

REHABILITATION REVOLUTION: INTEGRATING CLINICAL AND POSITIVE PSYCHOLOGY FOR CRIMINAL REFORMATION

Corresponding Author:

Dr Deepa M Rasquinha
Assistant Professor
Department of Clinical Psychology
Manipal College of Health Professions
Manipal
Mobile: +919980057079
Email id: deepa.rasquinha@manipal.edu

Authors:

1. Ms Yukti Shah
BSc in Psychology
Department of Clinical Psychology
Manipal College of Health Professions
MAHE, Manipal
Mobile: 8328352733
Email id: howareyouyukti@gmail.com

2. Ms Riya Prabhu
BSc in Psychology
Department of Clinical Psychology
Manipal College of Health Professions
MAHE, Manipal
Mobile: 7892341045
Email id: prabhuriya1@gmail.com

ABSTRACT

Criminal rehabilitation is a process aimed at assisting individuals who have engaged in criminal activities to reintegrate them into society as law-abiding and productive members. It involves a combination of psychological, social, and educational interventions designed to address the underlying factors that contribute to criminal behaviour, as well as to equip individuals with the skills and tools necessary to lead a lawful and fulfilling life. The rehabilitative revolution embodies a profound understanding of human beings as dynamic entities capable of change and growth. It confronts the stigma that often accompanies individuals with criminal backgrounds and offers them a chance to rewrite their narratives. The capacity to dive into the psychological challenges that frequently underlie criminal behaviour is provided by clinical knowledge. It provides comprehension of traumatic experiences, mental health issues, alongside cognitive distortions that influence unwise decisions. Positive psychology presents strengths-based solutions that magnify people's innate potential, promoting personal development and long-lasting change. The fusion of clinical psychology and positive psychology is forging a revolutionary path towards criminal rehabilitation. As communities across the globe contend with rising crime rates, there's a need to introduce a more thorough and empathetic approach. This integration combines clinical expertise with the strengths-based principles of positive psychology, striving to enable offenders to achieve personal development and successful reintegration. The collaboration between these fields transcends past limitations, generates cooperative strategies, and deals with moral challenges. This rehabilitative revolution envisions a brighter

future by nurturing resilience, promoting positive emotions, and fostering personal growth, ultimately contributing to a more harmonious society.

KEYWORDS: Criminal rehabilitation, positive psychology, clinical psychology, strengths-based approach, and reintegration.

INTRODUCTION

In recent decades, societies across the globe have grappled with the ever-increasing challenge of addressing criminal behaviour and reducing the relapse rates. The traditional corrective approaches to dealing with offenders have often fallen short in achieving the desired outcomes of reducing crime and promoting societal reintegration. Thus, there has been a growth in the understanding that a comprehensive and a compassionate approach is needed to rehabilitate individuals who have engaged in criminal activities.

Today, the concept of criminal justice is beyond mere punishment, and now places a significant emphasis on the rehabilitation of offenders. Criminal behaviour is influenced by several factors, including psychological, social, environmental, biological elements, hence a multidisciplinary approach to address the underlying issues that contribute to criminal behaviour, resulting in high rates of recidivism is required for criminal rehabilitation. Multidisciplinary approaches in psychology have been used to address complex issues and answer questions that cannot be adequately understood or solved by a single approach alone. By integrating perspectives, theories and methods from multiple fields, researchers and practitioners can gain a more comparable understanding of a psychological phenomenon and develop more effective interventions.

In a world with a complex challenge of criminal rehabilitation, a beacon of hope emerges through the convergence of two powerful disciplines-clinical psychology and

positive psychology. The quest for effective strategies to reintegrate offenders into society has given rise to transformative collaboration that seeks to unlock the human potential for change and growth. Through amalgamation of clinical expertise and the uplifting principles of positive psychology this novel approach aims to empower individuals on a path towards redemption and fulfilment. This groundbreaking alliance harnesses the power of clinical and positive psychology, intertwining evidence-based interventions, and strengths-based methodologies. By nurturing resilience, fostering growth, and encouraging genuine transformation, this dynamic partnership paves the way for a brighter future. Understanding this approach, will help us build a safer and a more harmonious society for all.

FOUNDATIONS OF CLINICAL PSYCHOLOGY IN CRIMINAL REHABILITATION

There has long been a complex association between mental illness and criminal behaviour. Specific psychiatric conditions can indeed elevate the potential for engaging in criminal acts. Research indicates that individuals with mental illnesses might have an increased propensity for violence (Volavka & Citrome, 2011), especially when lacking proper treatment, experiencing delusions, or harbouring long standing paranoia (Walsh, Buchanan & Fahy, 2002). Such individuals can be significantly influenced by their psychiatric disorders, including instances of command hallucinations. Additional contributing factors encompass coexisting conditions like substance use disorders, joblessness, homelessness, and the secondary consequences of mental disorders like cognitive impairment, all of which compound the risk of committing violent offences. Among individuals with mental illnesses, a substantial and distinct risk factor for criminal behaviour and violence is the presence of chronic substance use disorders. When major psychiatric illnesses coincide with substance use disorders, the likelihood of engaging in criminal

activities or violence becomes fourfold higher. Research has shown that the escalation in violent crimes committed by individuals with mental illnesses can often be entirely attributed to a history of alcohol and/or drug use (Kelly, Daley & Douaihy, 2012). Criminal conduct arises from a combination of psychological, biological, and sociological elements. While not all criminals can be classified as mentally ill, it is evident that a significant portion of criminal behaviour has psychological origins.

Individuals entering the realm of criminal justice quickly realise that comprehending criminology theories explaining the reasons behind criminal behaviour is pivotal for curbing crime rates and enhancing societal safety. After decades of research, three prominent psychological theories of crime have emerged: Psychodynamic theory, Behavioural theory, and Cognitive theory. These theories have developed over extensive periods of studying the psychology of criminal behaviour.

Psychodynamic theory, stemming from the insights of renowned psychologist Sigmund Freud, centres on how early childhood experiences shape the inclination toward criminal activities. Behavioural theory focuses on how an individual's perception of the world influences their actions, while cognitive theory delves into how people's interpretations of their surroundings can lead to a criminal lifestyle.

In psychodynamic theory, Freud proposed that everyone possesses instinctual drives (the "id") that seek gratification. Moral and ethical codes (the "superego") regulate these drives, with the rational personality (the "ego") mediating between the id and superego. According to this theory, criminal behaviour arises mainly from a breakdown of the superego.

In a broader sense, psychodynamic theory views criminal behaviour as a conflict between the id, ego, and superego, often resulting in problematic behaviour and delinquency. However, this theory is challenging to empirically test.

One widely accepted theory of criminal behaviour, particularly among sociologists and social psychologists, is the idea that criminal conduct is learned. Edwin H. Sutherland introduced the theory of differential association. Learning theory revolves around conditioning, where behaviour is linked to the environment in which it occurs. While classical conditioning (stimulus preceding response) is of limited importance to sociologists, operant behaviours hold more significance. Criminal behaviour is considered operant behaviour, as it is reinforced by the outcomes it produces in the environment. This can include obtaining money, material goods, or even emotional satisfaction. Most criminal acts, particularly property offences, are driven by the desire for the rewards associated with them.

Cognitive theory focuses on how individuals perceive the world and how these perceptions guide their thoughts, emotions, and actions. Cognitive theorists typically categorise moral development into three levels:

1. Pre-conventional level: Involves children learning about the external consequences of their actions.
2. Conventional level: Pertains to adolescents and young adults who base their behaviour on societal norms and expectations.
3. Post-conventional level: Concerns individuals over 20 years old who assess the moral value of societal rules in relation to broader concepts like liberty, human welfare, and human rights.

Regarding criminal behaviour, cognitive theorists argue that criminals tend not to progress beyond the pre-conventional level of moral judgement.

In forensic psychiatric treatment, evaluating patients' progress to prevent recidivism is crucial. The Risk-Need-Responsivity (RNR) model suggests that effective treatment considers a patient's risk level, specific needs, and learning abilities. In the past, clinical judgments based on intuition were used, but this led to inaccuracies. Then, structured risk assessment tools were developed (second generation), followed by tools that included dynamic factors (third generation). These tools help guide treatment decisions.

However, a study found that clinical judgments by main clinicians often differed from structured assessments in terms of how much patients had improved. Clinicians were generally more positive about improvement than the structured assessments. When compared to actual changes in violent behaviour, the structured assessment aligned better with reality than clinical judgments. This suggests that using both structured assessments and clinical judgments is best for making treatment decisions in forensic psychiatry to prevent violent recidivism.

Criminal rehabilitation using clinical psychology involves applying psychological principles and interventions to help offenders address underlying issues, change their behaviour, and reduce the risk of reoffending. Clinical psychology plays a crucial role in understanding and addressing the psychological factors that contribute to criminal behaviour. Here's how criminal rehabilitation is often done using clinical psychology:

1. Assessment: Clinical psychologists assess the individual's psychological, emotional, and cognitive functioning to identify factors that may contribute to criminal behaviour. This can

involve evaluating mental health conditions, substance abuse issues, personality traits, trauma history, and other relevant factors.

2. Individualised Treatment Plans: Based on the assessment, a personalised treatment plan is developed to target the specific needs of the offender. The plan may include therapy, counselling, and other interventions tailored to address underlying issues.

3. Therapeutic Interventions: Various therapeutic approaches can be employed to address the psychological factors associated with criminal behaviour. Cognitive-behavioural therapy (CBT) is commonly used to help individuals identify and change negative thought patterns, develop problem-solving skills, and manage impulsive behaviour.

4. Anger Management and Emotion Regulation: Offenders often struggle with managing anger and negative emotions, which can contribute to criminal behaviour. Clinical psychologists help individuals learn healthy ways to cope with emotions, manage anger, and avoid impulsive actions.

5. Substance Abuse Treatment: Many offenders have substance abuse issues that contribute to criminal behaviour. Clinical psychologists can provide substance abuse treatment, including individual and group therapy, to help individuals overcome addiction and reduce the risk of relapse.

6. Trauma Therapy: Addressing past traumas through therapies like trauma-focused cognitive-behavioural therapy (TF-CBT) can be crucial, as trauma often underlies criminal behaviour. Healing from trauma can help reduce the likelihood of engaging in criminal activities as a coping mechanism.

7. Social Skills Training: Building healthy social skills and improving interpersonal relationships can help offenders reintegrate into society successfully. Clinical psychologists work on enhancing communication skills, empathy, conflict resolution, and problem-solving abilities.

8. Relapse Prevention: Offenders are taught skills to prevent relapse into criminal behaviour. This includes identifying triggers, developing coping strategies, and creating a support system to maintain positive changes.

9. Family and Community Involvement: Clinical psychologists often involve the families and communities of offenders in the rehabilitation process. Family therapy and community-based programs can provide a supportive environment for change.

10. Continued Monitoring and Support: After release, ongoing support and monitoring are crucial to prevent relapse. Clinical psychologists may provide aftercare services, such as regular check-ins, counselling sessions, and referrals to support groups.

11. Evaluation and Progress Measurement: Clinical psychologists continually assess the individual's progress to determine the effectiveness of the interventions. Adjustments to the treatment plan may be made based on the individual's response to therapy.

Overall, criminal rehabilitation using clinical psychology is a comprehensive and individualised approach that aims to address the underlying psychological factors contributing to criminal behaviour, promote positive change, and ultimately reduce the risk of reoffending.

PRINCIPLES OF POSITIVE PSYCHOLOGY IN CRIMINAL REHABILITATION

Positive psychology represents a paradigm shift within the field of psychology, emphasising the exploration and cultivation of human strengths, well-being, and flourishing. In the context of offender rehabilitation, positive psychology offers a transformative approach that departs from traditional deficit-focused models. Elevating the significance of positive criminal rehabilitation underscores its profound capacity to reshape the trajectories of offenders' lives, emphasising strengths, promoting positive emotions, character development, fostering personal growth, resilience, and ultimately, successful reintegration into society.

Positive psychology, focusing on optimal functioning, offers a promising approach. Previous interventions, like the Good Lives Model (GLM) and Positive Re-Entry in Corrections Program (PRCP), have integrated positive psychology principles. GLM emphasises obtaining personal goods for well-being, while PRCP aligns with Seligman's theory of flourishing, incorporating elements like positive emotion, engagement, relationships, meaning, and accomplishment (PERMA)

PROMOTING POSITIVE EMOTIONS, CHARACTER STRENGTHS, AND RESILIENCE AMONG OFFENDERS:

- **Positive Emotions:** Positive psychology recognizes the vital role of positive emotions in enhancing well-being. In the context of offender rehabilitation, promoting positive emotions such as gratitude, joy, and hope can foster emotional resilience and improve mental health. By encouraging offenders to acknowledge positive aspects of their lives and develop an optimistic outlook, positive psychology interventions can counteract the negative emotions often associated with incarceration.

Research by Sabol, West, & Cooper, 2008; Warren et al, 2008 found that, incarceration rates were high, with 1.6 million adults in prison or jail, and most released individuals faced difficulties reintegrating into society. Traditional interventions targeting specific issues showed limited success. This study explores the potential of positive psychology interventions for incarcerated individuals.

Behavioural treatments proved more effective than non-behavioral ones in reducing recidivism. The study investigated key positive psychology constructs: gratitude, life satisfaction, and hope. Results revealed gratitude fosters well-being through positive emotions and relationships. Life satisfaction was linked to prosocial behaviour and protects against negative emotions. Hope, tied to positive social behaviour, also acts as a protective factor against recidivism. Overall, positive psychology interventions offer a unique way to enhance well-being, pro-social behaviour, and successful reintegration for incarcerated individuals, benefiting both the individuals and their communities.

- **Character Strengths:** Positive psychology places a strong emphasis on identifying and cultivating character strengths. Offenders possess a range of untapped strengths that can be harnessed to facilitate rehabilitation and successful reintegration. By identifying and fostering character strengths such as resilience, determination, and empathy, interventions can empower individuals to overcome challenges and develop a more positive self-identity. This, in turn, can contribute to reduced recidivism rates and improved social functioning.
- **Resilience:** Resilience, the ability to bounce back from adversity, is a crucial skill for individuals transitioning from incarceration to society. Positive psychology

interventions can help offenders develop resilience by teaching them coping strategies, problem-solving skills, and stress management techniques. By equipping individuals with these tools, positive psychology interventions empower them to navigate the challenges of re-entry more effectively and reduce the likelihood of relapse into criminal behaviour.

Shifting the Focus from Deficits to Potentials in Rehabilitation:

- **Strength-Based Approach:** Traditional rehabilitation models often focus on deficits, addressing problematic behaviours and deficiencies. Positive psychology, however, shifts the focus to strengths and potentials. By recognizing and building upon an individual's existing strengths, such as talents, skills, and positive attributes, interventions can enhance self-esteem and foster a sense of competence. This strength-based approach not only promotes personal growth but also empowers individuals to take an active role in their own rehabilitation journey.
- **Enhancing Self-Efficacy:** Positive psychology interventions contribute to a sense of self-efficacy among offenders. By helping them recognize their ability to effect positive change in their lives, these interventions instil a sense of agency and control. This newfound belief in their own capacity for change can motivate individuals to engage more actively in rehabilitation efforts, pursue education, job training, and other opportunities that support reintegration.
- **Growth out of trauma:** Experiencing trauma can profoundly impact the lives of individuals, causing disruptions in relationships, values, and beliefs, and in some cases, even resulting in behaviour that is socially unacceptable. However, as

individuals learn to navigate and cope with the aftermath of trauma, they can develop new skills and personal strengths. This process of post-traumatic growth has the potential to facilitate the discovery of fresh meaning in life and a renewed sense of identity. This perspective aligns with the principles of positive psychology, particularly the salutogenic theory proposed by Antonovsky (1987), which underscores the idea that both positive and negative experiences contribute to shaping and providing coherence to our lives. In the context of criminal rehabilitation, this notion suggests that individuals who have experienced trauma and engaged in socially unacceptable behaviour have the capacity for transformation. By harnessing the principles of positive psychology, interventions can focus on fostering post-traumatic growth, enabling individuals to develop valuable skills and resources that not only aid in their personal healing but also contribute to their successful reintegration into society.

- **Cultivating Hope and Future Orientation:** One of the distinctive features of positive psychology is its emphasis on hope and a future-oriented perspective. Offenders often struggle with feelings of hopelessness, especially when facing the challenges of re-entry. Positive psychology interventions can provide tools to envision a positive future, set goals, and develop a sense of purpose. This shift from a focus on past mistakes to a focus on future possibilities can be instrumental in reducing recidivism rates and supporting long-term successful reintegration.

OVERLAP AND SYNERGY

The evolution of criminal rehabilitation has witnessed a transformative shift as it converges with the integration of clinical and positive psychology paradigms. This dynamic

fusion brings to light a compelling approach. As we delve into the intersection of clinical and positive psychology, it becomes evident that these disciplines share a profound synergy, capitalising on their respective strengths to drive effective and holistic criminal rehabilitation. At its core, this fusion embodies a compelling and scientifically grounded strategy that not only identifies common objectives shared by clinical and positive psychology but also leverages their combined strengths to overcome barriers and promote holistic success in criminal rehabilitation endeavours.

Positive Clinical Psychology is emerging as an approach within the field of psychology that aims to combine the positive aspects of human functioning with traditional clinical practices. Its focus is to promote well-being, positive emotions, strengths, and resilience, while still addressing and treating mental health issues. Focusing on positive traits is essential to be integrated in clinical psychology, beyond the existence of negative qualities, positive characteristics can predict disorders. They might delay the onset of diseases by reducing the distress inducing effects of unfavourable life events. To increase resilience, positive traits can be encouraged in non-clinical groups. Positive traits give Clinical psychologists the chance to use their training in brand new contexts. Positive and negative features can be integrated, which can increase Clinical psychology's body of knowledge.

Identifying Common Goals:

Both clinical and positive psychology harbour a shared commitment to enhancing individual well-being and fostering personal growth. Clinical psychology, with its focus on addressing mental health issues and disorders, aligns seamlessly with positive psychology's pursuit of optimal functioning and the cultivation of strengths. The amalgamation of these

approaches underscores a comprehensive aim: not merely treating deficits, but also nurturing strengths, resilience, and positive change. This synthesis empowers individuals to confront their past, while simultaneously equipping them with the tools to construct a brighter and more fulfilling future.

Overcoming Barriers:

Integrating clinical and positive psychology in criminal rehabilitation is not without its challenges. One key obstacle is the historical segregation of these disciplines, with clinical psychology often viewed as symptom-centred and positive psychology as strength-oriented. However, by transcending these traditional boundaries, a transformative path emerges. Collaboration among professionals, the dissemination of interdisciplinary knowledge, and an emphasis on evidence-based practices offer a route to surmounting these barriers. The endeavour to harmonise these approaches enables practitioners to create a cohesive framework that addresses the complexities of criminal rehabilitation in a more nuanced and impactful manner.

Collaborative Goal Setting and Treatment Planning:

At the heart of this synergy lies the pivotal concept of collaborative goal setting and treatment planning. By amalgamating clinical and positive principles, practitioners can co-create tailored interventions that holistically address an individual's needs. This process goes beyond symptom alleviation to encompass a comprehensive well-being approach. Leveraging clinical insights, interventions can delve into trauma, addiction, and mental health concerns, while positive psychology's strengths-based approach nurtures resilience, self-efficacy, and the cultivation of a meaningful life. The seamless integration of these principles empowers

individuals to rewrite their narratives, steering away from the cycle of recidivism and towards a path of personal growth and societal reintegration.

ETHICAL CONSIDERATIONS AND FUTURE DIRECTIONS

Ethics are the standards that direct the conduct of its professional members. The APA has its own ethical principles of psychologists and code of conduct for every psychologist who is licensed. There are 5 primary principles of ethics: autonomy, beneficence, fidelity, nonmaleficence and justice.

In the forensic and penal fields, ethical dilemmas are usually framed in terms of particular requirements like consent to treatment, secrecy, or a need to warn potential victims. These limitations of a narrow approach to addressing these ethical issues can be understood and addressed under the following ethical challenges that commonly arise when dealing with offender assessments and treatments-

1. **Human Rights:** This focuses on the moral human rights and how they relate to evaluate and treat the offenders' risks. This helps professionals to reflect on the rights of all parties involved in the criminal justice system and do the assessments and treatments without harming their rights.
2. **Punishment:** This addresses the necessity of considering the ethical consequences of punishment as a societal reaction to criminal actions.
3. **Moral Repair:** This arises from the complex role of offenders as both victims and wrongdoers. This helps address the harm caused by criminal behaviour, recognise the importance of respecting victims' rights while also providing opportunities for offenders to make amends.

4. **Dual relationship problem:** This emerges from the intricate connections that practitioners in forensic and correctional settings often have with their clients- individuals who are both offenders and individuals seeking treatment.

Therefore, the goal should be- adopting a comprehensive approach to addressing ethical issues in forensic and correctional practices, to equip practitioners with a more extensive ethical framework to guide their decision making in situations characterised by complexity and moral ambiguity.

CONCLUSION: EMBRACING A TRANSFORMATIVE FUTURE

The fusion of clinical psychology with positive psychology marks a rehabilitative revolution with immense potential. By aligning common goals, breaking down barriers, and coalescing clinical expertise with positive principles, this approach empowers offenders to rebuild their lives. It's a departure from traditional models, emphasising strengths, resilience, and growth. As this integrative field unfolds, ongoing research and collaboration will drive its success, fostering a safer, more harmonious society where rehabilitation thrives. This partnership holds the promise of not just reducing recidivism, but of shaping a brighter, more hopeful future for individuals and communities alike.

REFERENCES

- Ackerman, M. J., & Ackerman, M. (1997). Custody evaluation practices: A survey of experienced professionals (revisited). *Professional Psychology: Research and Practice*, 28, 137-145.
- Bodholdt, R. H., Richards, H. R., & Gacano, C. B. (2000). Assessing psychopathy in adults: The psychopathy checklist-revised and screening version. In C. B. Gacano (Ed.), *The clinical and forensic assessment of psychopathy: A practitioner's guide* (pp. 55-86). Mahwah, NJ: Erlbaum.
- Dumont, D., Gjelsvik, A., Redmond, N., & Rich, J. D. (2013). Jails as Public Health partners: Incarceration and disparities among medically Underserved men. *International Journal of Men's Health*, 12(3), 213–227. <https://doi.org/10.3149/jmh.1203.213>
- Elisha, E., & Ronel, N. (2022). Positive Psychology and Positive Criminology: similarities and differences. *Criminal Justice Policy Review*, 34(1), 8–19. <https://doi.org/10.1177/08874034211065992>
- Ghiasi, N. (2023, March 30). Psychiatric illness and criminality. StatPearls - NCBI Bookshelf. <https://www.ncbi.nlm.nih.gov/books/NBK537064/>
- Gottfried, E. D., & Christopher, S. (2017). Mental disorders among criminal offenders. *Journal of Correctional Health Care*, 23(3), 336–346. <https://doi.org/10.1177/1078345817716180>
- Gredecki, N., & Turner, P. (2009). Positive psychology and forensic clients: applications to relapse prevention in offending behaviour interventions. *The British Journal of Forensic Practice*, 11(4), 50–59. <https://doi.org/10.1108/14636646200900028>
- Huynh, K. H., Hall, B., Hurst, M., & Bikos, L. H. (2014). Evaluation of the Positive Re-Entry in Corrections Program. *International Journal of Offender Therapy and Comparative Criminology*, 59(9), 1006–1023. <https://doi.org/10.1177/0306624x14523385>
- Kelly, T. M., & Daley, D. C. (2013). Integrated treatment of Substance use and Psychiatric disorders. *Social Work in Public Health*, 28(3–4), 388–406. <https://doi.org/10.1080/19371918.2013.774673>
- Khanna, P. (2021). Criminal Psychology through a positive psychology lens: From a deficit to asset perspective. In Springer eBooks (pp. 255–269). https://doi.org/10.1007/978-981-16-4570-9_17
- Lamberti, J. S., Weisman, R. L., Schwarzkopf, S. B., Price, N., Ashton, R. M., & Trompeter, J. (2001). The mentally ill in jails and prisons: towards an integrated model of prevention. *Psychiatric Quarterly*, 72(1), 63–77. <https://doi.org/10.1023/a:1004862104102>
- Morse, S., Wright, K. A., & Klapow, M. (2022). Correctional rehabilitation and positive psychology: Opportunities and challenges. *Sociology Compass*, 16(3). <https://doi.org/10.1111/soc4.12960>

- Olson, J. (2022). Positive criminology and positive psychology. *Criminal Justice Policy Review*, 34(1), 3–7. <https://doi.org/10.1177/08874034221133727>
- Psychological theories of crime. (n.d.). StudySmarter UK. <https://www.studysmarter.co.uk/explanations/psychology/forensic-psychology/psychological-theories-of-crime/>
- Ronel, N., & Elisha, E. (2010). A different perspective: introducing positive criminology. *International Journal of Offender Therapy and Comparative Criminology*, 55(2), 305–325. <https://doi.org/10.1177/0306624x09357772>
- Schueneman, T. (2023). What Are The Three Major Psychological Theories of Crime? Point Park University Online. <https://online.pointpark.edu/criminal-justice/psychological-theories-of-crime/>
- Schuringa, E., Spreen, M., & Bogaerts, S. (2021). Treatment evaluation in forensic psychiatry. Which one should be used: the clinical judgement or the instrument-based assessment of change? *International Journal of Offender Therapy and Comparative Criminology*, 66(16), 1821–1836. <https://doi.org/10.1177/0306624x211023921>
- Sehgal, D. R. (2020, August 27). How does forensic psychology help in rehabilitation of prisoners - iPleaders. iPleaders. <https://blog.ipleaders.in/forensic-psychology-help-rehabilitation-prisoners/>
- Sutherland, E. H. (1934). *Principles of Criminology* (2nd ed., p. 4). Philadelphia, PA: Lippincott Publishers.
- Volavka, J., & Citrome, L. (2011). Pathways to aggression in schizophrenia affect results of treatment. *Schizophrenia Bulletin*, 37(5), 921–929. <https://doi.org/10.1093/schbul/sbr041>
- Walsh, E., Buchanan, A., & Fahy, T. (2002). Violence and schizophrenia: Examining the evidence. *British Journal of Psychiatry*, 180(06), 490–495. <https://doi.org/10.1192/bjp.180.6.490>
- Watson, A. C., Hanrahan, P., Luchins, D. J., & Lurigio, A. J. (2001). Mental health courts and the complex issue of mentally ill offenders. *Psychiatric Services*, 52(4), 477–481. <https://doi.org/10.1176/appi.ps.52.4.477>
- Wood, A. M., & Tarrier, N. (2010). Positive Clinical Psychology: A new vision and strategy for integrated research and practice. *Clinical Psychology Review*, 30(7), 819–829. <https://doi.org/10.1016/j.cpr.2010.06.003>
- Ziv, R. (2018). *The future of correctional rehabilitation: Moving beyond the RNR model and good lives model debate*. Routledge.