REFLECTIONS OF A WHITE FEMALE PSYCHOLOGIST WORKING WITH ABORIGINAL MEN AND WOMEN IN MAXIMUM SECURITY PRISONS

Ann Finlay
Department for Correctional Services, SA

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Abstract

This paper aims to encourage discussion around the issue of providing appropriate psychological interventions for Aboriginal inmates. The Royal Commission into Aboriginal Deaths in Custody (1991) recommended that Aboriginal inmates be provided with culturally appropriate mental health services equivalent to those available to the general public. It was argued by the Aboriginal Services division of the Department for Correctional Services (SA) that such services should be ‘exclusive’ to break down the barriers of mistrust between Aboriginal inmates and dominant culture professionals. My position was created to fill this need. Consequently, I work exclusively with Aboriginal inmates. Numerous factors were considered in the process of developing an appropriate model of psychological practice in a correctional setting. My observations and reflections during this ongoing process are outlined. Gender, cultural and confidentiality issues are explored within an institutional setting. The efficacy of a collaborative approach with the Aboriginal Liaison Officers working within the prison system is identified as an integral part of an effective model of practice. Comparative analyses of pre and post-service utilisation of psychological services by Indigenous inmates support the contention that ‘exclusivity’ can play a major role in service delivery.
Since the British invasion of 1788, the Indigenous population has been marginalised by the dominant Australian society. Such marginalisation has resulted in significant socioeconomic disadvantage and psychological distress (Pedersen, Griffiths, Contos, Bishop & Walker, 2000). This psychological distress is experienced both collectively and individually and the enormity of mental health problems in Australian Aboriginals has been well documented (Commonwealth Department of Health and Aged Care, 1999; Human Rights & Equal Opportunity Commission, 1997; Swan & Raphael, 1995).

While Indigenous Australians have long been aware of the trauma and subsequent mental health problems suffered by their communities, perhaps the most significant factor to raise awareness in the dominant culture was the findings of the Royal Commission into Aboriginal Deaths in Custody (1991). This Commission was established in 1987 with the appointment of the Honourable Justice James Muirhead, AC, QC. In 1991 Commissioner Elliott Johnston, QC submitted a final report that included 339 recommendations. Discussing these recommendations is outside the scope of this paper. However, recommendations 150 to 156 specifically relate to health care within correctional settings. In essence, it was recommended that health, including mental health, services provided to inmates be of an equivalent standard to that available to the general public. Also, that such services be delivered in a culturally appropriate manner (Royal Commission, 1991). To this end, in November 1999 a position was created for a clinical psychologist to work exclusively with male and female Indigenous inmates at the two maximum security prisons in South Australia, namely, Yatala Labour Prison and the Adelaide Womens Prison.

This paper explores the issues related to the development of an appropriate model of practice for the delivery of psychological services to Aboriginal men and women in maximum security prisons. First the rationale behind the decision to employ a psychologist to work exclusively with Aboriginal inmates will be explored. Second, the challenge of developing a culturally appropriate model of practice in a correctional setting will be discussed. Finally, the efficacy of the model will be explored.

Issues Related to the Creation of a New Mental Health Position

Ms Joyleen Thomas, the Manager of Aboriginal Services in the Department for Correctional Services (SA) was instrumental in the creation of this new position. According to Ms Thomas, Aboriginal Services have long recognised the need for specialised assistance in the mental health area for Aboriginal inmates. There is also general agreement within Aboriginal Services with the recommendations of the Royal Commission (1991) in that such services should be culturally appropriate.

A sense of ‘ownership’ of mental health services was considered an important factor. Ms Thomas advised that, in general, the Indigenous population is reluctant to access services which are viewed as ‘generic’. The reason for this is their negative past experiences with mental health services offered by the dominant culture (Dudgeon & Pickett, 2000; Hunter, 1993). Therefore, ‘exclusivity’ was considered an essential component of cultural appropriateness. Interestingly, it was argued that ‘exclusivity’ could compensate for a mismatch in ‘ethnicity’. In other words, it was mooted that Aboriginal inmates would be prepared to access mental health services from a non-Aboriginal psychologist provided they felt a sense of ‘ownership’ and that the service was delivered in a culturally appropriate manner.
Moreover, such a service was viewed as part of an overall strategy to reduce recidivism and thereby lower the rate of Indigenous incarceration. Such a strategy includes the use of Aboriginal Liaison Officers (ALOs) as well as the provision of culturally appropriate group programs delivered by Aboriginal facilitators and the development of close links with other Aboriginal agencies responsible for service provision to Indigenous inmates.

ALOs are employed to provide a day-to-day link between Aboriginal inmates, Correctional Services and the outside world. These workers provide a valuable service which includes dealing with day-to-day stressors experienced by the inmates such as concerns about family members and legal issues. Importantly, the ALOs also provide a ‘friendly face’ in what can appear to be a potentially hostile environment. By contacting family members, legal representatives, other Aboriginal service providers and dominant culture agencies when applicable, the ALOs are able to ameliorate the inmates’ high levels of anxiety.

The provision of Aboriginal programs by suitably qualified Aboriginal group workers is viewed as an important component of the overall strategy. Indeed, such workers often raised the need for a clinical psychologist. According to Ms Thomas, her Aboriginal group workers recognised that some inmates may well benefit from intensive one-to-one therapy to deal with underlying psychological problems. For instance, it was commonly reported that inmates were suffering from issues related to childhood trauma.

Finally, strong links with other Aboriginal service providers are viewed as essential to ensure that Indigenous inmates receive the necessary assistance to reduce the likelihood of recidivism. To facilitate effective through-care, inmates are linked on a needs basis with these agencies prior to their release. To meet these needs assistance is sought in the areas of housing, employment, education and rehabilitation programs.

**Developing a Culturally Appropriate Psychological Model of Practice for Indigenous Inmates**

At the outset I must declare that developing such a model of practice has been both professionally and personally challenging. As a non-Aboriginal raised and educated in the dominant culture I am clearly not privy to the norms and nuances of Aboriginal society. In an attempt to ensure that this cultural limitation would not adversely impact upon my client group, the model was developed by adopting a multi-faceted approach within the 1996 ethical guidelines outlined by the Australian Psychological Society for service provision to Indigenous clients. However, before discussing aspects of this approach, it would be prudent to identify the overall aim of the model. This was adapted from the Swan and Raphael (1995, p.93) “Ways Forward” report, the broad aims of which were:-

“To prevent or manage mental health problems that contribute to problems with the law and incarceration for Aboriginal people; to contribute to lessening high rates of incarceration of Aboriginal people; to provide appropriate prevention and treatment to Aboriginal people in custody, so as to lessen the mental health problems or disorders they experience and to prevent suicide.”

To achieve these aims, my approach included extensive consultation with Aboriginal colleagues to ensure that a collaborative, holistic service was provided in a culturally appropriate manner. Holistic refers to the cognitive, physical, emotional and spiritual issues relevant for each client. Also, a literature review was conducted of Indigenous issues both
generally and within a forensic setting. Finally, by incorporating the prior experience I had gained through working with Aboriginal clients in a community correctional environment in the Northern Country Region of South Australia. Collectively this knowledge informed the underlying principles of the model.

Underlying Principles of the Model
- Aboriginality is a pre-requisite for access to the service.
- Participation is on a voluntary basis.
- A culturally and individually respectful environment is provided in therapeutic sessions.
- Confidentiality is assured within clearly defined boundaries. For instance, statements of suicidal ideation would be reported immediately.
- The men and women accessing the service are viewed as clients, not prisoners.
- Clients are treated as the ‘experts’ on their own lives.
- Service delivery is holistic in nature to cover as many issues as clients believe are related to their offending.
- Focus of treatment delivery is varied and based on ‘best practice’ principles.

Challenges and Observations in the implementation of the Model
So far this paper has discussed the macro features of developing a model of practice. However, in the day-to-day implementation of such a model, micro factors play a significant role. For instance, for both practitioners and clients, individual variables such as age, gender and ethnicity add to the therapeutic dynamics. Also, for Indigenous clients, cultural diversity cannot be ignored. Other important issues relate to appropriate referral procedures and trust and credibility within the penal system.

Indigenous Cultural Diversity
- There is a tendency within the dominant culture to treat Aboriginal Australians as if they were a homogenous group. However, significant differences exist between various groups based on where they reside (urban, rural and remote); community adherence to traditional practices; language and degree of acculturation into mainstream society (Ralph, 1997). As different therapeutic approaches are required to successfully connect with these varying groups, it is often important to establish cultural origins when working with Aboriginal inmates. Significantly, I have also found mixtures of culturally appropriate skills are required to engage Aboriginal clients raised in remote traditional environments who moved to rural or urban areas later in life.
- To illustrate this point I will use a communication style issue such as eye contact. In my experience, young urban Aborigines utilise eye contact in a similar manner to the dominant culture. In contrast, traditional Aborigines view direct eye contact as a sign of disrespect and usually avoid this practice when communicating with strangers. Therefore, if a young client was raised in a tribal environment but has since learned new skills in a more urban situation, it is possible that their use of eye contact can appear inconsistent. This can prove disconcerting for a practitioner and can lead to misinterpretation of the information provided by the client. Therefore, to ensure that the service is delivered in a culturally appropriate manner I have found it useful to encourage the client to provide a comprehensive family history that details their prior domicile arrangements.
**Age, Gender and Ethnicity**

- Older people are generally treated with respect in Aboriginal communities. Also, within more traditional Indigenous communities, gender roles are clearly defined and specific rules govern interpersonal communication between men and women according to age (Ralph, 1997).

- Clearly these issues have a direct bearing on service delivery when the psychologist is an older, white female. In most cases I have found my age and gender an asset as the majority of my clients are in the 20 to 30 age group. Being older has meant that most of this group tends to interact with me in a respectful manner.

- In relation to gender, I have found that both the Aboriginal men and women inmates are prepared to engage in a therapeutic alliance with a female practitioner. However, I think it is important to point out that the majority of my client group come from urban or rural Aboriginal communities and this may vary for more traditional groups.

- In regard to ethnicity, there is evidence that on the whole, Aboriginal inmates prefer to interact with Aboriginal workers. However, as noted by Mals, Howells and Day (1999), “Problems may arise if the facilitator were part of the same community as the offenders or their victims.” As the Aboriginal community in Adelaide is reasonably small, it is possible that Aboriginal workers may be part of a similar community. Therefore, having the option to work with a non-Aboriginal such as myself can be beneficial.

**Appropriate referral procedures**

- Due to the negative past experiences with dominant culture mental health workers Aboriginal inmates were often reluctant to access such services within a correctional setting. Therefore, standard referral procedures were inappropriate as they required that the inmate place a formal request for a visit from a psychologist.

- To break down some of these barriers I developed a practice of working closely with the ALOs within each prison. There were many benefits associated with this close relationship.

- Most significantly, the ALOs provided advice and information about culturally appropriate practices and issues within a correctional setting.

- Due to the high levels of trust and disclosure between the ALOs and the Aboriginal inmates, the ALOs were in the best position to identify inmates that may benefit from a psychological intervention.

- After consultation with the ALOs about best practice, it was decided that they would advise inmates about the availability of psychological services specifically for the Indigenous population. Clients expressing interest in such a service were then referred and an initial introductory session was set up as soon as possible.

- Other significant referral sources within the prison system are the Prisoner Assessment Unit which conducts detailed assessments on all inmates with sentences greater than six months and makes recommendations for management, treatment and sentence plans. Also, custodial case managers who work closely with inmates often refer them to this service either at the inmate’s request or due to their own observations of behaviour change or expressions of suicidal ideation or actual attempts.
**Trust and Credibility**

- A recommendation about the service from other Aborigines, such as the ALOs, has greatly enhanced the trust and credibility of the service.
- Additionally, Aboriginal inmates have responded positively to the service being offered on a voluntary basis and appear more willing to engage in a therapeutic alliance when the underlying principles of the model are clearly articulated.
- The issue of ‘exclusivity’ appears to be viewed positively by most Aboriginal inmates.
- Service delivery in a culturally appropriate manner where information is gathered through the use of indirect questioning techniques that pay respect to kinship issues has enhanced the credibility of the service with Aboriginal inmates.

**Has the Model of Practice Been Effective?**

A key indicator of efficacy was deemed to be the rate of use of the service by the Indigenous population. Therefore, to assess the efficacy of the model analyses were conducted to compare the number of Indigenous inmates who received therapeutic sessions from psychologists within the prison system in a six month period since the introduction of the service compared with the same time frame in the previous year. Such analyses revealed the following results.

![Figure No. 1](chart.png)

**Figure No. 1**

Percentage of Aboriginal clients who attended therapeutic sessions with psychologist

- **Females**
  - 1999 (n=1)
  - 2000 (n=10)
- **Males**
  - 1999 (n=4)
  - 2000 (n=33)

6 Mth Period - Jan 1 to Jun 30
The results shown in Figure No. 1 indicate a substantial increase in the use of psychological services by both male and female Aboriginal inmates since the introduction of the service in November 1999. These results appear to vindicate the claims by Aboriginal Services that perceived ‘ownership’ of a culturally appropriate service is highly valued by Aboriginal inmates and supports the practice of initiating access through the ALOs.

The findings illustrated in Figure No. 2 indicate that not only are Aboriginal clients utilising the service but that they are prepared to engage in continued therapeutic sessions as opposed to the crisis intervention sessions often applicable within the penal system. Moreover, it is notable that these are the mean or average number of sessions. In practice, the number of sessions in the 2000 6 month period for individual clients ranged from 1 to 12 for the women and 1 to 27 for the men. These data illustrate the willingness of some Aboriginal inmates to engage in intensive therapeutic interventions when a culturally appropriate service is available.
Summary

The findings in relation to utilisation of the service appear to support the major premises underlying the model of practice. For ease of reference these are detailed below.

• That Aboriginal inmates respond positively to services provided in a culturally appropriate manner.
• That, in a penal setting, ‘exclusivity’ appears to be a significant feature of cultural appropriateness.
• That, as suggested by Aboriginal workers within the system, the need for such a service is evidenced by the increased use by Aboriginal inmates.
• That professional services provided in a culturally and individually respectful manner are valued by Aboriginal inmates.
• That psychological interventions that include a high level of collaboration with, and guidance from, Aboriginal workers and agencies are valued by Indigenous inmates.

Future Directions

The following suggestions include recommendations for enhancing and expanding the current model of practice.

• As the service is in the early stage of development, ongoing observations and issues related to worldwide ‘best practice’ should continue to be incorporated.
• Ongoing research into the efficacy of the service is recommended. Such research should be conducted in a culturally appropriate manner in collaboration with the Aboriginal community.
• The high levels of increased utilisation of the service by Aboriginal inmates suggest the model may be useful in other institutional settings. It is recommended that such a service would be particularly helpful when inmates are nearing the end of their sentences so that issues related to their criminogenic needs can be targeted. Therefore, low security correctional facilities should consider implementing such a service. Also, the service should be made available to rural prisons with high levels of Aboriginal inmates.
• Many inmates have requested a through-care service from the therapist with whom they have developed a trusting relationship whilst in custody. Such requests suggest the need for ongoing therapeutic intervention during parole periods.
• Group programs specifically devised for Aboriginal inmates may benefit from an inclusion of the culturally appropriate practices utilised in this model.
References

Australian Psychological Society. (1996). Guidelines for the provision of psychological services for and the conduct of psychological research with Aboriginal and Torres Strait Islander people. Melbourne: Author.


