When Systems Collide:

The Intersectionality of Criminal Justice and Mental Health

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Objectives

01	Identify the overlap and differences between mental illness, trauma-induced behaviors, and criminal behaviors.
02	Recognize how individual and systemic trauma can act as barriers to treatment.
03	Apply strategies to effectively manage client resistance and deliver brief solution-focused interventions.
04	Demonstrate ways to maintain ethical standards of confidentiality in correctional settings.
05	Evaluate personal wellbeing and identify when to incorporate self-care practices to prevent professional burnout.

Where We Practice Matters

The Criminal Justice System

- Behavior management
- Punishment
- Reduce recidivism
- Maintain safety
- Rehabilitation

Mental Health Professionals

- Assess symptoms, risks, and behaviors
- Diagnosis mental illness
- Develop treatment plans
- Providing emotional support
- Harm reduction
- Rehabilitation

Mental illness

The national institute of mental health (NIMH) defines mental illness as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities.

Serious Mental Illnesses in Corrections

- Bipolar
- Depression
- PTSD
- Schizophrenia

Criminal Behaviors

When you think of criminal behaviors the following things should be considered:

- Opportunity
- Choice theory
- Goal-driven
- Calculated
- Learned behavior
- Risks vs rewards

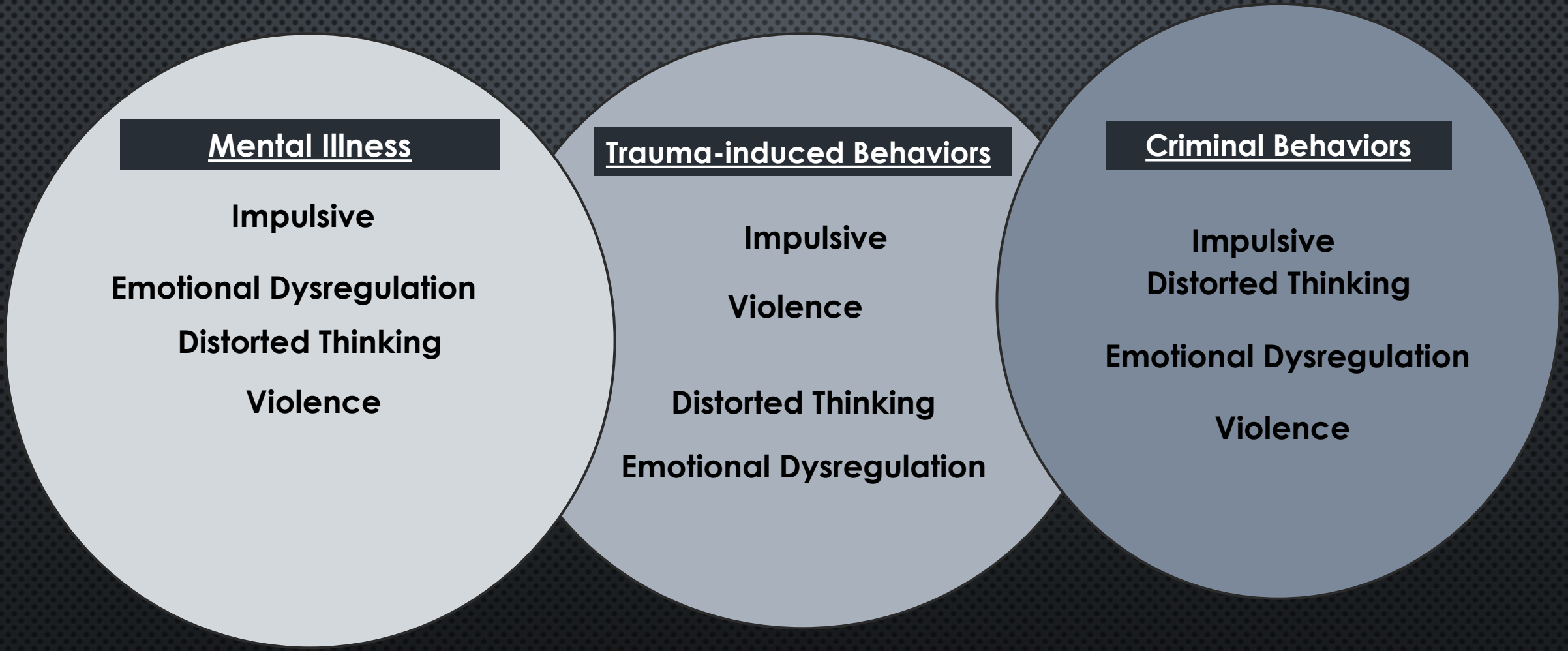
How they are developed

These behaviors typically develop based on an individual's experiences or learned behaviors.

Trauma-induced behaviors

- Anxiety
- Defiance
- Hesitation
- Hypervigilance
- Impulsivity
- Resistance

Intersectionality



REAL LIFE EXAMPLES

MENTAL ILLNESS

A CLIENT COMES IN AS COMBATIVE. THEY ARE YELLING ABOUT BEING FOLLOWED BY DEMONS STATING THAT THE OFFICERS ARE COVERING IT UP. THEY KEEP SCREAMING. WHY ARE YOU TALKING TO ME? TELL THEM TO TELL THE TRUTH.

KEY SYMPTOMS AND BEHAVIORS:

DISORIENTATION, DELUSIONS POTENTIAL VIOLENCE, AND AGGRESSION

TRAUMA-INDUCED BEHAVIOR

An inmate that was released from prison two years ago goes into his intake irritable and has trouble focusing. He keeps looking around, fidgeting, and asking about the process. His responses are guarded, and when assessing his responses, he replies , "you're not going to set me up".

Key Symptoms and Behaviors:

Distrust, hypervigilance, irritability, guarded responses, fidgeting, and anxiety

CRIMINAL BEHAVIOR

An inmate is in your office and appears oriented X4. The person is cooperative and answers all questions with open-ended responses. As you prepare to walk them out of your office, the inmate tries to persuade you to make a call for them or at least let them make it since you know, " this will be better for their mental health".

Key Symptoms and Behaviors:

Impulsivity, calculated responses, orientation X4, charming personality

Overlap of Mental Illness, Trauma Responses, and Criminal Behaviors

Categories	Symptoms of Mental Illness	Trauma Responses	Criminal Behaviors
Emotional Dysregulation	Mood swings, irritability, difficulty calming down (e.g., bipolar disorder, BPD)	Hyperarousal, emotional numbing, intense reactions	Aggression, verbal outbursts, destructive behavior
Impulsivity & Risk-Taking	Acting without thinking (e.g., ADHD, mania)	Self-soothing through risky behavior (substance use, unsafe sex)	Theft, assault, property damage, reckless acts
Hypervigilance & Suspicion	Paranoia, anxiety, excessive worry	“Always on guard,” scanning for danger	Preemptive aggression, mistrust of others
Aggression & Violence	Can occur in untreated psychosis, mania, or severe mood episodes	Fight-or-flight responses easily triggered	Direct violence or threats toward others
Difficulty with Authority	Opposition, defiance in certain disorders	Mistrust of institutions/systems due to betrayal	Disregard for laws, defiance of rules
Detachment & Numbing	Dissociation, emotional withdrawal	Emotional shutdown as survival strategy	Lack of visible remorse, emotional detachment
Cognitive Distortions	Distorted thoughts, delusions, negative self-talk	“I am bad,” “No one can be trusted”	Minimizing harm, blaming others, justifying actions

Types of Trauma

Individual

- A history of Abuse or neglect
- Unmet Basic Needs
- Untreated Mental illness
- Distrust for authority/ law enforcement

Systemic

- Environment
- Discrimination (ablism)
- Poverty
- Racism
- Lack of continuity of care across systems.

Barriers to Treatment

- Environment
- Funding / staffing
- Culture
- Client resistance
- Desensitization
- Disgruntled staff
- Inadequate Programming
- Politics

Working Through Resistance

- Acknowledge discomfort
- Avoid being dismissive or offensive languages
- Be Consistent
- Practice Patience
- Psychoeducation
- Reframe
- Solution Focused

Why Solution Focused Therapy ?

Brief

- Unpredictable lengths of stay
- MHP's want to address symptoms as quickly as possible to minimize risks

Collabrative Goals

- Goals are S.M.A.R.T.
- Individual and Treatment team collaborate on treatment.

EX: Client's typical want to minimize symptoms. Even those in psychosis want to limit confinement.

Strength-based Approach

- Every person has strengths even if they are hard to distinguish initially
- Empowers them to reframe negatives to positives to utilize strengths

EX: Individual knowledge about past and current treatment.

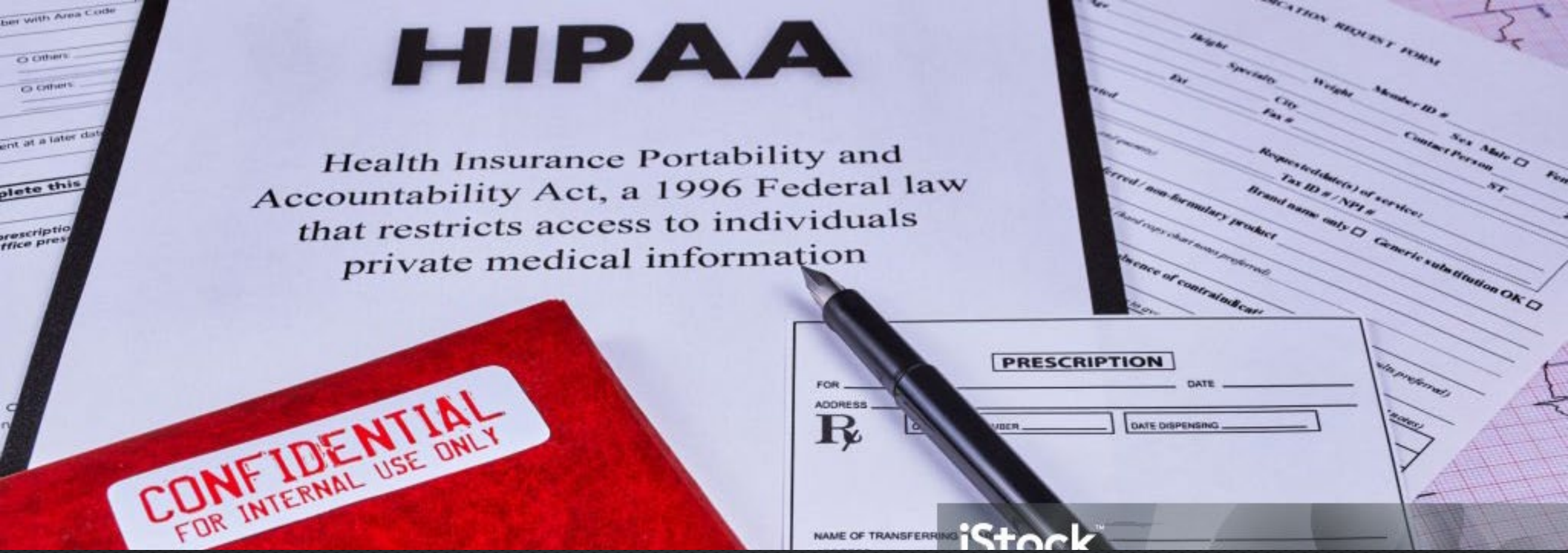
Mental Health Professionals in Corrections

Do's

- Assess the behaviors, orientation, functioning, and emotional wellbeing based on the client's self report and observed symptoms.
- Identify risks to treatment including suicidal/ homicidal ideations.
- Identify protective factors.
- Determine the necessary level of care and develop a treatment plan.

Don'ts

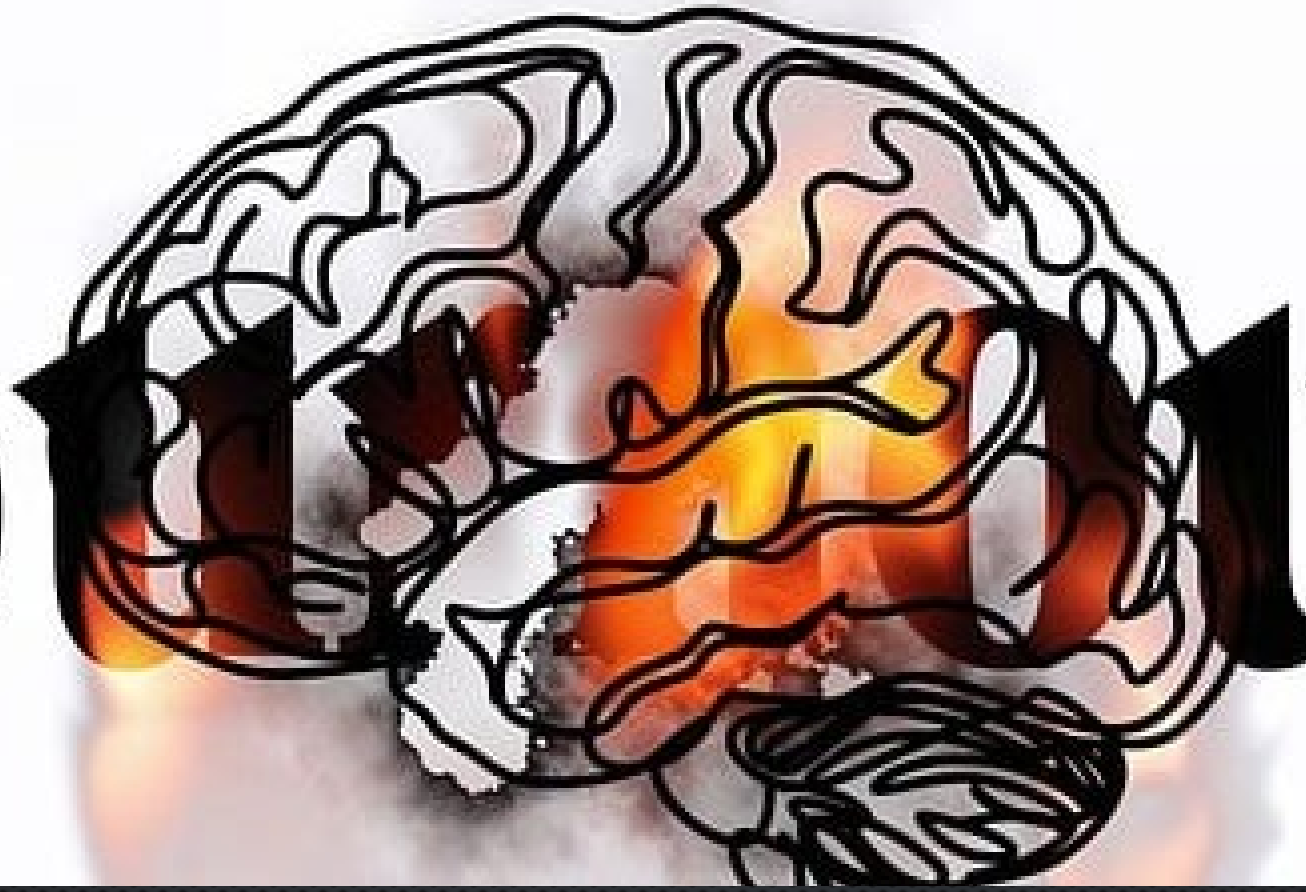
- Make promises or statements that you are not sure about regarding their case, treatment, or future
- Share protected health information with people outside of the treatment team.
- Take attitudes or resistance personal
- don't unpack trauma history without a plan to reorient the person



Confidentiality

Ethical Principle	LPC (ACA)	LMFT (AAMFT)	LCSW (NASW)
1. Respect for Dignity and Worth of the Person	Emphasizes autonomy, dignity, and self-determination of clients	Respect for client dignity and autonomy is central	Core value: respect for the inherent dignity and worth of the person
2. Client Well-being / Nonmaleficence	Client welfare is paramount; avoid harm	Prioritize the well-being of families and individuals	Commitment to clients' well-being and safety is a top priority
3. Confidentiality & Privacy	Strict confidentiality standards; exceptions only with informed consent or danger	Maintain confidentiality except in cases of danger or legal obligations	Uphold confidentiality with legal and ethical limits clearly stated
4. Informed Consent	Required before treatment; includes risks, goals, and methods	Required at outset of therapy and when treatment changes	Informed consent is ongoing and essential for ethical practice
5. Competence	Practice within boundaries of competence and seek supervision if needed	Therapists must only practice within the scope of their competence	Professionals must only provide services in areas of competence
6. Cultural Competence & Social Justice	Multicultural competence is emphasized; advocate for underserved populations	Culturally competent practice is an ethical responsibility	Cultural awareness and challenging oppression are core social work values
7. Professional Boundaries / Dual Relationships	Avoid dual relationships that risk harm or exploitation	Prohibits dual relationships that impair objectivity or exploit clients	Dual relationships should be avoided unless justified and carefully managed
8. Integrity and Professional Conduct	Honest, responsible, and accountable behavior required	Therapists must act with integrity and avoid exploitation	Integrity is a core social work value; professionals must be trustworthy
9. Social Responsibility / Advocacy	Counselors are encouraged to promote social change and advocate for clients	Ethical duty to promote social justice and advocate for systemic change	Social justice and advocacy are central values of the profession
10. Ethical Decision-Making	ACA provides a clear model for ethical decision-making in complex cases	Therapists are guided to consult, document, and use ethical reasoning	NASW provides guidance for resolving ethical dilemmas through consultation and critical thinking

Burnout



The Hidden Cost of Service

Evaluating Personal Wellbeing and Incorporating Self-care Practices

Signs of burn out

- detachment from the code of ethics or a lack of empathy of clients' needs
- Continuous emotional exhaustion or physical exhaustion
- Memory loss
- changes in your performance
- Physical illnesses

Ways to reduce Burn out

- Developing clear boundaries that separate work life and personal life
- Determine if your role still aligns with your "why".
- utilize consultation / supervision
- maintain physical health
- Time off

QUESTIONS?

REFERENCES PAGE

1. National Association of Social Workers (NASW). (2021). *NASW Code of Ethics*. Washington, DC: NASW Press.
2. American Association for Marriage and Family Therapy. (2015). *AAMFT code of ethics*. https://www.aamft.org/Legal_Ethics/Code_of_Ethics.aspx
3. American Counseling Association. (2014). *ACA code of ethics*. https://www.counseling.org/resources/aca-code-of-ethics.pdf
4. Harvey, T. (2022). Mental Health Professionals Working in Prisons: Their Mental Health Professionals Working in Prisons: Their Perspectives on the Quality and Availability of Treatment and Perspectives on the Quality and Availability of Treatment and Therapy for Mentally Ill Inmates Therapy for Mentally Ill Inmates [Doctoral dissertation]. https://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=13976&context=dissertations
5. Peterson, J., Heinz, K., & And Heinz, K. (2016). Understanding Offenders with Serious Mental Illness in the Criminal Justice System. Mitchell Hamline Law Review, 42(2), 3. https://open.mitchellhamline.edu/cgi/viewcontent.cgi?article=1022&context=mhlr
6. Westmoreland, A. (2023). Issues of Inmates Not Receiving Mental Health Treatment: A Issues of Inmates Not Receiving Mental Health Treatment: A Prison-Based Counselor Perspective Prison-Based Counselor Perspective [Doctoral dissertation]. https://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=15867&context=dissertations