

Essay on phase 3 assessment, diagnosis, and classification

[Sociology](#), [Violence](#)



Correctional Counselling

Amanda is a female offender who has been sentenced to 27 months in prison after being found guilty of aggravated assault. An assumption has been made by this researcher that if a careful assessment of Amanda's needs is carried out, she will be much more likely to experience a successful recovery.

1. On the basis of your profile, state clearly which offender type or types you believe the offender fits, and the primary text references to be used

Amanda fits the typologies of female offender and drug offender. She also has challenges to face in order to overcome her problems with rage and alcoholism. Amanda is a female offender who is also a mother. Therefore she not in a unique category because many female offenders are also mothers. Amanda is likely to be assessed with the DSM-IV-TR and show symptoms of depression. Depression is the disorder that most of the female population exhibits. She has a substance abuse problem and is therefore a drug offender; Amanda may have experienced violence when she was young. That could explain her participation in self-damaging activities during her adulthood. Amanda abuses alcohol which may also an indication of earlier abuse in her lifetime.

2. Describe and explain legal, ethical or cross-cultural issues might you encounter as you work with this case

Legal

Confidentiality

Confidentially is an important ingredient for successful therapy and

confidentiality regulations must be followed. Amanda needs to trust me so she will talk to me about the circumstances she has experienced. Amanda needs to feel safe and comfortable with me so that we can explore issues from her past that are unpleasant. The responsibility for what should be shared outside the client-therapist relationship and what should not be shared is 100 percent my responsibility. The decisions I make about what I will keep confidential and what I will share must be transparent. The correctional facility's procedures need to be followed. Regional, state and federal legislation must also be carefully followed.

Duty to Warn

The duty to warn revolves around issues of security not only of Amanda's safety but those around her as well. Therefore if Amanda exhibits signs that she may be contemplating suicide then I must report her state-of-mind to the correctional facility. I have a responsibility to share any talk of suicide or suicidal tendencies because that is a sign that Amanda is a risk to herself. If she makes substantial and dangerous threats to another person then this must be reported so the person can be kept safe. If Amanda confides to me in all seriousness that she is feeling rage again against the lady she assaulted at the bar then I must report the information. Just as any substantial and dangerous information that could threaten the security of the facility, I must tell the appropriate correctional officers.

Recorded Information

Records about Amanda and any notes that I make while we are in a therapy session (or at any other time) need to be clearly and simply written. Amanda

will need to sign an informed consent before the counselling process begins. The ethical standards of the correctional facility must be met and client informed consent is mandatory. I will explain to Amanda how we will do the assessments, why we will do them and how the assessments will be used. I must make sure that I use simple and understandable language when I talk to Amanda about recorded information because she has not graduated from high school.

Ethical

My ethical responsibilities include honouring the confidentiality pact between client and counsellor within the limits set by the correctional facility's rules and regulations. There is an overlap between legal confidentiality requirements and ethical behaviour. For example if Amanda is exhibiting the symptoms of suicide I will have to share that information in order to protect her and I must follow the legal process the facility requires when I report her state-of-mind. If Amanda threatens the safety of a third party, then I have the duty to report that threat. Therefore I must be sure to explain to Amanda the real limits of client-therapist confidentiality. She needs to understand that confidentiality has some boundaries which are 'fuzzy' so some of the information she shares with me may be shared when ethically necessary. I must help Amanda understand that one hundred percent of our conversations will not necessarily be kept strictly confidential. Amanda's client records need to be kept in a certain way because the client and other non-professionals will have access to the records. Therefore generally accessible language must be used (as discussed earlier).

As a correctional counsellor I will want to do my best for Amanda so I will rest when necessary and engage in professional development opportunities. I will need to respect the distance between Amanda and myself as client and therapist. Any dual relationship between client and therapist is unethical. Amanda has the characteristic of blaming others for her problems. Transference therefore is an expected way for Amanda to communicate what she really wants to change about herself. As an ethical professional I must not allow the occurrence of transference to decrease my professional attitude towards Amanda.

Cross cultural

Although Amanda is part of the dominant culture she will be assessed for her personal family cultural traditions in order to understand her feelings and her motivations from that aspect of her life. For example cross-cultural issues on gender, such as the belief that women are somehow bad or less than men, might have influenced her during her childhood. Cultural competence is necessary in each individual so they can operate successfully in their society with different types of people. (Hanser et al., 2011, p. 31) Amanda seems to have gaps in her ability to accept the beliefs and actions of other people. For example Amanda may have been raised in a family where rage and violence were considered normal. Amanda has asked to meet with the Chaplin once a week which is an indication that she has an understanding of the role of religion in her life.

3. Describe the data-gathering and assessment instruments you would employ with this case.

The genogram is a very important assessment tool. The creation of a genogram will help both of us better understand how she developed into the adult she is now. The culture of her family-of-origin and/or her biological family needs to be understood if possible. If alcoholism and violent reactions were a part of the family dynamics she will need to unlearn those survival skills and learn appropriate skills.

Amanda is a mother who cares very deeply for her children. Being a good mother is an important personal goal, but she does not know how to overcome the many challenges that face her. I expect that Amanda will want to participate in therapy programs that can strengthen mother-child bonds. Once again the genogram takes on an importance for her healthy development. Creating her personal genogram will help Amanda understand some of her behaviours and whether or not she needs to keep them or not. Not only will the therapy benefit Amanda, she will become a better mother. An SOAP analysis will be a beneficial tool in helping to assess the behaviour of Amanda. The needs of clients are always complex so a tool like SOAP - Subjective, Objective, Assessment, and Plan - helps identify issues and prioritize them for future therapy session. (Hanser et al., 2011 p. 24) SOAP should adapt well to note-taking during therapy sessions. The notes will be in chronological order and so will Amanda's needs. Another helpful tool is the Axis III assessment for taking into account Amanda's health and well being as it relates to her state-of-mind. (Hanser et al, 2011, p. 62)

Psychosocial tests will be given to Amanda in order to learn more about her psycho-societal beliefs and behaviours. Performance tests will be given to Amanda in order to measure her work and task-completion capabilities. I

must remain objective not only when in sessions with Amanda, but also when evaluating her progress (or setbacks). If Amanda exhibits symptoms of depression she will be assessed according to the Beck Depression Inventory (BDI). (Hanser et al., 2011, p. 116) Regular reviews and reassessments of Amanda's state-of-mind and adjustment to prison life will be made.

4. Finally, what diagnosis and classification did you arrive at with this offender, and what is your reasoning?

Amanda was jailed for assaulting another female. Her problems are not unusual in society as a whole but finding solutions will be based on Amanda's past experiences, her family traditions and her educational capabilities. A careful diagnosis based on Amanda's unique circumstances, personality and behaviours must be decided upon. The purpose the diagnosis is to identify as accurately as possible the problems that Amanda needs to solve or the behaviours that need changing (or both). (Hanser et al., 2011, p. 59) The number of possible diagnosis is unmanageable so the filter that will be used to help target Amanda's unique needs will be to construct a hypothesis that will be tested. In order to test a hypothesis, appropriate personality tests and other assessment measurements will be used. Like many other female offenders Amanda also struggles with substance abuse issues. Amanda has symptoms of an antisocial personality disorder such as lying, ignoring laws, bullying and assault. Her aggressive and violent behaviour fits the profile of a person with antisocial personality disorders. (Hanser et al., 2011, p. 62-63) She also has not learned from experience that her behaviour needs to be changed. She has not learned from experience is demonstrated by her prison sentence assault.

5. What steps would you use in moving from assessment to action?

As a counsellor my most fundamentally important action will be to develop an empathy with Amanda rather than judge her based on her crime. The basis for moving from assessment to active therapy must be a feeling of compassion for Amanda and a shared desire for her recovery. I am a professional so I don't choose to treat Amanda differently and judgmentally because she is a 'criminal.' If I behaved in a negative way towards Amanda then possibility for her full recovery would be very small. The importance of developing and maintaining an alliance with Amanda during therapy is particularly important in Amanda's case. She has a good attitude towards working to be a better person and that needs to be appreciated. Amanda will benefit if she continues counselling after leaving the prison. She struggles with issues that do not disappear quickly and are terribly difficult or impossible to conquer without professional support. Because she is the mother of growing children she will be facing continuous change in her life and the counselling could be a point of stability for her.

The 4-step process of reality therapy will be used (a) doing, (b) thinking, (c) feeling, and (d) physiology because this gives step-by-step goals which Amanda can recognize and work towards. (Hanser et al. 2011, p. 123)

My job after carefully assessing Amanda's needs will be to set a schedule for Amanda to receive regular counselling for substance abuse as well as for group therapy sessions. Learning that other women have the same problems that she has encountered will motivate Amanda to comply with her personal therapy schedule. She will also be assigned to family counselling and classes for rage management. She will be assigned to classes so she can complete

her GED. Amanda will be encouraged to eat properly and use the gym so her health will improve. She will also be encouraged to find a job if she is faced with too much 'time on her hands.' I will meet with her one day each month or more often when necessary in order to review the progress she has made and aid her in meeting the challenges she faces.

References

Hanser, R. D., Mire, S. M., & Braddock, A. (2011). *Correctional counselling*. Upper Saddle River, NJ: Prentice Hall.

Module notes 2. (2013). *Readings: Legal and Ethical Issues; Cultural Competence in Correctional Casework*.