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CONCLUSION PAPER

RAN event - Rehabilitation and reintegration of extremist offenders from a mental health perspective
10-11 March 2021, Online meeting

Rehabilitation and reintegration of extremist offenders from a mental health perspective

Key outcomes

Several EU Member States indicate that the majority of the currently detained extremist offenders will be released in the upcoming years. This development shows that the answer to the question "how to best rehabilitate and reintegrate released extremist offenders" is more pressing than ever. One crucial aspect of this answer lies in the incorporation of mental health approaches and methods of treatment within disengagement, rehabilitation and reintegration (DRR) programmes and approaches.

This meeting of the RAN Mental Health Working Group on 'Rehabilitation and reintegration of extremist offenders from a mental health perspective' took place in a digital setting on 10 and 11 March 2021. The aim of the meeting was to discuss the significance of mental health issues/disorders for the DRR of extremist offenders. Mental health, exit, and prison and probation practitioners discussed the most practical and feasible ways to successfully incorporate such considerations in their DRR trajectories. The participants addressed the following challenges during the meeting:

- **Lack of coordination is a challenge.** If agencies and authorities work in silos, a sense of ownership can get lost.
- **Diversity of offenders.** Due to the (ideological) diversity of the offender group, practitioners need to quickly work with every type of offender without knowing the specificities.
- **Motivation to disengage.** What if someone does not wish to join the DRR trajectory or has no willingness to receive mental health support?
- **False compliance.** False compliance is a major challenge within the DRR trajectory of an extremist offender. How do you know if something has changed their mindset?

One key takeaway of the meeting is that in a multi-agency context, (mental health) practitioners need space and time to reflect on their approaches, clients and procedures, to establish a common ground, and to "keep the other profession in mind" as well as the clients.

This paper summarises the discussion and recommendations on the role of mental health practitioners in DRR. This entails the differences between offenders and extremist offenders and the methods, approaches and therapy that have proven or were discussed as useful to other practitioners. The highlights of the discussion are followed by clear and to-the-point recommendations for all those involved in the DRR of extremist offenders and pay particular attention to mental health considerations. Lastly, the follow-up and inspiring practices are outlined.

Highlights of the discussion

Transfer from prison

- When an extremist offender is assessed in prison and received mental health support, the continuity of treatment is crucial ([1]). Sometimes this is difficult due to the lack of cooperation and information sharing between mental health systems in and outside of prisons.
    - In France, there is the injunction of care. Released offenders are mostly redirected towards the public or national healthcare system or associations.
    - The Netherlands has a team, the so-called Team TER, specialised in extremist offenders to ensure a smooth transition back into society.

The role of mental health practitioners during DRR

- A mental health practitioner's role during DRR of extremist offenders is twofold. Firstly, the input from a mental health practitioner is continuously important during the entire process of DRR; in other words, one can act as a consultant or advisor to other stakeholders. Secondly, the mental health professional has an important role in providing the appropriate treatment or therapy for a released extremist offender. It was discussed that:
    - In Sweden, mental health providers help as volunteers in a virtual support programme for disengagement. In this setting, the mental health practitioners serve as consultants who identify who could work with a certain individual. A system like this is important since clients are sometimes rejected when they look for help in a private practice.
    - In Denmark, they are setting up a mentoring programme with the prison and probation services. Psychologists are involved in developing this programme and the mentors receive training from psychologists.
    - In Germany, social workers are the main contact point for the released extremist offenders. The social workers can contact the psychologist when they observe or experience difficulties. The first step of the mental health professional is to support and discuss from a consultant role with social workers. The second step is to see the person — if needed — in a session and offer (long-term) therapy.
- The needs of released extremist offenders are mostly practical needs and a need for healing trauma. As was explained in the meeting, one has to parallelly work with their past, their current situation and the future. Mental health professionals can help to guide them through these steps and help in sorting out and working through someone's experiences.

([1]) More on this: MENTAL HEALTH IN PRISON

- Prioritising medication and/or treatment was mentioned as an important task of a mental health professional. Some people are attracted to extremist thoughts due to their mental illness ([2]). Certain problems related to mental illness (e.g. disillusions, suspiciousness) might disappear with the proper medication. Therefore, it is important to motivate them to receive some primary mental health help first.

Difference between "ordinary" offenders and violent extremist offenders

- The most important difference between the two is group affiliation. This group affiliation is important to understand why extremist offenders radicalised in the first place. The extremist ideology of the group often becomes (part of) someone's identity. Therefore, it is also important to understand group affiliation to be able to rebuild their social identity.
    - The individuals have to learn to make a distinction between healthy and unhealthy relationships. A mental health professional plays a role in preparing these individuals for ruptures in the relationships and should equip them to repair the relationships.
    - Some individuals might have attachment issues. Their attachment patterns are built in the (radical) group.
    - People growing up in a fundamentalistic environment have nothing to fall back on. They are coloured by the way of thinking of the group. It is much more difficult to engage them in something new. They are often afraid of the life outside the group.

Coordination between different stakeholders

- The released extremist offender needs different kinds of support, so coordination and communication between different stakeholders is key.
- The risk of reoffending remains high when mental health issues are looked at in isolation. Extremist offenders might end up clinically depressed after being arrested for a failed terrorist attack. When treatment is given to the client to manage their depression — with no change in their ideological commitment — this can enhance their motivation to fight for a cause again. This paradoxical consequence is only a possibility for a small number of people, but it is something to consider in terms of multi-agency risk management.

Therapy, methods and approaches

During the meeting, several methods and approaches were discussed to increase the motivation of (unwilling) individuals:

- Empathic confrontation approach: have challenging and "difficult" conversations with the offenders on what is expected from them during the DRR process or programme. Impression management was also mentioned as important. One participant mentioned that you have to be clear on what behavioural changes are needed to make progress during treatment.
- Solution focused therapy: a form of therapy that is goal-oriented and focuses less on how a problem was derived. The assumption is that the goals for therapy will be chosen by the client and that the clients themselves have resources and abilities that they will use in making changes ([3]).

([2]) More on this: EXTREMISM, RADICALISATION & MENTAL HEALTH: HANDBOOK FOR PRACTITIONERS
([3]) Macdonald, A. (2011). *Solution-focused therapy: Theory, research & practice*. Sage.

- Motivational interviewing is a tool mentioned to motivate unwilling clients. Key aspects are clarifying the strengths and aspirations of the client, evoking their own motivations for change and promoting autonomy of decision-making ([4]).

    - Individuals with Attention deficit hyperactivity disorder (ADHD) are often difficult to motivate for long-term goals. They are very prone to short-term solutions. These may not be beneficial for their rehabilitation or reintegration and you have to actively steer them away from that.

The following approaches related to identity formation were discussed:

- The psycho-educational approach was mentioned as a way to make extremist offenders understand why they have ended up in a certain group and how this affected them. The goal of psycho-education is helping people understand mental health conditions. It was stressed that psycho-education needs to take place when the ground is "fertile". This is the case when they can reflect on what is going on inside and what is going on in the group.

- Scheme therapy is where the therapist uses experience-focused cognitive behaviour techniques to break dysfunctional patterns in the individual's life. It is used to identify in what aspects of their life they are capable of disengaging.

Recommendations

Role of mental health professionals

- **Treatment and "model of change".** DRR programmes have the responsibility to be tailored to the individual. Generally speaking, it was recommended that DRR programmes have a trauma ([5]) and strength-based approach. The proper treatment and framework for disengagement can be chosen depending on the individual's needs and risks ([6]). To decide on what framework, pay attention to the process of identifying where the individual is capable of disengaging. Examples of varieties chosen for treatment that addresses ideology include cognitive behavioural therapy and/or scheme therapy.

    - Most participants agreed that during therapy or treatment it is not recommended to start by **challenging the ideology**. When discussing the ideology of the individual, it is important to have an open conversation on how this ideology affects the life of the individual rather than to refute it right away.

- **Consulting and assisting non-clinicians working DRR**. Besides treatment, mental health professionals have a specific role to play by advising other stakeholders in the multidisciplinary team how to prevent extremist offenders from relapsing. This requires ample knowledge about the individual's socio-psychological functioning. Mental health professionals can help stakeholders understand that rehabilitation and reintegration is not a linear process and obstacles will emerge relating to their mental illness.

    - **Dealing with triggers (e.g. death in family, community rejection, mental illness specific triggers).** All the stakeholders in the team need be adept in how to approach the individual during hard times caused by a trigger. If not properly addressed, this will lead to confrontation with stakeholders and the community the individual wishes to integrate in. Mental health professionals could educate or provide tools to other stakeholders in the lifeworld of the individual in order for them to adequately deal with triggers, and more specifically with triggers caused by

([4]) Rollnick, S., Butler, C. C., Kinnersley, P., Gregory, J., & Mash, B. (2010). Motivational interviewing. *BMJ*, *340*, c1900.
([5]) More on this: PTSD, trauma, stress and the risk of (re)turning to violence
([6]) More on this: EXTREMISM, RADICALISATION & MENTAL HEALTH: HANDBOOK FOR PRACTITIONERS

mental illness. The more the individual is accepted, employed, and seeing that the reintegration and rehabilitation programme works for them, the higher the likeliness that positive change will be durable.

- **Dealing with confrontational individuals (possibly due to their mental illness).** Personality disorders make it exceptionally hard to reintegrate an individual and to resolve confrontation and conflict with staff. Mental health professionals need to explain to other stakeholders what to expect, normalise it and prepare them for the associated behaviours. Equip them with the tools needed to deal with ruptures in the relationship. Help them understand the cycle. Mental health professionals can help in conflict resolution and getting on the same page again. This also needs to be a focus of their treatment. Problems are coming, can you focus on this? (psychologist) Raise this in the session.

Case management

- **Consider diagnostic and treatment options.** In some cases when the individual has a mental illness, this needs to be managed first through **medication** ([7]).

- **Involve the individual in their own reintegration plan.** Developing plans with the individual will provide them with ownership. It is important to get commitment to the goals you have formulated with the client. You know someone is committed when they have not been in contact with certain persons/groups, they do not want to use violence any longer, they have cooperated with the police.

- **Aim to understand why someone is engaging in extremist behaviours.** What functioning is behind the desire to join an extremist group (e.g. feeling of belonging)? The mental health of released terrorist offenders is a complex matter, but one that warrants consideration as individuals.

- **Risk assessment.** Make use of any tool that will give a clear comprehensive profile of the participant ([8]).

- Extremist offenders might experience stigmatisation by the community upon their release. Often there is a stigma in society concerning mental health issues which makes it even more difficult to seek mental health support. **Work on these feelings of stigmatisation.** Through active listening and consideration of interpretative bias (cognitive remediation).

- **Build bridges.** Case management needs to find ways to fill the gap of not being part of the extremist group. Try and understand the system around the client. Look at where relations have broken down, the shame, the world view of the family and the community. When possible and not a threat to the individual's DRR, try rebuilding the family and/or community structure by healing the traumas and better connect to the client. Equip those involved with tools to repair ruptured relationships.

- **Creating new identities by redirecting their life hobbies.** Hobbies like playing music are often intertwined with the extremist group. It is key to redirect them to other music "communities", and support them in their change to different surroundings.

- **Empower the individuals by stimulating cognitive abilities.** This will help them build resilience. For example, try and increase the individual's insights into critical thinking and problem solving.

- **Monitor compliance and motivation and help when it lags.** Compliance is key for the DRR of the released offender. Motivational interviewing was recommended as a useful tool. This was developed to

([7]) More on this: Understanding the mental health disorders pathway leading to violent extremism
([8]) More on this: Risk assessment of lone actors

motivate unwilling clients. Furthermore, it was recommended to use that someone does not want to go back to jail as motivation. Make clear that there are more things in the world that will "work" for them.

- **Be transparent and clear to the individual.** Trust comes from personal relations and transparency. Professionals involved in the rehabilitation and reintegration programme need to be able to explain why they are engaging with the individual. This means practically:
    - **Take into account your choice of words and body language.** Speak in plain language and share useful information that helps them go forward. Put the individual at the centre without prejudices or negative attitudes. This enables you to build trustful relationships.
    - **Be transparent about the goals of the programme.** The goals need to be clear to the individual and other stakeholders in the process. For example, the individual understands that they are there for the community integration. Sustained disengagement is the goal.
    - **Be transparent about the sharing of information.** The individual is aware that agencies communicate with each other and agencies know who does what. The individual needs to understand this is a team effort.
    - **Role divisions are clear.** The distinctions between the different agencies need to be clear to the individual. In the individual's mind, the role of the organisation is clear as compared to the legislative section. For example, make sure you are seen as a party that helps them get things done. The individual will associate the relevant agencies in the programme with progress in the community. They know whom to ask what.
    - **Be upfront when needed.** It was advised to choose an empathic confrontation approach. Professionals need to be clear about the consequences when the level of engagement is not enough. Be clear when you are not "buying it" and that if the individual wishes to proceed, it is necessary for them to stop the behaviours leading to incarceration. It needs to be clear that this is in the individual's best interest.

Multidisciplinary teams

- **Stay in lanes** by first deciding who does what. Ensure a multidisciplinary team with clearly defined roles. In a multi-agency context, stakeholders need space and time to reflect on the chosen approaches, the clients and the procedures and to establish a common ground by learning to "keep the other profession in mind" as well as the client.
- **Dedicate time to relationship building with stakeholders.** A big part of working in a multi-agency setting is taking time to build relationships.
    - In this regard, **team supervision** is seen as a good practice.
    - Create **shared messages** between stakeholders.
    - **Work with clear structures that all staff are aware of.** Develop structured sessions and tools (e.g. practice guide for intervention) that all stakeholders are familiar with. This also includes **documented decision-making**. Decide on how everything needs to be documented (e.g. prioritising referrals, exiting participants, monitoring progress/regression).
- **Responsible case manager.** You need a single person who is responsible for the case and has ownership.

- **Information sharing is important!** Make an agreement to see it as a learning process between stakeholders. Additionally, the release information form is crucial paperwork. Understand that transparency helps in building relationships with stakeholders and offenders alike. Individualised interventions, takes personal context into account.

- **Create a multi-agency panel** that oversees the DRR programme. It was advised to review this on a monthly basis. The panel assists with services and advice based on their expertise (health, social work, youth work, education, police, justice, etc.).

- **The process surrounding discharge needs to be structured and tailored to the individual.** Write a discharge report that includes:

    - any residual risk considerations,
    - strategies with services,
    - risk assessment of return,
    - a self-management plan,
    - key behaviours of concern and strategies to deal with these concerns for themselves,
    - identifying where they can get help and make sure they can re-engage with staff.

- **Ongoing external evaluation** ([9]) and contributing to what we know — use it to guide in refining the service. Also, endeavour to add to the body of knowledge. This is another reason to document what we are doing and why.

Relevant practices

- The Engagement and Support Program is a community-based service in New South Wales, Australia. A multidisciplinary team provides holistic case management to individuals vulnerable to violent extremism, who support or advocate violent extremism, or who have engaged in violent extremism.

- The AWARE project developed a training for practitioners to better respond to mental health issues in the detention environment. More information is available online. Plenty of AWARE training material can be found here.

- The PAIRS programme focuses on the rehabilitation and reintegration of Islamist violent extremists. The goal is to deconstruct their radical religious ideas and help them to reclaim their autonomy. Intensive psychosocial support is provided to promote reintegration into society. Including, for example, psychological counselling, exposure to new social environments, and help with job searching. An evaluation of the programme can be found here.

([9]) More on this: Methods of evidence-based approaches: assessment and CVE/PVE

Follow-up

This meeting was of much relevance to the RAN Rehabilitation Working Group. The similarities in approaches, principles and practices (e.g. both fields focus strongly on the setting of the conversations, the role of alliance and trust building, and generally the professional conversation as a model for exit/rehabilitation work) were mentioned. For other working groups, it was suggested to always keep in mind mental health dimensions in all discussions because mental health is an integral part of any holistic intervention. Future meetings should continue to "visit" each other in order to be updated on relevant developments in DRR.

Further reading

Canters, F., & van de Donk, M. (2019). Building Bridges, Ex Post Paper. Prague, Czech Republic: RAN Centre of Excellence, 5-6 June.

Al-Attar, Z. (2019). Extremism, radicalisation & mental health: Handbook for practitioners. RAN Centre of Excellence.

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Jiménez González, E. M. (2020). Mental health in prison, Conclusion Paper. Radicalisation Awareness Network, 23-24 September.

Radicalisation Awareness Network. (2021). Radicalised and terrorist reoffenders, Conclusion Paper. Radicalisation Awareness Network, 27 January.