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The psychosocial reintegration of the judicial patient: a report of internship experience in legal psychology

EXPERIENCE REPORT

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A reintegração psicossocial do paciente judiciário: um relato de experiência de estágio em psicologia jurídica

ABSTRACT

Introduction: The supervised trainees during the objective introduced the academics in the professional routine. **Objective:** Experience report of an intern alluding to the area of Legal Psychology, carried out by academics of the Psychology course of a private college in the city of Belo Horizonte. **Experience report:** The internship field was the Comprehensive Care Program for the Judiciary Patient with Mental Suffering Offender-PAI-PJ of the Court of Justice of Minas Gerais (TJMG). The activities of the academics are concentrated at the entrance door of the program. Clinical and social estimates were carried out in order to prepare a report with accepted or unfavorable opinions regarding the reception of cases referred to the PAI-PJ. **Final considerations:** The contact with the field of activity made possible the theoretical-practical relationship, enriching the academic formation.

Keywords: Psychology; mental health; criminal justice.

RESUMO

Introdução: Os estágios supervisionados durante a graduação objetivam introduzir os acadêmicos no cotidiano profissional. **Objetivo:** Relatar a experiência de um estágio alusivo à área de Psicologia Jurídica, realizado por acadêmicas do curso de Psicologia de uma faculdade privada do município de Belo Horizonte. **Relato da experiência:** O campo de estágio foi o Programa de Atenção Integral ao Paciente Judiciário Portador de Sofrimento Mental Infrator-PAI-PJ do Tribunal de Justiça de Minas Gerais (TJMG). As atividades das acadêmicas se concentraram na porta de entrada do programa. Foram realizadas avaliações clínico-sociais com o objetivo de confeccionar relatórios com pareceres favoráveis ou desfavoráveis ao acolhimento dos casos encaminhados ao PAI-PJ. **Considerações finais:** O contato com o campo de atuação possibilitou a relação teórico-prática, enriquecendo a formação acadêmica.

Palavras Chave: Psicologia; saúde mental; justiça criminal.

INTRODUCTION

A multiplicity of theoretical contributions and areas of activity characterize psychology as a science and profession. The recognition of political and social issues, also the commitment adopted by Psychology to respond to the demands made to it through the production of knowledge and publications, mark the composition of the field that we have nowadays[1]. Among the possibilities of professional practice is Legal Psychology, which, interfaces with other fields such as Mental Health, and it constitutes the area of activity in which the internship referred to in this work is inserted.

This article deals with an experience report of the Supervised Internship in the area of Legal Psychology, carried out by academics in the 8th period of the Psychology course at a private college in Belo Horizonte, Minas Gerais. The experience report, as a contemporary methodology, is a theoretical-practical elaboration that does not intend to determine the truth, but to seek innovation in knowledge[2]. This internship aimed to carry out the evaluation of cases referred to the Program of Integral Attention to the Judicial Patient with Mental Suffering (PAI-PJ), belonging to the Court of Justice of Minas Gerais (TJMG).

The PAI-PJ is a program that was implemented in December 2001, created through the experiences of a pilot project that took place in the previous year. It aims to monitor individuals with mental suffering who have committed any crime. Judges make the determination of the program's intervention in judicial cases from the criminal courts, who now rely on the contribution of the PAI-PJ team to define, apply and monitor compliance with the most appropriate judicial measures[3]. PAI-PJ was integrated into the *Novos Rumos Program*, which contributes to humanized action in the area of Criminal Execution and in judicial proceedings, regarding to the fulfillment of sentences about deprivation of liberty or other criminal measures[4]. The Program is intended to accompany people in mental suffering who comply with judicial measures, as well as their families.

Cases reach PAI-PJ by various means, whether through official referrals from criminal judges, family members, mental health services, or prisons. In the beginning, a legal, clinical, and social assessment of the case is made to verify the viability of follow-up by the Program. It was at this stage of evaluation that the practice of the internship, which is taking, place the reported study. As the case is accepted by PAI-PJ, there is an articulation with the open mental health network of the patient's reference territory - which may be a municipality and/or a health region - for the construction of an individual and singular therapeutic project, involving the actors providing assistance in each case. Thus, the therapeutic project is put into practice until the completion of the individual's criminal execution.

The present study aimed to report the experience acquired through the supervised internship. To this purpose, we sought to present the practices, which were carried out, describing the organization of the internship activities as well as their outcomes. The relationship between theory and practice observed in the work field was also carried out. This report intends to contribute to discussions concerning the area of mental health, given the relevance of the subject for academics and professionals involved with the subject.

EXPERIENCE REPORT

The supervised internship was performed in the second half of 2021. The activities took place at the headquarters of the PAI-PJ, in the city of Belo Horizonte. Assessments were done on the cases that arrived at the PAI-PJ during the internship period, by a multidisciplinary team of 18 students from the Psychology, Nursing, and Medicine courses, with guidance and supervision from their respective professors. Such evaluations were intended to provide a favorable or unfavorable opinion on the introduction of the case in the program. This opinion had as its axis a clinical investigation about the presence or absence of some mental impairment in the individual at the time when a person committed a crime. The purpose of the evaluation was to get to know the patients in the psychosocial context, going through the dimension of mental health, support networks, and the social contexts in which they are inserted.

The Mental Health Care Guideline[6] brought important contributions that guided students in their practice, during the process of interviews and construction of the therapeutic project. Mainly the chapter entitled "The Approach and Treatment of Mental Suffering" defends the guarantee of a space for the patient to be listened to in an active and welcoming way. In this way, from the creation of a bond, the rescue of striking elements of his/her past history and his/her current life context, as well as the demands that the subject presents, beyond what is pointed out by third parties.

Thus, the procedures consistent with each circumstance arising from the cases were carried out, in order to verify the viability of the follow-up. The performed procedures were: a clinical interview with the patients, with the aim of constructing a clinical and psychopathological history, anamnesis and mental state examination; and home visits, clinical interviews with patients' relatives, contact with the Psychosocial Care

Network (RAPS), to check on visits to the health services. In some cases, whose patients were already monitored by the RAPS, it was possible to discuss cases with the teams of the services contracted by the network.

It was possible to observe the recognition of PAI-PJ by health services, which, when informed that such contacts were performed on behalf of the program, presented a wide collaborative attitude. Weekly meetings were held, in which ongoing cases were discussed with the teams involved in the work, made up of students from Psychology, Nursing, and Medicine courses, as well as the professors in charge, in addition to the presence and supervision of the technical and clinical supervisor of PAI-PJ.

For each attended case, a clinical-social evaluation report was made, containing the patient's identification data, the description of the demand and the referral, performed procedures in the evaluation listed chronologically, and, the conclusion, containing justifiably the opinion to be regarding the indication or contraindication of patient follow-up by the program. After completing the reports, they were forwarded to the PAI-PJ team, who, after review, forwarded them to the requesting judge and continued to monitor those who would be assisted by the program. The monitoring carried out by the PAI-PJ, after the evaluation, varies according to the peculiarity of each case, that is, the planning of actions and the articulation with the assistance network. Therefore, a Singular Therapeutic Project (PTS) is carried out, which, in addition to discussing the clinical case, activates the services of the care network, in order to meet the specific demands of the case in question. The PAI-PJ thus becomes a useful connecting device for assistance networks that enable assisted individuals by the program to receive adequate health treatment regardless of their judicial status.

As defended by the technical nucleus of the National Humanization Policy (PNH) of the Ministry of Health[7], the Singular Therapeutic Project has four moments: 1) the diagnosis, which must contain a biopsychosocial assessment that makes it possible to map the user's vulnerabilities; 2) the definition of goals through short, medium and long term proposals; 3) division of responsibilities and clear assignments and; 4) the reassessment of actions and possible modifications. The academics were able, through the practice of the internship, to contribute to the first stage of the PTS, evaluating psychosocial aspects of the patients and, for the cases with a favorable opinion to the reception in the program, to participate in the definition of initial goals, considering the aspects contemplated in the evaluation. Due to the scope of activities being directed to the initial evaluation phases, it was not possible to follow up on the cases in the long term after their inclusion in the program. Therefore, the moments of the division of responsibilities and reassessment of the therapeutic project, adopted practices by PAI-PJ, were not experienced by the academics.

Among monitored cases during the internship period, the academics were able to observe the possibilities of articulation with the care network, depending on the characteristics of each individual. For instance, in cases where the patient in mental distress had some demand related to the abuse of psychoactive substances, they were referred to specific services in

the network, such as the Reference Center for Mental Health, Alcohol, and Drugs (CERSAM-AD). In another case, in which the need to keep the patient away from the streets was evident, in line with his own desire to move away from contexts prone to infractions, the patient was referred to the Community Center in the territory as a way of strengthening bonds, as it enables the knowledge of the case by the social assistance network, in view of the vulnerability observed in the case. There was also a case in which the attended patient was compulsorily admitted to a private rehabilitation center. During a visit and discussion of the case with responsible professionals for treating the patient at this location, evidence was observed that the clinical conduct of the team did not meet the needs of the case. Therefore, in addition to the patient's assessment, an attempt was made to understand the family context and the care network external to the institution, in order to assess other possibilities for the patient's reintegration into a deinstitutionalized social environment. It should be noted that the definition of measures, such as this compulsory hospitalization referred to above, is the responsibility of the legal bodies responsible for the process, and that in this context, the work of the PAI-PJ sought to anticipate other treatment possibilities, in case there were changes in the judicial determination.

PAI-PJ, which, as stated in its name, aims to offer comprehensive care to the legal patient, moreover advocates a multidisciplinary of the proposed actions. This principle is part of, among others, the National Humanization Policy (PNH), which proposes more human practices in care services, based on principles of the Unified Health System (SUS). In this perspective, the team who monitors the received cases is multidisciplinary and includes psychology and social assistance professionals, among others. It is important to emphasize the importance of the work carried out by an interdisciplinary team in the management of the cases that passed through the program since the sharing of knowledge among academics from different courses. They made it possible to acquire knowledge that resulted in a more qualified performance for the construction of the case from the welcomed patient. It can be said that the presence of academics from other areas brought new perspectives to the Program, until then; however, it had a multidisciplinary team and had not been screened by Nursing or Medicine.

THEORETICAL REFLECTIONS

From the presented experience report, it is noticeable that the Program questions and aims to discuss the concept of dangerousness linked to the mentally ill for centuries. The naturalization of the position of the insane as presumably dangerous entails harm to these individuals who, sometimes, were placed on the margins of social life in closed psychiatric institutions, being completely excluded from the scope of citizenship rights. Just to give an idea, the Civil Code of 1916[8], which remained in force in Brazil until January 2002[9], by establishing the capacity for civil rights and obligations, defined the insane as individuals who, by themselves, are incapable of exercising the actions of civilian life. Thus, to reflect on the institutionalization of the mentally ill, it is essential to contextualize historically the discussion on the subject.

Before the Enlightenment period, individuals who lived incarcerated or interned in asylums ranged from the poor, beggars, elderly, and unfit for work or the production of goods, to any other minority group defined as undesirable by the authorities at the time. The scientific perspective that broke with the notion of an evil caused by demonic possession, considering it a psychic phenomenon, was useful for realizing the need to create a place for the treatment of the alienated in the 18th century[10]. There is, therefore, in this period the emergence of General Hospitals, replacing the old asylum institutions. According to Amarante11, it is at the end of the 18th century, in the light of the Enlightenment and the French Revolution that we find in the French physiologist Philippe Pinel (1765-1826) the introduction of several innovations in the practice of hospitals for the so-called mentally ill. Mental disorders are based on the transformation of medicine, which leaves its classical past to become Modern Medicine[12]. Author of the first book on the discipline that would later become psychiatry - *Traité* Médico-*Philosophique sur L'Aliénation Mentale*, or *La Manie* -, Pinel laid the foundations of a first "alienist synthesis", as it became known. It was an initial nosography, the first classification of mental illnesses, and, at the same time, the consolidation of the concept of mental alienation and the profession of the alienist. With the transformation of the hospitals where he worked, "Pinel also founded the first psychiatric hospitals, determined the principle of isolation for the insane, and established the first model of therapy in this area by introducing moral treatment" [11].

The conception of the maniac as alienated, arising from this time, makes it possible to understand the process of linking madness with the notion of dangerousness and how this relationship will last until the present times. It is interesting to note that Pinel does not choose the term mental illness, but mental alienation. By mental alienation, a located disorder within the scope of passions is conceived, able of producing disharmony in the mind and in the objective possibility of the individual to perceive reality. Diverging from his organicist contemporaries, for Pinel, therefore, it was not a matter of locating the seat of madness in the anatomy of the body, but thinking of it as a disorder at the heart of Reason[11]. Thus, the alienated person is someone "from outside". Outside of reality, outside of himself, and without control of his own will and desires, the lunatic is the foreigner of Reason, as Foucault[13] points out in *Madness and Civilization*. On another semantic level, the word alienated - from *alienare* and *alienatio* - also means to become other. Being another of Reason, an individual in the condition of alterity could represent a serious danger to society, for losing Judgment, or the ability to discern between error and reality. This is how the concept of mental alienation was born and associated with the idea of "dangerousness", a concept that would form part of the psychiatric theoretical framework of the 19th and 20th centuries. According to Kraepelin[14], considered the "father of the modern psychiatric clinic", the mentally ill represent a definite risk for themselves and for others, a fact evidenced in the high rates of suicide and crimes of passion committed by individuals with mental disorders.

In this sense, it can be considered that over all these years the concept of mental alienation has contributed to producing a social attitude of fear and discrim-

ination towards people identified as such, consequently inherent to the very notion: Alienation, loss of reason, irrationality, and animality[15].

At the end of the 20th century, a public mobilization began, with innovative proposals for the care of insane offenders. The Federal Council of Psychology (CFP) launched the banner "Judiciary Asylum, the worst of the worst" 15, opening space for reflection by the professional category and society as a whole. During this period, the field of Mental Health care in the country was also undergoing reformulations, made possible by the Psychiatric Reform and the Anti-Asylum Fight, culminating in the enactment of Federal Law 10.2016, which provides for the protection and rights of people with mental disorders and redirects the care model in mental health16. Therefore, it is worth highlighting this dimension of legality that sustains, in the legal sphere, the movements towards guaranteeing a treatment consistent with the premises of the Anti-Asylum Fight for those who have mental suffering and have committed infractions. Since "tensions between freedom and punitive control are visible in the relations between madness and criminal law, even more than in any other area among those that are reached by the agencies of the State's repressive apparatus"17, which is evidenced by attempts to disregard and erase the Anti-Asylum Fight by some figures and institutions.

In this way, programs such as the PAI-PJ - whose work is guided by the principles of the anti-asylum struggle and the Brazilian Psychiatric Reform - aim to break with the old models of penal execution for people with mental suffering, whose destination was the judicial asylums. The PAI-PJ team is multidisciplinary, consisting of psychologists, social workers, and law graduates. Among the objectives of the Program is the promotion of comprehensive monitoring of the legal patient, building the individualization of judicial measures and the guarantee of fundamental rights; the articulation of the actors, through the network of care and resources indicated for the treatment of each case; and the promotion of social ties, through the guarantee of rights and accessibility, in line with the constitutional principle of human dignity[18]. Therefore, it is essential to offer patients the possibility of being heard and being the protagonists of their stories[19]. As they are invited to be active in their course in the program, the PAI-PJ allows the elaboration of the experiences and suffering experienced by the subjects. In addition, the Program enables the reintegration of offenders who have mental suffering, as they resume social interactions, create affective bonds, reframe their experiences, and, above all, recognize themselves as citizens with rights and duties capable of exercising their autonomy.

FINAL CONSIDERATIONS

Forensic Psychology is an extensive field and has been consolidated over time. Therefore, the experience that the academics had is configured as one of the possible clippings of professional work in this field. It is worth mentioning that the practice of the Internship allowed academics to relate theoretical knowledge to professional practice, an indispensable element for academic training.

There were some obstacles in carrying out the internship activities, including the difficulty in contacting

some of the patients to continue the clinical-social assessment. In these cases, the academics resorted to family members and health services that had a history of passing by the patient in question. Another challenge refers to access to patients who were institutionalized during the internship period and, therefore, unable to attend the PAI-PJ in person. In these cases, the team went to the patient. In other cases, the challenge referred to the engagement of family members, as their refusal to participate in the reintegration process of court patients directly interfered with the conduct of the case. Given this scenario, it was necessary for the team to raise awareness among the family members about the importance of their roles as a support network for patients. The supervision carried out by the coordinator of the PAI-PJ, as well as the guidance of the professors, proved to be fundamental for the best handling of the cases, as well as for the formulation of strategies to face the obstacles that emerged during the internship.

Therefore, like other fields of Psychology, the legal area has its own difficulties and characteristics. There are several challenges of doing psychology in this context, bearing in mind that in the spheres of Justice various knowledge, political positions, etc. historically exclusive societies.

Consequently, programs such as the PAI-PJ support the fulfillment of the professional psychologist's commitment, as found in the Code of Professional Ethics for Psychologists in its first Fundamental Principle, which determines that "the psychologist will base its work in the respect and promotion of freedom, dignity, equality and integrity of the human being, supported by the values that underlie the Universal Declaration of Human Rights" [20]. By offering services, which aim to increase the humanization of judicial processes, the PAI-PJ contributes to improving the quality of life and conditions for complying with security measures for insane offenders. The role of the psychologist who makes up the interdisciplinary team in this context is important for better direct actions related to these individuals. The obtained experience through the internship allowed reflections that point to the demystification of the image of the insane offender as dangerous, socially disseminated, in a mistaken and prejudiced way.

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