young offenders leaving custody

Dr Marshall Watson
Child and Adolescent and Adult Forensic Psychiatrist.
‘Coming of Age’
Section of Youth Mental Health 2020 Conference
March 6th 2020
• High risk population.
• Over representation.
• Comorbidity.
• Burden of illness.
• Varying destabilizers.
• Post release planning can be variable as can acceptance by services.
• High risk period.
• High rates of reoffending.
<table>
<thead>
<tr>
<th>Psychosocial stage</th>
<th>Basic conflict</th>
<th>Expected outcome</th>
<th>Possible problems with trauma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust v’s mistrust (birth)</td>
<td>Feeding</td>
<td>Trust</td>
<td>Mistrust</td>
</tr>
<tr>
<td>Autonomy v’s shame and doubt (~18 mths)</td>
<td>Toilet training</td>
<td>Development of sense of personal control.</td>
<td>absence of parental expectations /controls shame doubt and learn to be irresponsible.</td>
</tr>
<tr>
<td>Initiative v’s guilt (~3 yrs)</td>
<td>Exploration</td>
<td>Asserting power and control over there environment.</td>
<td>Excess disapproval → guilt. A need for independence and to take care of oneself is a priority.</td>
</tr>
<tr>
<td>Industry v’s inferiority (~5 yrs)</td>
<td>School</td>
<td>Cope with academic and social demands.</td>
<td>Feelings of inferiority.</td>
</tr>
<tr>
<td>Identity v’s role confusion (~13 yrs)</td>
<td>Social relationships</td>
<td>Adolescents develop sense of self and personal identity.</td>
<td>Role confusion and poor sense of self.</td>
</tr>
<tr>
<td>Intimacy v’s isolation (~20’s)</td>
<td>Relationship s</td>
<td>Intimate and loving relationships.</td>
<td>Loneliness and isolation. Inability to form relationships and poor parenting.</td>
</tr>
<tr>
<td>Generativity v’s stagnation (~40’s)</td>
<td>Work and parenthood</td>
<td>Create or nurture things that will outlast them.</td>
<td>Shallow involvement in the world.</td>
</tr>
<tr>
<td>Integrity v’s despair (~60’s)</td>
<td>Reflection on life</td>
<td>Look back on life with sense of fulfillment.</td>
<td>Tired, carry burden of trauma.</td>
</tr>
</tbody>
</table>
Family

Care

Custody
Inconsistency & Insecurity

Anxiety

Maladaptive coping
The Paradox

- Chronological age
- Developmental age
- Expectations
- Lived experience
Two worlds

Indigenous Culture

Western Culture
Parallel Processes

- Environment and Context
  - Family/Care/Custody
  - Lifestage
  - Living in 2 worlds that don’t always agree
- Developmental Trauma
  - Safety in Chaos
  - Oversaturation with services
  - Challenge of ‘Normality’
Addressing the issues

Trauma
• Relational
• Mistrust
• Unsafe

System Response
• Multiple agencies
• Independent silos

Overwhelmed and Dis-Engage
Integrity and integration

- The evidence base
- We do the same and expect different outcomes
- How do we use the evidence?
- How do we use the limited resources?
- How do we support each other?
- Accountability and transparency of both cultures and world views to each other and within each other.
Risk Assessment: Purpose

- Guide development of management plans.
- Determine level of intervention
- Determine level of supervision/security
- Inform ongoing risk management
- Use in conjunction with other tools
- Tools do not replace clinical judgment
Risk Assessment: Issues

- Over prediction → preventative detention
- Inadequate assessment → serious consequences.
- Assessments based on what?
• Allen and Dawson (AIC)
  • Risk factors for indigenous violence may differ from other cultural groups.
  • Available instruments with a clear theoretical basis invariably use constructs that are embedded in Western culture.
  • Existing instruments are based on regression models they use predictors obtained from specific populations. The accuracy of such a risk instrument is dependent on risk markers that best characterise the population of interest.
  • It is possible that there may be predictors, unique to Indigenous people, that are not included in them (assessment tool).
  • Indigenous people question — with good reason — the appropriateness of using instruments and methods developed in other regions, (not to mention other countries and cultures), with Indigenous offenders.
This is all well and good, however...

- So....based upon historical and contemporary factors, Indigenous Australians are a high risk population by default ?.
- So we need an indigenous specific risk assessment tool, we have them, they work, don’t they?.
- **Or actually, do we need to appreciate the *context* in which we use them.**
Alleviate distress
Enhance Capacity
Mitigate Risk
Pathways to healing

Self determination and community governance
- Leadership programs.
- Elders forums.
- Community forums to enhance identity.
- Community life, harmony and celebration events.
- Parenting, child development and school education programs.

Reconnection with community life
- Bringing them home and linkup services.
- Family reunification programs.
- Recording of oral histories.
- Community cultural celebrations.
- Strong men’s/women’s groups

Restoration and community resilience
- Restoration of cultural narrative
- Mental health 1st aid education.
- Child emotional development programs.
- Offender programs.
- Family violence and child protection programs.
Suicide: Canadian 1st nation youth
Suicide: Canadian 1st nation youth
## Structured professional Judgment

### Historical (L)
- Violence
- NVO
- Early Violence
- Supervision/intervention failures
- Self harm/Suicide attempts
- Violence at home
- Maltreatment
- Caregiver criminality
- Caregiver disruption
- Poor school achievement

### Context (H&N)
- Peer delinquency
- Peer rejection
- Stress/poor coping
- Parental Mx
- Supports
- Community issues

### Clinical (H&N)
- Negative attitudes
- Risk taking/impulsivity
- Substance misuse
- Anger
- Low empathy
- AD/HD
- Poor compliance
- Low interest/ Commitment to school

### Protective (H&N)
- Prosocial involvement
- Strong social supports
- Attachment and bonds
- Positive attitude to wards I & A
- Strong commitment to school
- Resilient personality traits
Community
- Self government
- Land claims
- Education
- Health
- Police/fire/ambulance

Family
- Family system
- Kinship
- Family measures
- Cultural connection

Individual
- Personal controls
- Cultural resilience
- Cultural connection/perception
- Employment/education
- Community role
- Role within family
<table>
<thead>
<tr>
<th>Structured professional Judgment</th>
<th>Cultural View</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Historical</strong></td>
<td><strong>Historical</strong></td>
</tr>
<tr>
<td>• Violence</td>
<td>• Making meaning of the story</td>
</tr>
<tr>
<td>• NVO</td>
<td></td>
</tr>
<tr>
<td>• Early Violence</td>
<td></td>
</tr>
<tr>
<td>• Supervision/intervention failures</td>
<td></td>
</tr>
<tr>
<td>• Self harm/Suicide attempts</td>
<td></td>
</tr>
<tr>
<td>• Violence at home</td>
<td></td>
</tr>
<tr>
<td>• Maltreatment</td>
<td></td>
</tr>
<tr>
<td>• Caregiver criminality</td>
<td></td>
</tr>
<tr>
<td>• Caregiver disruption</td>
<td></td>
</tr>
<tr>
<td>• Poor school achievement</td>
<td></td>
</tr>
<tr>
<td><strong>Context</strong></td>
<td><strong>Context</strong></td>
</tr>
<tr>
<td>• Peer delinquency</td>
<td>• Family system</td>
</tr>
<tr>
<td>• Peer rejection</td>
<td>• Kinship</td>
</tr>
<tr>
<td>• Stress/poor coping</td>
<td>• Family measures</td>
</tr>
<tr>
<td>• Parental Mx</td>
<td>• Cultural connection</td>
</tr>
<tr>
<td>• Supports</td>
<td></td>
</tr>
<tr>
<td>• Community issues</td>
<td></td>
</tr>
<tr>
<td><strong>Clinical</strong></td>
<td><strong>Clinical</strong></td>
</tr>
<tr>
<td>• Negative attitudes</td>
<td>• Good Personal controls</td>
</tr>
<tr>
<td>• Risk taking/impulsivity</td>
<td>• Good Cultural resilience</td>
</tr>
<tr>
<td>• Substance misuse</td>
<td>• Strong Cultural connection/perception</td>
</tr>
<tr>
<td>• Anger</td>
<td>• Employment/ education</td>
</tr>
<tr>
<td>• Low empathy</td>
<td>• Strong Community role</td>
</tr>
<tr>
<td>• AD/HD</td>
<td>• Strong/ positive role within family</td>
</tr>
<tr>
<td>• Poor compliance</td>
<td></td>
</tr>
<tr>
<td>• Low interest/ Commitment to school</td>
<td></td>
</tr>
<tr>
<td><strong>Protective</strong></td>
<td><strong>Protective</strong></td>
</tr>
<tr>
<td>• Prosocial involvement</td>
<td>• Positive attitude to wards I &amp; A</td>
</tr>
<tr>
<td>• Strong social supports</td>
<td>• Strong commitment to school</td>
</tr>
<tr>
<td>• Attachment and bonds</td>
<td>• Resilient personality traits</td>
</tr>
<tr>
<td>• Positive attitude to wards I &amp; A</td>
<td></td>
</tr>
<tr>
<td>• Strong commitment to school</td>
<td></td>
</tr>
<tr>
<td>• Resilient personality traits</td>
<td></td>
</tr>
</tbody>
</table>
### Our Journey to Respect

1. Our families  
2. Masculinity  
3. Power and family relationships  
4. Violence in the family  
5. The road to respect  
6. Identifying anger sadness and shame  
7. Managing emotions and high-risk times  
8. Self talk  
9. Assertive communications  
10. Victim empathy and perceptive taking  
11. Managing high risk situations  
12. Putting it all together.

### Respect Sista Girls 2

1. Cultural integrity  
2. Communication  
3. Reflection, connection and know self  
4. Empowerment and relationships  
5. Family  
6. Sisterhood  
7. Violence, abuse and power over  
8. Consequences to behaviors  
9. Inner circle support: Outer circle network.
<table>
<thead>
<tr>
<th>Structured professional Judgment</th>
<th>Cultural View</th>
<th>Journey to Respect and respect Sista Girls 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Historical</strong></td>
<td><strong>Historical</strong></td>
<td><strong>Historical</strong></td>
</tr>
<tr>
<td>• Violence</td>
<td>• Making meaning of the story</td>
<td>• Violence in the family</td>
</tr>
<tr>
<td>• NVO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Early Violence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Supervision/intervention failures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Self harm/Suicide attempts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Violence at home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Maltreatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Caregiver criminality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Caregiver disruption</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Poor school achievement</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Context</strong></td>
<td><strong>Context</strong></td>
<td><strong>Context</strong></td>
</tr>
<tr>
<td>• Peer delinquency</td>
<td>• Family system</td>
<td>• Our families</td>
</tr>
<tr>
<td>• Peer rejection</td>
<td>• Kinship</td>
<td>• Communication</td>
</tr>
<tr>
<td>• Stress/poor coping</td>
<td>• Family measures</td>
<td>• Reflection, connection and know self</td>
</tr>
<tr>
<td>• Parental Mx</td>
<td>• Cultural connection</td>
<td>• Empowerment and relationships</td>
</tr>
<tr>
<td>• Supports</td>
<td></td>
<td>• Family</td>
</tr>
<tr>
<td>• Community issues</td>
<td></td>
<td>• Sisterhood</td>
</tr>
<tr>
<td><strong>Clinical</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Negative attitudes</td>
<td>• Identifying sadness, anger and shame.</td>
<td></td>
</tr>
<tr>
<td>• Risk taking/impulsivity</td>
<td>• Managing emotions and high-risk times.</td>
<td></td>
</tr>
<tr>
<td>• Substance misuse</td>
<td>• Self talk</td>
<td></td>
</tr>
<tr>
<td>• Anger</td>
<td>• Victim empathy and perspective taking</td>
<td></td>
</tr>
<tr>
<td>• Low empathy</td>
<td>• Managing high risk situations</td>
<td></td>
</tr>
<tr>
<td>• AD/HD</td>
<td>• Violence, abuse and power over</td>
<td></td>
</tr>
<tr>
<td>• Poor compliance</td>
<td>• Consequences to behaviors</td>
<td></td>
</tr>
<tr>
<td>• Low interest/Commitment to school</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Protective</strong></td>
<td><strong>Protective</strong></td>
<td><strong>Protective</strong></td>
</tr>
<tr>
<td>• Prosocial involvement</td>
<td>• Good Personal controls</td>
<td>• Masculinity</td>
</tr>
<tr>
<td>• Strong social supports</td>
<td>• Good Cultural resilience</td>
<td>• The road to respect</td>
</tr>
<tr>
<td>• Attachment and bonds</td>
<td>• Strong Cultural connection/perception</td>
<td>• Assertive communications</td>
</tr>
<tr>
<td>• Positive attitude to wards I &amp; A</td>
<td>• Employment/education</td>
<td>• Putting it all together.</td>
</tr>
<tr>
<td>• Strong commitment to school</td>
<td>• Strong Community role</td>
<td>• Cultural integrity</td>
</tr>
<tr>
<td>• Resilient personality traits</td>
<td>• Strong/positive role within family</td>
<td>• Inner circle support: outer circle network</td>
</tr>
</tbody>
</table>
An approach

Team
- Psychiatry
- Psychology
- Speech Pathology
- OT
- Social Worker
- Nursing
- Cultural consultants

Clinical/Cultural
- Clinician
- Cultural Consultant

Individual & Family
- In custody
- OOHC
- Community
- Court
- Appointments- navigating the system.
Engagement

- Indigenous engagement is based upon:
  - Endurance and survival, resilience
  - Inclusiveness and compassion
  - Sharing and reciprocity
  - Secure attachment and relationships
  - Early autonomy and self-reliance
  - Humour and creativity
  - Knowledge: ancient and new
  - Continuity
Cultural issues

- Safe, aware and competent.
- Knowing versus impact.
- Engagement and relational investment.
- Shared understanding of experience.
- Worldview.
- Respecting and Keeping the story ‘sacred’ and heard.
- Diagnosis, treatment and trust.
Cultural consultants

- Not welfare officers.
- Cultural expertise
  - Variation – gender, cultural background etc.
- Role in the services.
- Use of expertise.
- Engagement, ‘vouching’ and holding.
- Making sense and navigation through services and systems.
- Accountability to community.
The ‘inbetween’

- Payback/retribution
- Child abuse
- Misuse of cultural lore
- Culture as a defense
  - Feuding
  - Subcultures
- Rite of passage
- Loss of roles
- Lateral Violence
- Spousal and family violence
Psychosis

- Higher rates of psychosis.
- It’s a spectrum with multiple variables.
- Young person’s experience and explanation.
- Respecting worldviews and explanations.
- Local cultural explanations may vary but there are common themes.
- Role of cultural input will be varied but always necessary.
- Role of medication - not without its risks.
Self care

- As indigenous clinicians/cultural consultants/ lived experience consultants they inherently have a lived experience of trauma at some point in their history.
- All the more reason to look after them and to help them to look after each other in a way that is safe and nurturing.
- But services needs to also ensure that this happens. Eg: supervision, peer review, reflective practice.
Aboriginal and Torres Strait Islander Health Strategy Group

“Patient safety for Aboriginal and Torres Strait Islander Peoples in Australia’s health system is the norm, as defined by Aboriginal and Torres Strait Islander Peoples”.

National Scheme’s Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025.
  • Cultural safety
  • Increased participation
  • Greater access
  • Influence.
Finally….

- Whilst diagnosis in some cases may be different, impact and burden is real.
- It's not always one or the other, but both.
- With MMI, compounded burden.
- Cultural competence is akin to clinical competency.
- Whist we are looking at social and email wellbeing, how are we achieving post traumatic growth.
- Cultural expertise needs to be an investment and will take time.