

LEGAL CONFLICTS

BEHAVIORAL DEFINITIONS

1. Legal charges pending.
2. On parole or probation subsequent to legal charges.
3. Legal pressure has been central to the decision to enter treatment.
4. A history of criminal activity leading to numerous incarcerations.
5. Most arrests are related to alcohol or drug abuse.
6. Pending divorce accompanied by emotional turmoil.
7. Fear of loss of freedom due to current legal charges.

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LONG-TERM GOALS

1. Accept and responsibly respond to the mandates of court.
2. Understand how chemical dependence has contributed to legal problems and accept the need for recovery.
3. Accept responsibility for decisions and actions that have led to arrests and develop higher moral and ethical standards to govern behavior.
4. Internalize the need for treatment so as to change values, thoughts, feelings, and behavior to a more prosocial position.
5. Become a responsible citizen in good standing within the community.

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SHORT-TERM OBJECTIVES

1. Describe the behavior that led to current involvement with the court system. (1)
2. Verbalize the role drug and/or alcohol abuse has played in legal problems. (2, 3)
3. Provide behavioral, emotional, and attitudinal information toward an assessment of specifiers relevant to a *DSM* diagnosis, the efficacy of treatment, and the nature of the therapy relationship. (4, 5, 6, 7)

THERAPEUTIC INTERVENTIONS

1. Explore the client's behavior that led to legal conflicts and assess whether it fits a pattern of antisocial behavior (see the *Antisocial Behavior* chapter in this *Planner*).
2. Explore how chemical dependence may have contributed to the client's legal conflicts.
3. Confront the client's denial of chemical dependence by reviewing the various negative consequences of addiction that have occurred in his/her life.
4. Assess the client's level of insight (syntonic versus dystonic) toward the "presenting problems" (e.g., demonstrates good insight into the problematic nature of the "described behavior," agrees with others' concern, and is motivated to work on change; demonstrates ambivalence regarding the "problem described" and is reluctant to address the issue as a concern; or demonstrates resistance regarding acknowledgment of the "problem described," is not concerned, and has no motivation to change).
5. Assess the client for evidence of research-based correlated disorders (e.g., oppositional defiant behavior with ADHD, depression secondary

- to an anxiety disorder) including vulnerability to suicide, if appropriate (e.g., increased suicide risk when comorbid depression is evident).
6. Assess for any issues of age, gender, or culture that could help explain the client's currently defined "problem behavior" and factors that could offer a better understanding of the client's behavior.
 7. Assess for the severity of the level of impairment to the client's functioning to determine appropriate level of care (e.g., the behavior noted creates mild, moderate, severe, or very severe impairment in social, relational, vocational, or occupational endeavors); continuously assess this severity of impairment as well as the efficacy of treatment (e.g., the client no longer demonstrates severe impairment but the presenting problem now is causing mild or moderate impairment).
 8. Reinforce the client's need for a plan for recovery and sobriety as a means of improving judgment and control over behavior (see the Substance Use chapter in this *Planner*).
 9. Monitor and reinforce the client's sobriety, using physiological measures to confirm, if advisable.
 10. Encourage and facilitate the client in meeting with an attorney to discuss plans for resolving legal issues.
 11. Monitor and encourage the client to keep appointments with court officers.
4. Maintain sobriety in accordance with rules of probation/parole. (8, 9)
 5. Obtain counsel and meet to make plans for resolving legal conflicts. (10)
 6. Make regular contact with court officers to fulfill sentencing requirements. (11)

7. Verbalize and accept responsibility for the series of decisions and actions that eventually led to illegal activity. (12)
8. State values that affirm behavior within the boundaries of the law. (13, 14)
9. Verbalize how the emotional state of anger, frustration, helplessness, or depression has contributed to illegal behavior. (15, 16, 17)
10. (Blank)
11. (Blank)
12. Confront the client's denial and projection of responsibility onto others for his/her own illegal actions (or assign "Accept Responsibility for Illegal Behavior" from the *Adult Psychotherapy Homework Planner* by Jongsma).
13. Assist the client in clarification of values that allow him/her to act illegally.
14. Teach the values associated with respecting legal boundaries and the rights of others as well as the consequences of crossing these boundaries.
15. Probe the client's negative emotional states that could contribute to his/her illegal behavior.
16. Refer the client for ongoing counseling to deal with emotional conflicts and antisocial impulses (see Antisocial Behavior, Anger Control Problems, or Unipolar Depression chapters in this *Planner*).
17. Recommend that the client read material on controlling emotions (e.g., *Thoughts and Feelings: Taking Control of Your Moods and Your Life* by McKay, Davis, and Fanning; *The Anger Control Workbook* by McKay and Rogers; *A Cognitive Behavioral Workbook for Depression: A Step-by-Step Program* by Knaus; *Overcoming Impulse Control Problems: A Cognitive-Behavioral Therapy Program—Workbook* by Grant, Donahue, and Odlaug).

10. Identify the causes for the negative emotional state that was associated with illegal actions. (18, 19)
11. Identify and replace cognitive distortions that foster antisocial behavior. (20, 21, 22)
12. Attend an anger control group. (23)
18. Explore causes for the client's underlying negative emotions that consciously or unconsciously fostered his/her criminal behavior.
19. Interpret the client's antisocial behavior that is linked to current or past emotional conflicts to foster insights and resolution.
20. Use the cognitive restructuring process (i.e., teaching the connection between thoughts, feelings, and actions; identifying relevant automatic thoughts and their underlying beliefs or biases; challenging the biases; developing alternative positive perspectives; testing biased and alternative beliefs through behavioral experiments) to assist the client in replacing negative automatic thoughts associated with illegal behavior.
21. Reinforce the client for developing and implementing positive, reality-based messages to replace the distorted, negative self-talk associated with illegal behavior.
22. Assign the client a homework exercise (e.g., "Crooked Thinking Leads to Crooked Behavior" from the *Adult Psychotherapy Homework Planner* by Jongsma) in which he/she identifies negative self-talk, identifies biases in the self-talk, generates alternatives, and tests through behavioral experiments; review and reinforce success, providing corrective feedback toward improvement.
23. Refer the client to an impulse control or anger management group.

- 13. Identify ways to meet life needs (i.e., social and financial) without resorting to illegal activities. (24, 25)
- 14. Attend class to learn how to successfully seek employment. (26)
- 15. Verbalize an understanding of the importance of honesty in earning the trust of others and esteem for self. (27)
- 16. Develop and implement a plan for restitution for illegal activity. (28, 29)
- 24. Explore with the client ways he/she can meet social and financial needs without involvement with illegal activity (e.g., employment, further education or skill training, spiritual enrichment group).
- 25. Educate the client on the difference between antisocial and prosocial behaviors; assist him/her in writing a list of ways to show respect for the law, help others, and work regularly.
- 26. Refer the client to an ex-offender center for assistance in obtaining employment.
- 27. Help the client understand the importance of honesty in earning the trust of others and self-respect.
- 28. Assist the client in seeing the importance of restitution to self-worth; help him/her develop a plan to provide restitution for the results of his/her behavior (or assign “How I Have Hurt Others” and/or “Letter of Apology” from the *Adult Psychotherapy Homework Planner* by Jongsma).
- 29. Review the client’s implementation of his/her restitution plan; reinforce success and redirect for failure.

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DIAGNOSTIC SUGGESTIONS*Using DSM-IV/ICD-9-CM:*

Axis I:	304.30	Cannabis Dependence
	304.20	Cocaine Dependence
	303.90	Alcohol Dependence
	304.80	Polysubstance Dependence
	312.32	Kleptomania
	V71.01	Adult Antisocial Behavior
	309.3	Adjustment Disorder With Disturbance of Conduct

Axis II:	301.7	Antisocial Personality Disorder
	799.9	Diagnosis Deferred
	V71.09	No Diagnosis

Using DSM-5/ICD-9-CM/ICD-10-CM:

<u>ICD-9-CM</u>	<u>ICD-10-CM</u>	<u>DSM-5 Disorder, Condition, or Problem</u>
304.30	F12.20	Cannabis Use Disorder, Moderate or Severe
304.20	F14.20	Cocaine Use Disorder, Moderate or Severe
303.90	F10.20	Alcohol Use Disorder, Moderate or Severe
312.32	F63.81	Kleptomania
V71.01	Z72.811	Adult Antisocial Behavior
309.3	F43.24	Adjustment Disorder, With Disturbance of Conduct
301.7	F60.2	Antisocial Personality Disorder

Note: The ICD-9-CM codes are to be used for coding purposes in the United States through September 30, 2014. ICD-10-CM codes are to be used starting October 1, 2014. Some ICD-9-CM codes are associated with more than one ICD-10-CM and *DSM-5* Disorder, Condition, or Problem. In addition, some ICD-9-CM disorders have been discontinued resulting in multiple ICD-9-CM codes being replaced by one ICD-10-CM code. Some discontinued ICD-9-CM codes are not listed in this table. See *Diagnostic and Statistical Manual of Mental Disorders* (2013) for details.