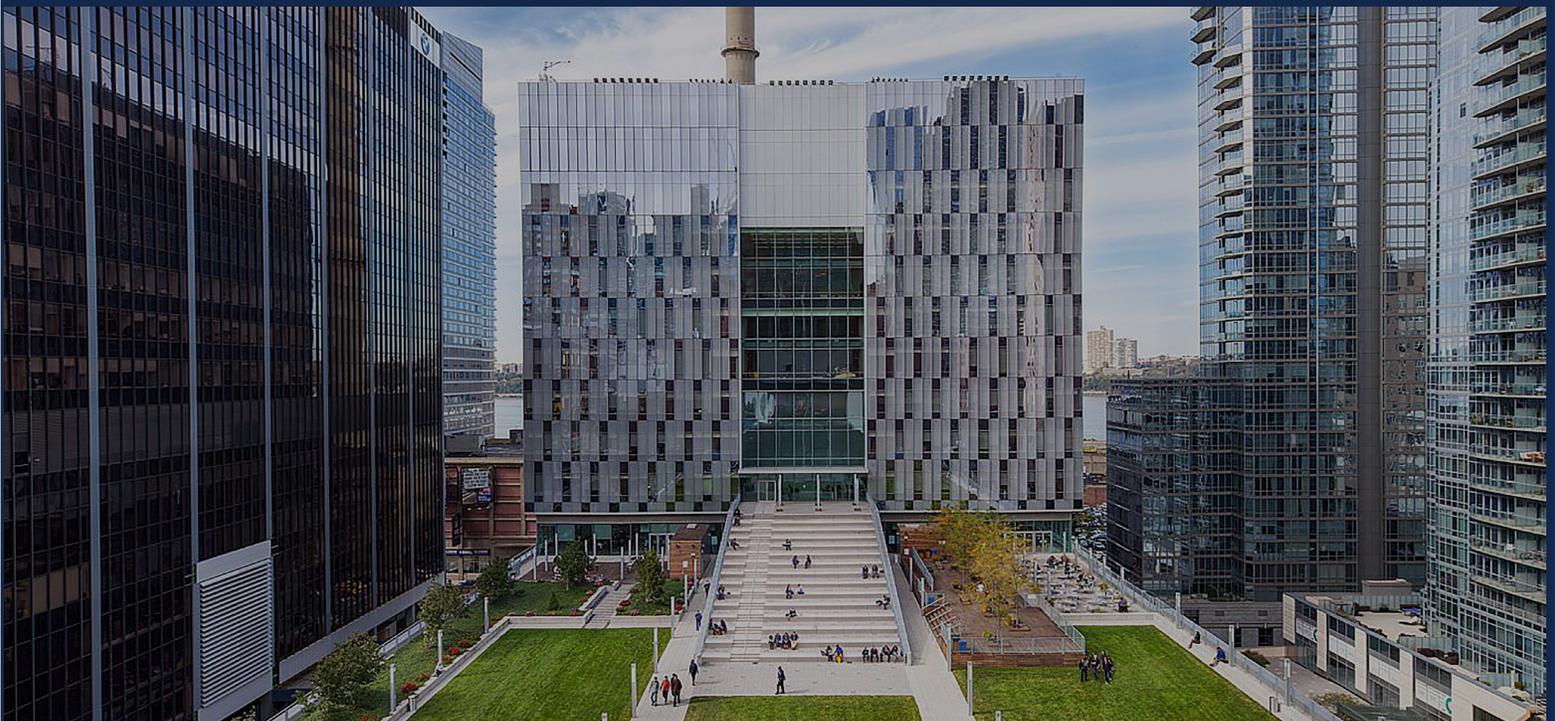




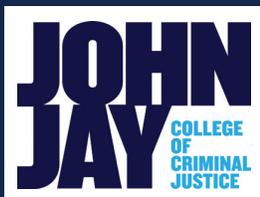
IAFMHS

INTERNATIONAL ASSOCIATION OF FORENSIC MENTAL HEALTH SERVICES



2016 IAFMHS CONFERENCE PROGRAM

JUNE 21ST - 23RD, 2016



FORDHAM UNIVERSITY

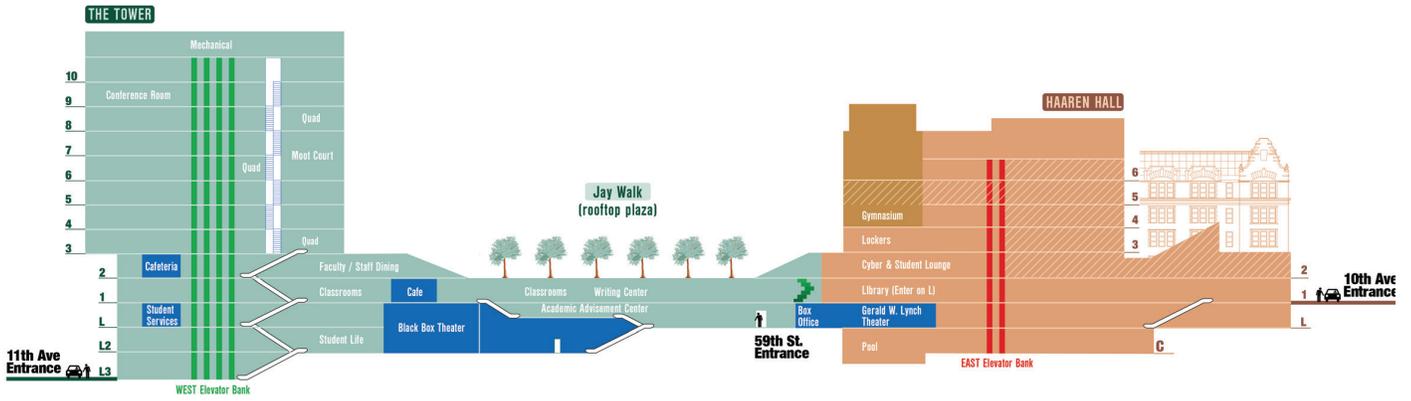
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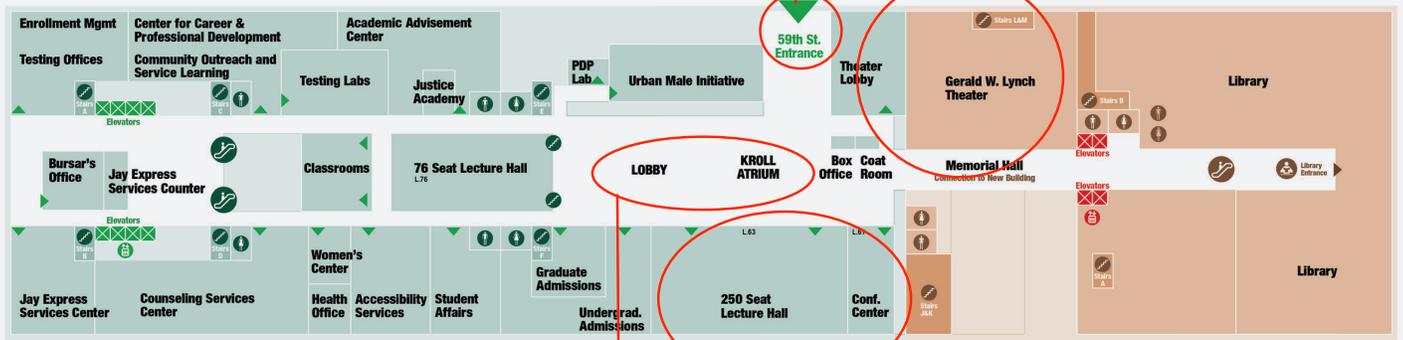
John Jay College of Criminal Justice Floor plans

New Building with Haaren Hall



New Building

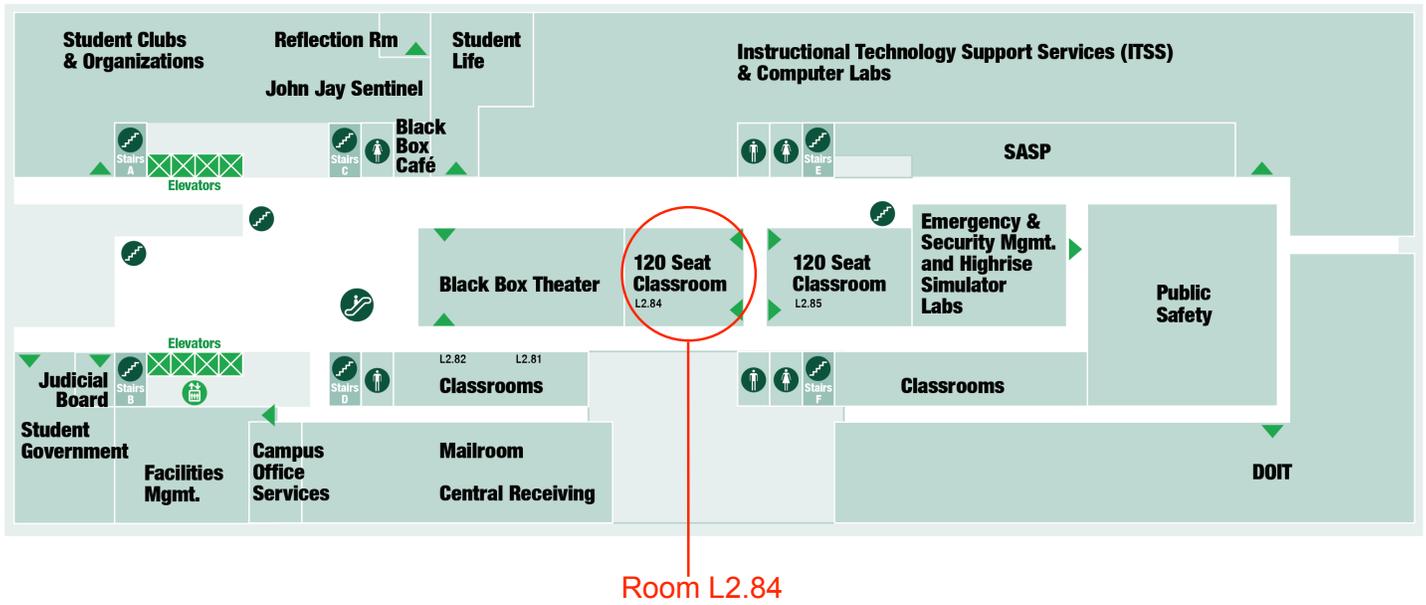
L - The Lobby Floor (connecting New Building and Haaren Hall)



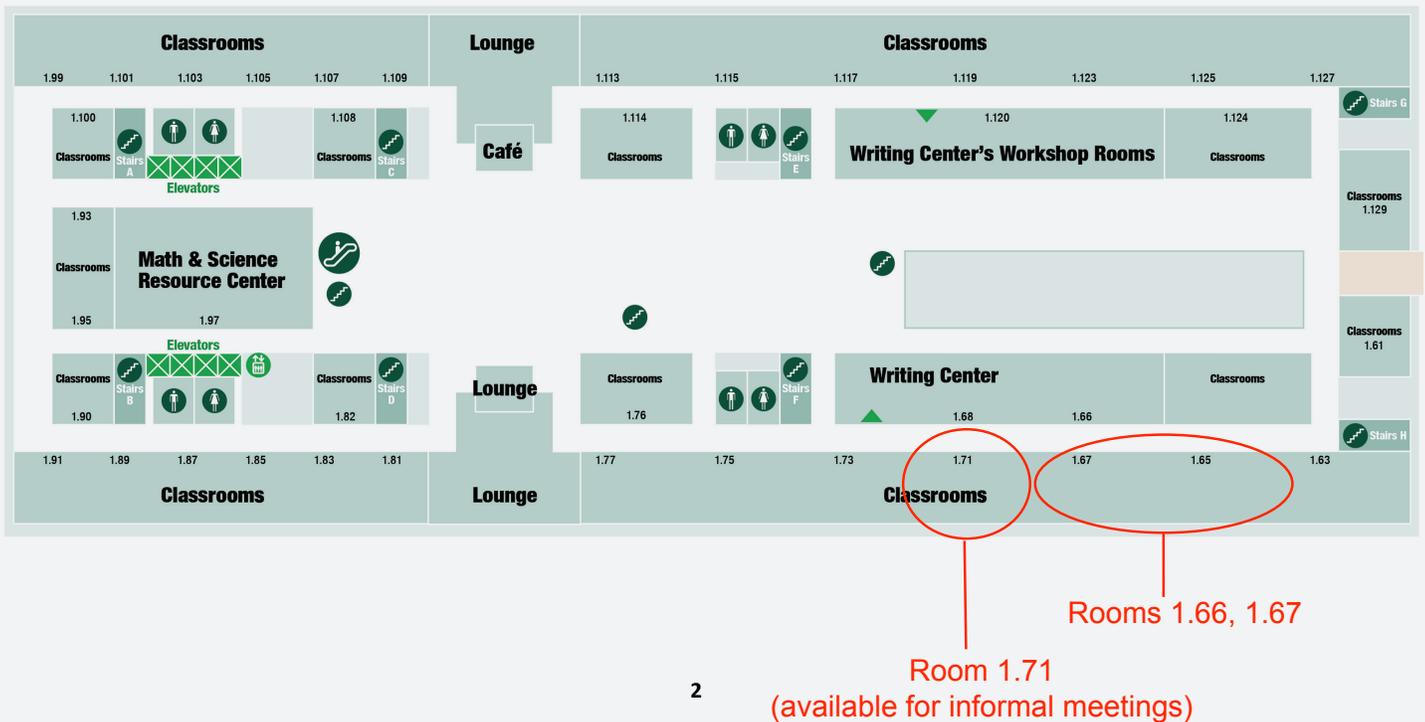
Conference Registration

L.63 & L.61

New Building Floor L2

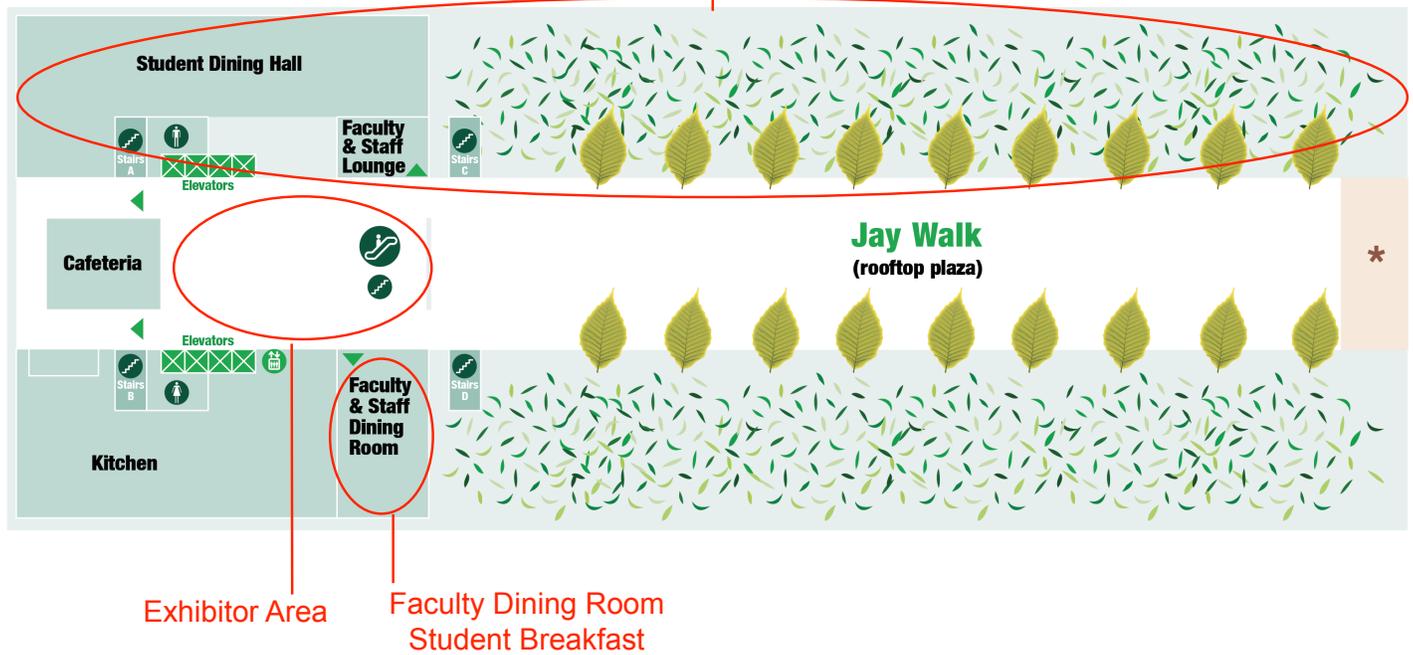


New Building Floor 1

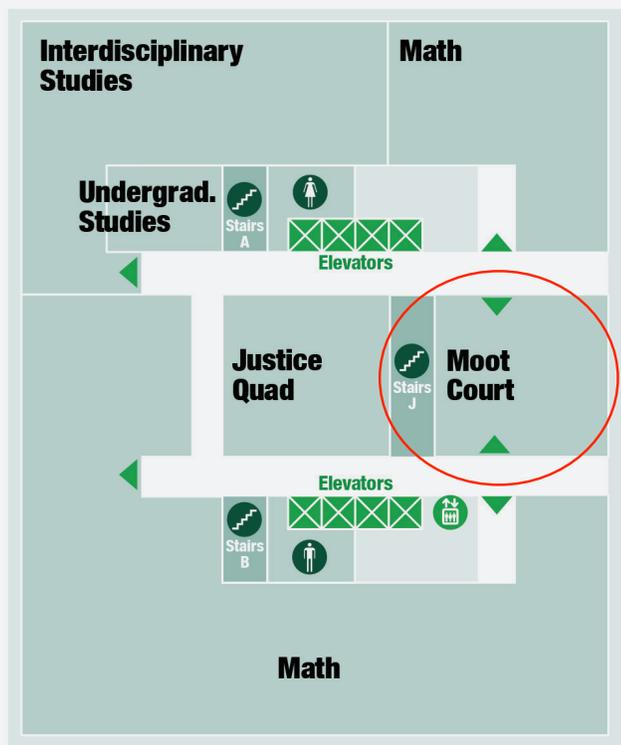


Student Dining Hall & Jay Walk
Lunch, Breaks, Receptions, Posters

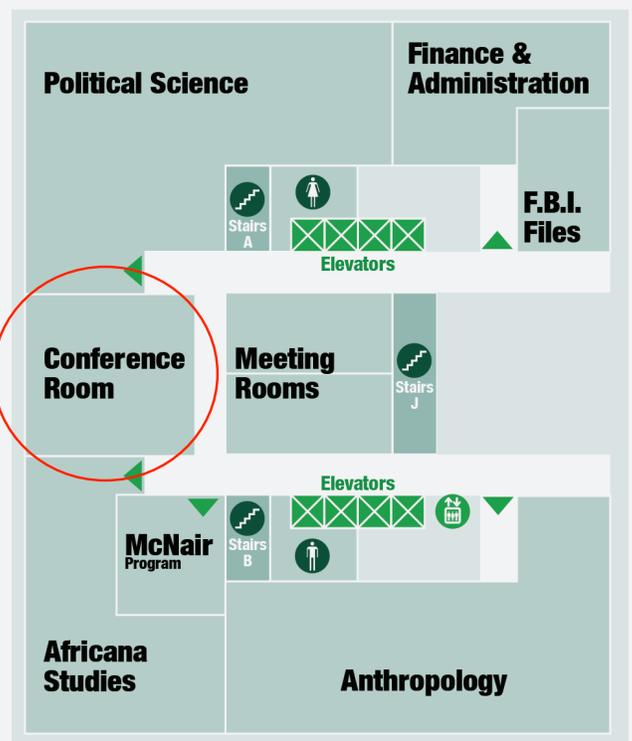
New Building Floor 2



New Building Floor 6

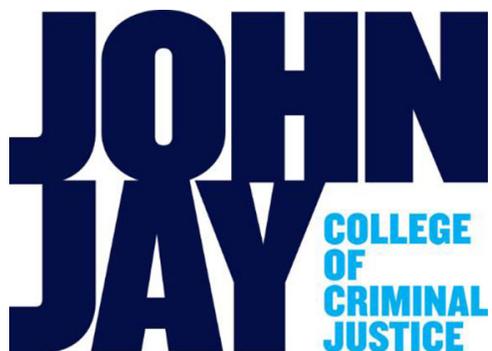


New Building Floor 9



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- Thomas Embling Hospital: a 116 bed, secure mental health hospital
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- Community Forensic Mental Health Service: specialist community mental health programs including community integration, problem behaviour and court services.

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- psychologists
- consultant psychiatrists & psychiatric registrars
- mental health nurses
- occupational therapists
- social workers

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If you'd like to find out more about employment opportunities available at Forensicare, visit our IAFMHS Conference stall.

You can also express your interest in working at Forensicare by scanning the QR square with your phone's QR reader or by visiting: <http://forensicare.mercury.com.au/Register.aspx>

MORE INFORMATION

For more information about Forensicare:

email: hr@forensicare.vic.gov.au



Yarra River, Melbourne skyline - James Lauritz



Surfers, Lorne, Victoria - Robert Blackburn



Coffee, Tivoli Bakery - Katherine Lim, Flickr



Koala bear - socmed00156247, Flickr



E-class tram, Flinders Street Station - Yarra Trams



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* Our Quality Account 2015 – 2016 will be available to download from our website at the end of June

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- *Treatment of Sex Offenders Deemed Not Criminally Responsible*
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- *Challenging Legal Issues in the Treatment of Offenders*
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- *How Neuroscience Shapes Treatment*
- *Intersection of Mental Health & Criminal Justice System*
- *Assessment of Fetal Alcohol Spectrum Disorder*
- *Building Resilience Through Mindfulness Practices*
- *Enhancing Motivation to Change*
- *Trauma Informed Care*
- *Experiences of Stigma Exemplified*
- *Post Traumatic Stress Disorder*
- *Forensic Psychiatry—An International Perspective*
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IAFMHS Program Overview - Tuesday, 21 June

	Room L.63 (Capacity 250)	Moot Court – 6 th fl (Capacity 130)	Room L2.84 (Capacity 120)	Room L.61 (Capacity 110)	Room 9.64 (Capacity 74)	Room 1.66 (Capacity 45)	Room 1.67 (Capacity 40)
7:00 am – 5:30 pm	Conference Registration (Lobby – Floor L)						
9:00 am – 5:00 pm	Exhibit Booths (2 nd Floor Landing)						
10:00 am – 4:00 pm	Poster Session # 1 (Student Dining Hall – 2 nd Floor)						
7:00 am – 8:00 am	Student Breakfast (Faculty Dining Room – 2 nd Floor)						
8:00 am – 9:10 am	1.11 Symposium: The e-HARM-FV <i>Mamak Chaimowitz</i>	1.12 Symposium: Increasing Safety <i>Marshall Rice Kipping</i>	1.13 Papers: Treatment <i>Alred Glorney Feringa Van Outheusden</i>	1.14 Papers: Training and Programming <i>Aasdal Ogunwale Goossens D Jones</i>	1.15 Symposium: Mental Health Care of Offenders <i>Keulen-de Vos Schmitz Alexander</i>	1.16 Papers: Service Users <i>Barker Callaghan Callaghan Livingston</i>	1.17 Symposium Transsexualism <i>Iles Ross Barrett</i>
9:20 am – 10:30 am	1.21 Symposium: SARA-V3 <i>Kropp Ryan Coupland</i>	1.22 Papers: Risk Formulation <i>Foellmi Logan Bhullar Wallinius</i>	1.23 Papers: Mandated Treatment <i>Stuen Riley De Smet Picard</i>	1.24 Papers: Bias <i>Murray Kelley Kent-Wilkinson Lim</i>	1.25 Papers: Risk Management <i>Bjorkly Hein Learoyd Serin</i>	1.26 Symposium: Psychopathy <i>Leark Story Botzheim Norton Ryan</i>	1.27 Symposium: Forensic Outcomes 1 <i>Kennedy Mullaney Braun Davoren</i>
10:30 am – 11:00 am	Coffee Break / Poster Viewing (Student Dining Hall – 2 nd Floor)						
11:00 am – 12:00 pm	1.31 Papers: Youth Risk Assessment <i>Godoy Shaffer Viljoen Augimeri</i>	1.32 Symposium: Diversion Clients <i>Desmarais Rade Lowder Coffey</i>	1.33 Papers: Forensic Research <i>Pitcairn Cook Carabelle Simpson</i>	1.34 Symposium: National Trajectory Project <i>Crocker Charette Wilson Livingston</i>	1.35 Symposium: Sex Offenders <i>Ho Deo Larkin Baird Bisht</i>	1.36 Paper: Assessment <i>Van Klompenberg Rosinski Hu</i>	1.37 Symposium: Forensic Outcomes 2 <i>Kennedy O'Reilly Chatterjee Coleman Thomson</i>

Lunch / Poster Viewing (Student Dining Hall – 2nd Floor)							
12:00 pm – 1:00 pm	1.41 Papers: Forensic Evaluations <i>Murrie</i> <i>Van der Wolf</i> <i>Murray</i>	1.42 Papers Treatment <i>Trestman</i> <i>Lim</i> <i>McIntosh</i> <i>Noga</i>	1.43 Symposium: Trauma-informed Juvenile Justice <i>Branson</i> <i>Baetz</i> <i>Cruise</i>	1.44 Symposium: Mind the Gap <i>Lennox</i> <i>Shaw</i>	1.45 Papers: Veterans <i>Stimmel</i> <i>Cote</i> <i>Wainwright</i> <i>Cote</i>	1.46 Papers: Special Populations <i>Cook</i> <i>Vinas-Racionero</i> <i>Martin</i> <i>Thomas</i>	1.47 Symposium: ID Offenders <i>Duff</i> <i>Sakdalan</i> <i>Seth</i>
2:20 pm – 3:30 pm	1.51 Papers: Sex Offending <i>Lamade</i> <i>Schreiber</i> <i>Lamade</i> <i>Pfennig</i>	1.52 Papers: Risk Assessment <i>Daffern</i> <i>Howard</i> <i>Karlbeg</i> <i>Leonard</i>	1.53 Papers: Youth <i>Vijoen</i> <i>Wright</i> <i>Lister</i> <i>Laurier</i>	1.54 Symposium: Collaborative Relationships <i>Haque</i> <i>Jones</i> <i>Klassen</i>	1.55 Symposium: Violent Ideation <i>Hoff</i> <i>Hart</i> <i>Medalen</i>	1.56 Papers: Developmental Influences <i>Morris</i> <i>McLachlan</i> <i>McLachlan</i> <i>Webb</i>	1.57 Symposium: Ethical Issues <i>Igoumenou</i> <i>Ross</i> <i>Das</i> <i>Van Velsen</i>
3:30 pm – 4:00 pm	Coffee Break / Poster Viewing (Student Dining Hall – 2nd Floor)						
4:00 pm – 4:45 pm	Opening Remarks (Theater Floor L)						
4:45 pm – 6:00 pm	Keynote – Itiel Dror (Theater Floor L)						
6:00 pm – 8:00 pm	Welcome Reception (Student Dining Hall & Jay Walk – 2nd Floor)						

IAFMHS Program Overview - Wednesday, 22 June

	Room L.63 (Capacity 250)	Moot Court – 6 th fl (Capacity 130)	Room L2.84 (Capacity 120)	Room L.61 (Capacity 110)	Room 9.64 (Capacity 74)	Room 1.66 (Capacity 45)	Room 1.67 (Capacity 40)
7:00 am – 8:00 am	Fun Run (Meet at the entrance to Central Park – 59 th Street and Broadway)						
7:00 am – 5:30 pm	Conference Registration (Lobby – Floor L)						
9:00 am – 5:00 pm	Exhibit Booths (2 nd Floor Landing)						
10:00 am – 4:00 pm	Poster Session # 2 (Student Dining Hall – 2 nd Floor)						
8:00 am – 9:10 am	2.11 Symposium: PRISM Protocol <i>Johnstone Devilliers Bjork Gordon Cooke</i>	2.12 Symposium Ethics of Diversion <i>Barber-Rioja D’Emic Kelly King Preziosi</i>	2.13 Papers: Risk Assessment <i>Brookstein Cartwright Nijdam-Jones Bengtson</i>	2.14 Papers: Risk and Resilience <i>Visser Bohle Sandvik Wershler</i>	2.15 Symposium: Long-Stay Patients <i>Braun Vollm Holley McDonald</i>	2.16 Trauma <i>Karatzias Yuen Mahoney Morris</i>	SIG Meeting: Risk
9:20 am – 10:30 am	2.21 Symposium Developmental Disorders <i>de Villiers Alexander Doyle</i>	2.22 Papers: Forensic Patients <i>Boldt Chester Rees</i>	2.23 Symposium: Quality Standards I <i>Haque Thompson Brink</i>	2.24 Symposium: Suicide and Homicide <i>Shaw Hunt Flynn</i>	2.25 Papers: Sex Offenders <i>Andres-Pueyo Henshaw Rowlands Weinscheimer</i>	2.26 Papers - Juveniles: <i>Klein Marotta Mohamud Gojer</i>	SIG Meeting: MH Nurses
10:30 am – 11:00 am	Coffee Break / Poster Viewing (Student Dining Hall – 2 nd Floor)						
11:00 am – 12:00 pm	2.31 Symposium: Student Invited Panel – Getting the Word Out <i>Crocker Desmarais Nicholls</i>	2.32 Papers: Forensic Interviewing <i>Logan Mantell Tansey Walvisch</i>	2.33 Symposium: Quality Standards II <i>Muller-Isberner de Haen Klassen</i>	2.34 Papers: Policing <i>Lavoie Furness Prince Dagenais Doudle</i>	2.35 Symposium: Treatment <i>Bolanos Morgan Van Horn Kroner</i>	2.36 Papers: Prison Treatment <i>Hean Martin Birgden</i>	SIG Meeting: Long Term Care

12:00 pm – 1:00 pm	Lunch / Poster Viewing (Student Dining Hall – 2 nd Floor)						
1:00 pm – 2:15 pm	Keynote – Aisha Gill (Theatre – Floor L)						
2:15 pm – 2:30 pm	Christopher Webster Young Scholar Award (Theatre – Floor L)						
2:30 pm – 3:00 pm	Coffee Break / Poster Viewing (Student Dining Hall – 2 nd Floor)						
3:00 pm – 4:10 pm	2.41 Symposium Protective Factors – Juveniles <i>de Vries Robbe</i> <i>Vullings</i> <i>Hilterman</i> <i>Bhanwer</i> <i>Adler-Hart</i>	2.42 Symposium: Juvenile Forensic Assessment <i>Liebert</i> <i>Nathanson</i> <i>Larson</i>	2.43 Symposium: Delusions and Violence <i>Taylor</i> <i>Berry</i> <i>Jimenez</i>	2.44 Papers: Isolation <i>Salem</i> <i>Schafnenaar</i> <i>Tulloch</i> <i>Sandy</i>	2.45 Papers: Intimate Partner Violence <i>Gerbrandij</i> <i>Storey</i> <i>Petersson</i> <i>Low</i>	2.46 Paper: Risk Reduction <i>Ewington</i> <i>Seal</i> <i>Trebilcock</i> <i>McKenna</i>	SIG Meeting: Service Development
4:20 pm – 5:30 pm	2.51 Symposium Risk Assessment in Women <i>Strand</i> <i>de Vogel</i> <i>Selnius</i> <i>de Vries Robbe</i>	2.52 Papers: Prison Treatment <i>Tyler</i> <i>Dolan</i> <i>Dewa</i> <i>Smith</i>	2.53 Symposium: Intervention Strategies <i>Nicholls</i> <i>Petersen</i> <i>Crocker</i> <i>Roy</i>	2.54 Papers: Self-Harm <i>Martin</i> <i>Gatner</i> <i>Mok</i> <i>Pustoslemsek</i>	2.55 Papers: Nursing <i>Doyle</i> <i>Walker</i> <i>Fluttert</i> <i>Ghosh</i>	2.56 Symposium: Competency <i>Paradis</i> <i>Perry</i> <i>Shao</i> <i>Nobrega</i> <i>Egan</i>	SIG Meeting: Intellectual Disabilities
6:30 pm – 9:30 pm	Conference Banquet – Spirit of New York Harbor Cruise (Leaves from Chelsea Piers, Pier 60 – BE ON TIME!!)						
Student Social – Location TBD							

IAFMHS Program Overview - Thursday, 23 June

	Room L.63 (Capacity 250)	Moot Court – 6th fl (Capacity 130)	Room L2.84 (Capacity 120)	Room L.61 (Capacity 110)	Room 9.64 (Capacity 74)	Room 1.66 (Capacity 45)
8:00 am – 1:00 pm	Conference Registration (Lobby – Floor L)					
9:00 am – 5:00 pm	Exhibit Booths (2 nd Floor Landing)					
10:00 am – 4:00 pm	Poster Session # 3 (Student Dining Hall – 2 nd Floor)					
8:00 am – 9:10 am	3.11 Symposium: RCTs in Prison <i>Taylor</i> <i>Kissell</i> <i>Meredith</i>	3.12 Papers: Recidivism <i>Penney</i> <i>Smeijers</i> <i>Martin</i> <i>Ogloff</i>	3.13 Symposium: Restraints <i>Johnson</i> <i>Walker</i> <i>Timmons</i> <i>Martin</i>	3.14 Papers: Violence Risk <i>Dumais</i> <i>O'Neill</i> <i>Beauregard</i>	3.15 Paper: Personality Disorder <i>Magyar</i> <i>Shaffer</i> <i>Livanou</i> <i>Muir</i>	3.16 Symposium: ID Offenders <i>Wooster</i> <i>McCarthy</i> <i>Ghosh</i> <i>Gilluley</i> <i>Gomes</i>
9:20 am – 10:30 am	3.21 Papers: Assessment <i>Gu</i> <i>Iskander</i> <i>Laurinavicius</i> <i>Costi</i>	3.22 Symposium: Diversion Programs <i>Fisler</i> <i>Rotter</i> <i>Barber-Rioja</i>	3.23 Papers: Addiction <i>Lawrence</i> <i>Ghosh</i> <i>Stetina</i> <i>Ivany</i>	3.24 Papers: Violence Risk <i>Griswold</i> <i>Wijetunga</i> <i>Pauli</i> <i>Van Horn</i>	3.25 Symposium: Evidence-Based Rehabilitation <i>Dumont</i> <i>Dumais</i> <i>Briand</i>	3.26 Symposium: Low Secure Settings <i>Pasupuleti</i> <i>Gilchrist</i> <i>Gilluley</i> <i>Scott</i>
10:30 am – 11:00 am	Coffee Break / Poster Viewing (Student Dining Hall – 2 nd Floor)					
11:00 am – 12:15 pm	Keynote – Tom Grisso (Theatre – Floor L)					
12:30 pm – 1:00 pm	Award Presentations/Invitation to 2017 (Theatre – Floor L)					
1:00 pm – 2:00 pm	Lunch / Poster Viewing (Student Dining Hall – 2 nd Floor)					
2:00 pm – 3:10 pm	3.31 Symposium: Risk Formulations <i>Jones</i> <i>Cree</i> <i>Hopton</i> <i>Haque</i>	3.32 Papers: Diversion <i>Bopp</i> <i>Campbell</i> <i>Risoli</i> <i>McKenna</i>	3.33 Papers: Youth <i>Barese</i> <i>Janssen</i> <i>Reid</i> <i>Holloway</i>	3.34 Papers: New Developments <i>Senior</i> <i>Callaghan</i> <i>Krimmer</i>	3.35 Symposium: Sex Offender Risk Assessment <i>Sakdalan</i> <i>Visser</i>	3.36 Symposium: Neurodevelopmental Disorders <i>Sen</i> <i>Forrester</i> <i>McCarthy</i>

3:20 pm – 4:30 pm	3.41 Papers: Intimate Partner Violence <i>Caman Davoren Vatnar Dufort</i>	Symposium 8327 Working Alliance <i>Holdsworth Rutland Kozar Walker</i>	3.43 Papers: Drug Use <i>Kreis Thomkapanich Miles Rezansoff</i>	3.44 Papers: Intellectual Disability <i>Ordonez Stewart Vicenzutto</i>	3.45 Symposium: False Confessions and Suggestibility <i>Visser Sakdalan</i>	3.46 Symposium: Innovations in Care <i>Simpson Howitt Ogunwale</i>
Coffee Break / Poster Viewing (Student Dining Hall – 2nd Floor)						
4:30 pm – 5:00 pm						
5:00 pm – 6:00 pm	3.51 Papers: Psychopathy <i>Delfin van Dongen Igoumenou Gallagher</i>	3.52 Papers: Diversity <i>Shepherd Byrnes Costi Einzig</i>	3.53 Symposium: Neurocognition and Cog. Remediation <i>O'Reilly Kennedy Mullaney</i>	3.54 Symposium: ID Offenders <i>Eusterschulte Herrando Morris</i>	3.55 Symposium: NSW Forensic Patient Needs and Services <i>Adams Mackinnon</i>	3.56 Papers: Legal Outcomes <i>Ogunwale Canales Ratkalker Madrid</i>
6:00 pm – 6:30 pm	Annual General Meeting (Moot Court – 6th Floor)					
6:30 pm – 8:00 pm	Closing Reception (Jay Walk – 2nd Floor)					

Welcome and Conference Highlights

We are pleased that you are able to join us for this year's conference and hope that you will have the opportunity to learn, network, and enjoy New York City! This program includes full details regarding the academic program for this conference as well as special sessions and social events. We present some highlights of the program below.

Keynote Addresses

We are pleased to have three distinguished professionals presenting keynote addresses at this year's conference. The opening keynote will be delivered by **Dr. Itiel Dror**, University College London, on *The Pitfalls of Forensic Assessments and How to Overcome Them*. This keynote will take place on Tuesday June 21st at 4:00pm in the Theatre.

The second keynote will be presented by **Dr. Aisha Gill**, University of Roehampton, on *Honour, Violence against Women and Girls and the Role of the Criminal Justice System in Addressing the Problem of Honour-Based Violence*. This keynote will take place on Wednesday June 22nd at 1:00pm in the Theatre.

The final keynote will be presented by **Dr. Tom Grisso**, University of Massachusetts Medical School, on *Miller v. Alabama, Juvenile Sentencing, and What Forensic Clinicians can Provide*. This keynote will take place on Thursday June 23rd at 11:00am in the Theatre.

Poster Sessions

We have scheduled poster sessions to take place each day in the Student Dining Hall. Posters will be available for viewing all day so please take advantage of breaks, lunch, and downtime to come by and enjoy the work being presented in these sessions.

Social Events

The **Welcome Reception** will take place on Tuesday June 21st immediately following the opening keynote address, from 6:00-8:00pm in the Student Dining Hall and Jay Walk Outdoor Area on the second floor. Come join us and celebrate being in NYC in June!

The **Conference Banquet** will take place on Wednesday June 22nd from 6:30-9:30pm aboard the Spirit of New York. Enjoy dinner, dancing, and an open bar (beer & wine) while sailing the harbor and taking in NYC's most famous landmarks and stunning skyline. As per usual, tickets for the conference banquet will need to be purchased prior to this event. If you would like to join, please purchase a ticket on the conference website or see us at the conference registration table.

The **Farewell Reception** will take place on Thursday June 23rd immediately following the Annual General Meeting (all are welcome/encouraged to attend this meeting!) in the Jay Walk Outdoor Area on the second floor. Join us for a farewell drink!

Special Interest Groups & Informal Meetings

We have included time on the conference schedule for Special Interest Groups to meet and have also reserved a room (Room 1.71 on the First Floor) where informal, impromptu meetings can be held by conference attendees. Of course, attendees can also meet in small groups at the tables on the Jay Walk Outdoor Reception Area (Second Floor) or elsewhere throughout the college. Enjoy!

Pre- and Post-Conference Workshops & Within-Conference Continuing Education (CE)

We are pleased to be able to offer a series of pre- and post-conference workshops to be held at Fordham University School of Law (across the street from John Jay College) on June 20th and 24th, respectively. Interested participants can register for these workshops online or by visiting the conference registration table. CE credit for these workshops will be provided.

Conference attendees wishing to obtain CE credit for attending sessions on Tuesday through Thursday can do so by registering online (details on page 26 of this program).

Special Thanks

We would like to extend a very special thank you to all who worked tirelessly on planning this conference and the pre- and post-conference workshops. We were fortunate to have colleagues and graduate students willing to give their time to this event and we are grateful to them for their time and energy on this. Special thanks to Dr. Keith Cruise who served as the Scientific Program Chair and to our graduate students at John Jay College (Megan Banford, Amanda Beltrani, Rebecca Cheiffitz, Sara Hartigan, Andrea Patrick, Amanda Reed, Marissa Zappala) and Fordham University (Melodie Foellmi, Anthony Fortuna, Jacqueline Howe, Jacomina Gerbrandij, Evan Holloway, Josiah Huggins, Alicia Nijdam-Jones, Emilie Picard, Amelia Sorg, Charity Wijetunga).

We hope you enjoy your time in NYC and leave this conference stimulated and inspired!

Barry Rosenfeld (Fordham University) & Patricia Zapf (John Jay College)
Conference Co-Chairs

Message from the President

Welcome to New York City and the 16th Annual Meeting of the International Association of Forensic Mental Health Services. The Board of Directors would like to thank you all for your continuing support of the Association and for making time in your busy schedules to attend the Annual Meeting.

The strengths of our Association include its diverse and practical focus, its respect for both safe and effective care and wider public safety, and the impressive diversity of its membership. The IAFMHS encourages international dialogue and provides a forum for sharing information and experience about research and best practices in forensic mental health across professional or national boundaries.

We encourage you, of course, to attend the conference keynotes, paper and poster sessions, and workshops to hear or read about what your colleagues from around the world are doing to improve the research and practice of forensic mental health.

Meet with old friends or make some new ones in a relaxed atmosphere at the welcome reception on Tuesday evening, and if you're feeling up to it, join our fun run in central park on Wednesday morning. Students are very welcome to attend the student breakfast and student social and of course we will be holding our annual conference dinner on Wednesday evening.

We also encourage you to take time to enjoy the city that never sleeps and take advantage of the vibrant nightlife, fantastic food and famous landmarks.

Thanks to the John Jay College of Criminal Justice & Fordham University for hosting the conference and many thanks to Barry Rosenfeld, Patty Zapf, and the Local Organizing Committee; Keith Cruise, Chair of the Scientific Program Committee; and to all those who have helped to put together a meeting that highlights the Association's aims and values and showcases the host city.

Enjoy.

*Dr. Michael Doyle
President of IAFMHS*

Message from the Student President

Dear current (and future) members,

Thank you for joining us at the 2016 IAFMHS Annual Conference. On behalf of the student board, it is my pleasure to welcome you, and to invite you to reach out to us during and after the conference to learn more about our activities and share your ideas. This has been a year of tremendous growth for the student section, including:

- growing from 40 members at the end of October 2015 to over 130 as of May 2016
- offering student conference travel awards totalling \$2100

While we know the conference is a major reason why students join the organization, it has been a major priority of this year's board to increase incentives and opportunities for student members year round. Below are some of the conference highlights that we hope will build some momentum towards this goal.

All conference attendees are invited and encouraged to come gain valuable insights from our invited panel Wednesday morning on *Getting the word out* (sharing research findings to diverse audiences), and to invest in your health, well-being (and the finances of our student section) by joining us for the Fun Run in Central Park on Wednesday morning.

For students, the annual student breakfast, and student social are back again! We hope you will join us for these great opportunities to meet other students, learn about the student board and conference activities, and most importantly for free fun, food and drink. New to this year's conference is the launch of our peer mentorship program. If you have already registered and been matched, please join us for an informal lunch on Wednesday in the Faculty dining hall to meet your match, and ask any questions you may have. If you haven't registered, but want to learn more or sign up, we would love for you to join us as well.

I look forward to meeting you during the conference, and wish you an enjoyable and informative #IAFMHS2016.

Best,

Michael Martin
President, Student Section

IAFMHS Board of Directors & Special Interest Groups (SIGs)

Board of Directors

President - Michael Doyle, PhD; Manchester, UK

Past President – Stephen D. Hart, PhD; Vancouver, Canada

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Member-at-Large – Corine de Ruiter, PhD; Maastricht, The Netherlands

Member-at-Large – Robert A. Leark, PhD; San Diego, USA

Member-at-Large – Patricia A. Zapf, PhD; New York, USA

Publications Liaison – Ronald Roesch, PhD; Vancouver, Canada

Journal Editor - Barry Rosenfeld, PhD, New York, USA

Student President – Michael Martin, PhD (Cand.); Ottawa, Canada

Special Interest Groups (SIGs)

African Interest Group | special interest group for African forensic mental health practitioners to exchange ideas on how to develop and sustain forensic mental health services in different parts of the continent

Forensic Mental Health Nurses | special interest group for nurse practitioners and researchers working in forensic mental health settings

Long-Term Forensic Psychiatric Care | special interest group where issues and best practices regarding long-term forensic psychiatric care can be discussed and shared

Mental Health Courts and Diversion Programs | special interest group interested in better addressing the problems associated with mentally ill individuals entering the criminal justice system

Offenders with Intellectual Disability | special interest group for psychologists, psychiatrists, nurses, social workers, and other specialists involved in the treatment of offenders with intellectual disability

RISC – Team | special interest group for all practitioners and researchers working in the area of clinical risk assessment and management

Service Development, Organization, Strategy, and Delivery | special interest group for hospital administrators, directors and service managers in the forensic mental health field

IAFMHS Advisory Board Members

Ogunwale Adegboyega, FWACP, LL.M, Chair, African Interest (Nigeria)

Roger Almvik, Ph.D., Past Director (Norway)

Stål Bjørkly, Ph.D., Past Director (Norway)

Peter Braun, Ph.D., Chair, Long-Term Forensic Psychiatric Care (The Netherlands)

Gilles Côté, Ph.D., Past Director (Canada)

Beate Eusterschulte, Chair, Offenders with Intellectual Disabilities (Germany)

Laura Guy, Ph.D., Past Chair, RISC-Team (Canada)

Quazi Haque, Ph.D. Chair, Service Development, Organization, Strategy & Delivery (UK)

Mike Harris, Ph.D., Past Director (UK)

Ed Hilterman, Ph.D., Past LOC Chair (Spain)

Caroline Logan, Ph.D, Past Director (UK)

Kaitlyn McLachlan, Ph.D., Representative Young Career Professional (Canada)

Mary-Lou Martin, RN, MSc.N., M.Ed., Chair, Forensic Mental Health Nurses (Canada)

Tonia Nicholls, Ph.D., Past Director (Canada)

Stephanie Penney, Ph.D., Chair, RISC-Team (Canada)

John Petriola, J.D., LL.M., Past Director (USA)

Thierry Pham, Ph.D., Past Director (Belgium)

Sandy Simpson, Ph.D. Past Director (Canada)

IAFMHS 2016 Conference Reviewers

The Conference Co-Chairs would like to express our sincere thanks and appreciation to Keith Cruise, Chair of the Scientific Program Committee, for coordinating the scientific review process for this program. We would also like to thank all of the individuals who took the time to sign up and complete reviews for hundreds of submissions to this year's conference. Without your time and diligence this conference could not succeed.

Daffern, Michael
Cruise, Keith
de Ruiten, Corine
de Vogel, Vivienne
de Vries Robbe, Michiel
Desmarais, Sarah
Douglas, Kevin
Doyle, Michael
Gammelgard, Monica
Guy, Laura
Haque, Quazi
Hilterman, Ed
Kent-Wilkinson, Arlene
Klassen, Phillip
Kreis, Mette
Lennox, Charlotte
Logan, Caroline
Martin, Mary-Lou
Martin, Michael
Mueller-Isberner, Ruediger
Nicholls, Tonia
Ogunwale Adegboyega
Penney, Stephanie
Prentky, Robert
Roesch, Ron
Rosenfeld, Barry
Ryan, Kori
Senior, Jane
Shepherd, Stephane
Simpson, Sandy
Singh, Jay
Stimmel, Matthew
Viljoen, Jodi
Vollm, Birgit
Webb, Roger

2016 IAFMHS Awards

2016 CHRISTOPHER WEBSTER EARLY CAREER SCHOLAR AWARD

The Christopher Webster Early Career Scholar Award honours Dr. Christopher Webster, whose scholarship and contributions to the topic of violence risk assessment are known to all members of the Association. He is a colleague to many individuals in many countries and his writings and lectures provide wisdom and significant advancements in knowledge. Of particular relevance to the purpose of this Award, Dr. Webster has acted as a wonderful role model and mentor to several emerging scholars in the field.

We honour his generosity of spirit, the quality of his work, and his instrumental role as a mentor by presenting this award at the annual meeting of the Association. IAFMHS awards one Christopher Webster Early Career Scholar Award each year. The recipient of the Award is presented with \$500 USD, and his or her name is published on the IAFMHS website.

Eligible candidates are individuals who are less than 5 years past obtaining their PhD degree. The rating criteria are: quality of the Abstract, relevance of the candidate's scholarly work to the objectives of IAFMHS, and overall quality and focus of the candidate's research career.

This year's award will be presented to Stephane Shepherd on Wednesday June 22nd at 2:15pm in the Theatre.

THE RÜDIGER MÜLLER-ISBERNER AWARD

Dr. Rüdiger Müller-Isberner retired from the IAFMHS in 2014 before presenting as keynote speaker at the IAFMHS conference in Manchester in 2015. His contributions to the IAFMHS have been very significant in supporting the association from its inception and as an excellent role model for others, especially with respect to integrating science and practice. Therefore, the board of Directors agreed to offer a new annual 'Rüdiger Müller-Isberner award'.

From 2016 onwards, this award will be presented each year at the annual conference to delegates nominated for a conference paper that clearly illustrates the link between research and its impact on practice. Nominations for 2016 have closed but will reopen ahead of the 2017 conference.

This year Dr. Rüdiger Müller-Isberner will be presented this inaugural award on Thursday June 23rd at 12:30pm in the Theatre.

Continuing Education Credit for Conference Sessions



CONCEPT is pleased to offer Continuing Education (CE) Credit for IAFMHS Conference Sessions. Anyone interested in obtaining CE credit for attending these sessions can do so by following the steps outlined below. There is a \$45 administrative fee for this service but this entitles you to earn up to 18.75 CE credits.

1. Register your contact information with CONCEPT

Register your contact information and pay the administrative fee online: www.concept-ce.com/iafmhs

During the checkout process, you will create a username and password. Once the conference begins you will be able to login to the CONCEPT website by clicking the LOGIN link in the top, right corner and access the Dashboard by hovering over the PROGRAMS link.

2. Complete an Evaluation Form ONLINE for each session you attend

During the conference session, or shortly thereafter, login to the CONCEPT website and complete an Evaluation Form for each session you attend.

- Login to the CONCEPT website (login link in top, right corner)
- From the Dashboard page, please select **IAFMHS 2016 NYC** under Active Registrations and then, from the course page, select the timeslot during which the session took place
- Select the session that you attended and hit the "Start" button to begin the Evaluation Form
- Once you have completed/submitted the Evaluation Form, you will be able to download and print your Certificate of Attendance (these do not have to be downloaded or printed right away...the links will accumulate in your Dashboard and you can come back to download and print at your convenience)
- To move to an Evaluation Form for another session you attended, you will **select the timeslot from the bottom of the page** and proceed as above.
- You can log in and out multiple times; all your evaluations/certificates will be saved

3. Download and print your Certificate(s) of Attendance at your convenience

Once you get home from the Conference you can simply login to the CONCEPT website and then click the links to download and print your Certificates of Attendance. All Certificates must be downloaded and printed within 1 year.

Nearby Bars & Restaurants

Of course, NYC has tons of fabulous bars and restaurant and we encourage you to check them out! These are just a few of our students' favorite places to hang for good food and drink near John Jay College and Fordham University School of Law. Enjoy!

[B-Side](#) – Pizza, Italian, Tapas/Small Plates

370 W 51st St, New York, NY 10019, b/t 9th Ave & 8th Ave

[Annabel](#) – Pizza, Wine Bar

809 9th Ave, New York, NY 10019, b/t 53rd St & 54th St

[The Jones](#) – New American, Breakfast & Brunch, Comfort Food

788 9th Avenue, New York, NY 10019, b/t 53rd St & 52nd St

[The Melt Shop](#) – Grilled Cheeses, Salad, Comfort Food

877 8th Ave, New York, NY 10019, b/t 53rd St & 52nd St

[5 Napkin Burger](#) – Burgers

630 9th Ave, New York, NY 10036, b/t 44th St & 45th St

[Noodies](#) – Thai

830 9th Ave, New York, NY 10019, b/t 55th St & 54th St

[Rosa Mexicano](#) – Mexican

61 Columbus Ave, New York, NY 10023, b/t 63rd St & 62nd St

[PJ Clark's](#) – Burgers, Pubs

Lincoln Square, 44 W 63rd St, New York, NY 10023

[Bea](#) - New American, Cocktail Bars, Breakfast & Brunch

403 W 43rd St, New York, NY 10036, b/t 10th Ave & 9th Ave

[Jasper's Taphouse + Kitchen](#) – Modern American, Pub

761 9th Ave, New York, NY 10019, b/t 51st St & 52nd St

[Bar Nine](#) – Bar, Piano Bar, Dive Bar

807 9th Ave, New York, NY 10019, b/t 53rd St & 54th St

NYC Attractions

Ditto on the attractions...tons to see and do in NYC. Here are some favorites.

Empire State Building: A 102-story skyscraper located in Midtown Manhattan, New York City, on Fifth Avenue between West 33rd and 34th Streets

Statue of Liberty: A colossal neoclassical sculpture on Liberty Island in New York Harbor

The Chrysler Building: An Art Deco style skyscraper located on the East Side of Midtown Manhattan in New York City, at the intersection of 42nd Street and Lexington Avenue in the Turtle Bay neighborhood

Rockefeller Center: An American Art Deco skyscraper that forms the centerpiece of Rockefeller Center in midtown Manhattan

One World Trade Center: The main building of the rebuilt World Trade Center complex in Lower Manhattan, New York City. It is the tallest skyscraper in the Western Hemisphere, and the sixth-tallest in the world

Central Park: An urban park in middle-upper Manhattan, within New York City, New York. Central Park is the most visited urban park in the United States as well as one of the most filmed locations in the world

Bryant Park: A 9.603-acre privately managed public park located in the New York City borough of Manhattan. It is located between Fifth and Sixth Avenues and between 40th and 42nd Streets in Midtown Manhattan.

Metropolitan Museum of Art: Colloquially "the Met", is located in New York City and is the largest art museum in the United States, and among the most visited art museums in the world.

Museum of Modern Art: An art museum located in Midtown Manhattan in New York City, on 53rd Street between Fifth and Sixth Avenues.

Directions to Chelsea Piers

For those of you who plan to join us for the Conference Banquet on Wednesday June 22nd from 6:30-9:30pm aboard the Spirit of New York, please be sure to get yourself down to Chelsea Piers by 6:00pm for embarkation. Please bring photo ID.

Car/Taxi = 8 minutes without traffic (can take 30 minutes at that time of day)

Leaving from John Jay College (524 W 59th St.), head northwest on W 59 St. toward West End (0.6 miles)
Turn left toward 12th Ave (167 ft.)
Slight right onto 12th Ave (1.5 miles)
Slight right onto Chelsea Piers (0.1 miles)
Arrive at 62 Chelsea Piers #300, New York, NY 10011

Walking = 41 minutes

Leaving from John Jay College (524 W 59th St.), head northwest on W 59th St. toward West End (0.1 miles)
Turn left onto 11th Ave (1.8 miles)
Turn right towards Chelsea Piers (230 ft)
Turn left onto Chelsea Piers (171 ft)
Arrive at 62 Chelsea Piers #300, New York, NY 10011

Subway = 15 - 30 minutes

Take the A, C, or E train Southbound from the Columbus Circle subway station (Columbus Avenue/9th Avenue and 59th-60th street) to the 23rd street station
Head West on 23rd Street for 3 cross-town blocks until you arrive at Chelsea Piers

IAFMHS Student Section Activities & Events

<p>Student Welcome Breakfast</p>  <p>Tues, June 21st; 07:00 – 08:00 Faculty Dining Room, 2nd Floor</p>	<p>Peer Mentorship Lunch</p>  <p>Tues, June 21st; 12:00 – 13:00 Faculty Dining Room, 2nd Floor</p>	<p>Fun Run in Central Park</p>  <p>Wed, June 22; 07:00 – 08:00 Entrance to Central Park (59th St & Broadway)</p>
<p>IAFMHS Student Section Activities + Events</p>		<p>Student Panel: <i>Disseminating Research to Diverse Audiences</i></p> <ul style="list-style-type: none"> • Dr. A Crocker • Dr. S Desmarais • Dr. T Nicholls  <p>Wed, June 22nd; 11:00 – 12:00 Room L.63</p>
<p>Student Member Social Join us for Free Drinks & Food!</p>  <p>Wed, June 22nd, 18:30 – 21:30 E's Bar; 511 Amsterdam Ave (between 84th & 85th)</p>		

**Student Member Social:
e's Bar**

Come join us for free food and drinks!



When: Wed. June 22nd, 6:30 – 9:30pm
Where: e's Bar, 511 Amsterdam Ave
(Between 84th + 85th)



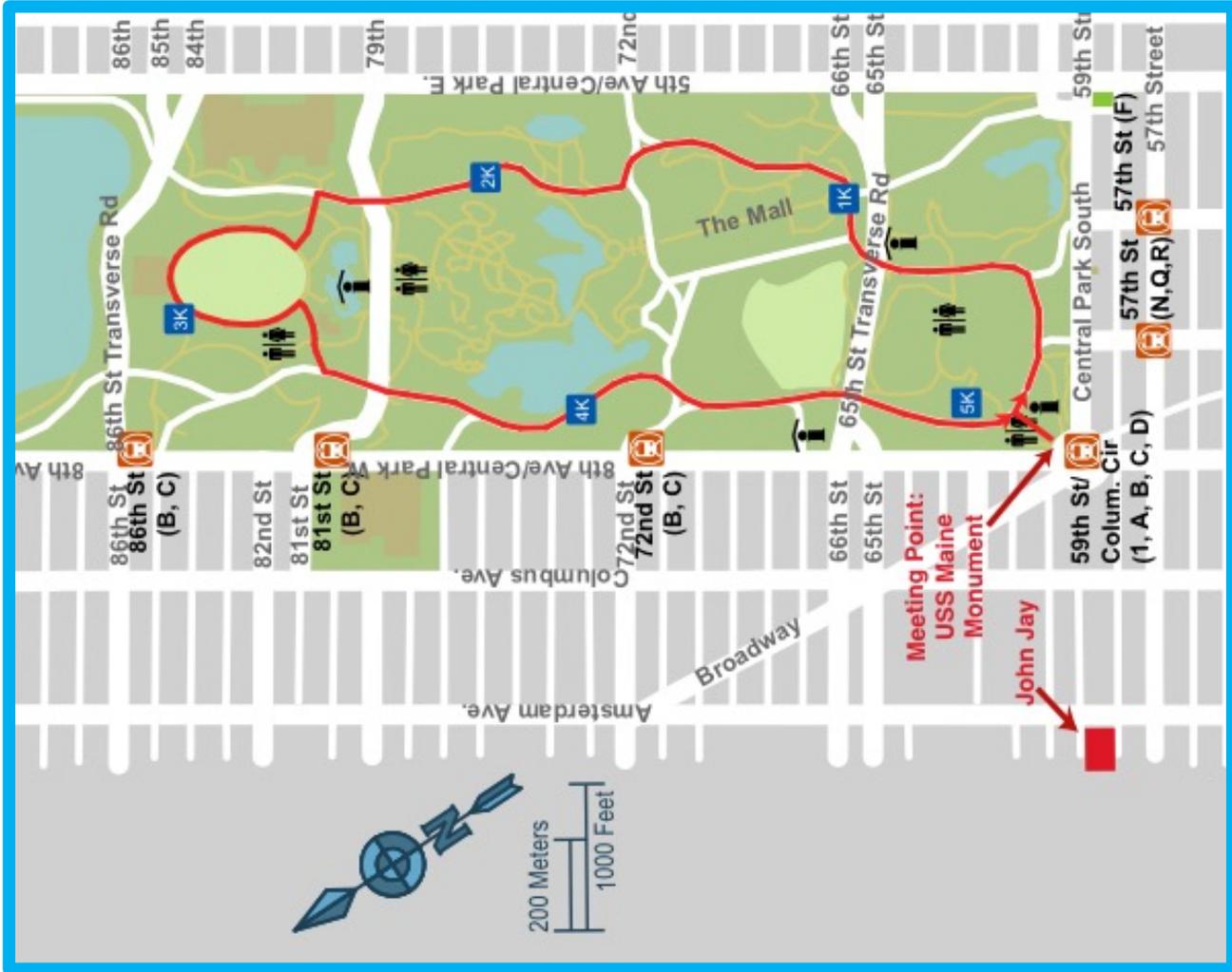
5K Fun Run in Central Park

When: Wed., June 22nd, 7:00 am

Where: Meet at entrance to Central Park by the large golden monument (59th St & Broadway)



Subway Access:
59th St / Columbus
Circle Station
Lines: 1, A, B, C, D



Tuesday 6/21/2016, 8:00 am – 9:10 am

1.11 – Symposium

The Next Generation of Risk Assessment and Management: Introducing the e-HARM-FV

Mamak, Mini, St. Joseph's Healthcare, Hamilton
Chaimowitz, Gary, St. Joseph's Healthcare, Hamilton

Abstract: While technology has advanced the field of psychology and psychiatry in many ways, little has changed in the methods used to assess and manage risk. To date, most risk assessment tools remain paper and pencil based, or if advanced, “form” based. Clinicians must manually complete measures and later extract relevant information over different assessment points to monitor or assess change. Big data and analytics is rapidly changing health care and enabling a degree of measurement and quality improvement not previously seen. For a variety of reasons, including the limited number of quality indicators in mental health care, psychiatry has been late to the game. Forensic mental health has a few advantages in that there are measures within the behaviors we assess and monitor. Risk management, the critical intersection of risk assessment and prediction offers us an opportunity to demonstrate the use of analytics to improve care and outcomes. The new electronic version of the Hamilton Anatomy of Risk Management-Forensic Version (e-HARM-FV) was developed to enhance the assessment, monitoring, and management of risk at the clinical rock face. This easy to use tool utilizes embedded analytics to graph change and perform basic analyses at an individual level. From a quality improvement perspective the tool has an aggregator component that also allows for group analyses and is SPSS compatible. The eHARM is user friendly and easily implemented. The tools will be demonstrated and initial user satisfaction data presented.

1.12 – Symposium

Increasing Safety: The Implementation and Evaluation of Safewards within a Forensic Program

Marshall, Lisa, Ontario Shores Centre for Mental Health Sciences
Rice, Mark, Ontario Shores Centre for Mental Health Sciences
Kipping, Sarah, Ontario Shores Centre for Mental Health Sciences

Abstract: Safewards is an evidence-informed model based on over twenty years of research reviewing strategies which have reduced violence and aggression in inpatient mental health settings. The model is founded in recovery principles and consists of ten key interventions. While a recent random control trial demonstrated the efficacy of Safewards in acute care settings, little is known about its utility with a forensic population.

1.13 – Papers: Treatment of Mentally Ill Offenders

Secure Recovery - A Developing Understanding of the Additional Recovery Tasks Experienced by Patients in Secure Setting

Alred, Deborah, Sussex Partnership NHS Foundation Trust

Abstract: This paper presents a study that aimed to explore the opportunities and challenges encountered by service users returning to the community following discharge from a secure psychiatric unit. Service users who have been living in the community for over six months were interviewed about their preparation for discharge and their current experiences of living in the community. The study took a participatory approach. Participatory research is defined as sys-

tematic inquiry with the collaboration of those affected by the issue being studied, for the purposes of education and of taking action or effecting change (Mercer et al., 2008). Two service users were employed and trained in research skills. They supported the development of the study protocol, carried out the interviews and contributed to the data analysis. The findings of the study high-lighted the additional recovery tasks encountered by this population as they re-enter the community. This will include the experience of stigmatization of forensic patients within the mainstream mental health population, the ongoing challenge of disclosure in everyday contacts and the importance of family support and relationships. It will show the contribution of the findings to our understanding of the additional recovery tasks experienced by patients with a forensic history. The clinical implications of the findings will also be discussed

Religion and Spirituality in Recovery Pathways of High Secure Service Users

Glorney, Emily, Royal Holloway, University of London
Allen, Jessica, University of Surrey
Lawson, Amy, University of Surrey
Raymont, Sophie, University of Surrey
Lumbard, Darren, Broadmoor Hospital

Abstract: The value of religion/spirituality in recovery is not unknown within the literature on psychosis and within mental health services where engagement with the recovery process is not hindered by the contextual challenges – such as choice, ownership and hope - faced within forensic mental health services. The benefits of religion/spirituality for people living through experiences of either mental disorder or incarceration are well-researched as are, to a lesser extent, the disadvantages. Limited attention has been paid to forensic mental health service users; this research aimed to explore the personal meanings that religion/spirituality held in the recovery journeys of high secure service users. A semi-structured interview design was adopted. Thirteen men across levels of care within a high secure hospital and with a self-identified religious/spiritual identity were interviewed individually. Interpretative Phenomenological Analysis was applied for in-depth exploration of the personal meanings and lived experience of religion/spirituality for the participants. Three superordinate themes reflected service users' experiences of the role of religion/spirituality in personal recovery and challenges that may prevent this role from being fully facilitated. Religion and spirituality as 1) providing a framework for recovery, 2) supporting personal development and internalization of rehabilitation, 3) a systemic and individual obstacle. Among participants in this study, religion/spirituality was experienced as a conduit to many factors central to the recovery approach. There is a role for religion/spirituality in engagement, risk reduction and supporting recovery. Services need to pay attention to avoid invalidation of the benefits to some people of religion/spirituality.

How to Involve Victims into the Treatment of Forensic Patients: The Guideline

Feringa, Leida, FPC Dr. S. van Mesdag
Karr, Cecilia, FPC Dr. S. van Mesdag

Abstract: Last IAFMHS congress in Manchester we told you about the background of developing a guideline of how to involve victims into the treatment of forensic psychiatric patients. And what can be the benefit of it for victim and patient. We told you how it fits into the movement of Restorative Justice which is growing in many social areas all over the world. We also told you about our working process of a literature study, expert meetings, and meetings with victim organizations, which formed the basis of the guideline. Now

we have completed the guideline, we are happy to tell you more about the content of it. Involving victims into a treatment is a delicate process. This guideline can help professionals in the forensic field to make the right choices for victim and patient, on the right moment of the process. It contains do's and don'ts which can help professionals in when and how to make contact with victims. We also want to tell you about our experiences during the implementation of the guideline into two Dutch forensic clinics.

Bridging the Gap in the Health Care Chain: Relational Care in Forensic Psychiatry

Van Outhesden, Ivo, Arkin
Schaftenaar, Petra

Abstract: Research shows that recidivism among forensic patients with an involuntary hospital admission, following a short judicial measure, in The Netherlands is high. Characteristics of the background of these patients are a history of discontinuity and many efforts by care institutions to build up a working alliance, not resulting in sustained care. With so many relative short-term stays in a hospital, the patients' motivation to invest in another trusting relation drops to a minimum and the most important forensic specialism (risk management) doesn't seem to endure when the patient has been transferred to the regular health care. In this paper we will present the theoretical base of a new paradigm in forensic care and present and discuss the meaning and impact of the health care chain from the perspective of our forensic patients. Furthermore we will discuss some of our results and have a closer look at the influence of it for our clinical practice.

1.14 – Papers: Training and Programming

Changing Attitudes: The Influence of CBT Training on Staff's Attitudes towards Aggression and Violence in a Forensic Ward

Aasdal, Neringa, Mental Health Centre Sct. Hans
Wøbbe, Tine

Abstract: Research has shown the positive contribution of Cognitive Behavioral Therapy (CBT) onto managing violence and reducing physical and chemical restraint in psychiatry. Furthermore, CBT has also been integrated into forensic psychiatric wards with the purpose of contributing to positive treatment outcomes and reduction of physical restraint. However, research has also shown that staff's attitudes towards anger and violence influences how both are managed in critical situations where staff's choice of method and behavior come into play. This paper is based on a recent study that was conducted in eight high security forensic wards. The aim of that study was to understand which role attitudes about violence and staff's self-efficacy play in the management of anger and violence in a forensic psychiatric ward. The general hypothesis of the study was that attitudes towards aggression and violence and staff's self-efficacy are related to the level of knowledge and skills in managing aggression and violence. Its results have shown that staff who had training in CBT reported higher general self-efficacy. The present paper will further explore the relationship between CBT training and staff's attitudes towards managing patient's aggression and violence in a forensic ward. Therefore, the main question of this paper is: To which extent staff's attitudes towards patient's aggression management and training in CBT received by staff are related to each other?

Reliability and Factor Structure of a Scale to Assess Trainees' Attitude to Forensic Psychiatry

Ogunwale, Adegboyega, Neuropsychiatric Hospital, Nigeria

Abstract: Little is known about the attitudes of post-graduate trainees to forensic psychiatry as a sub-specialty. This study aimed to investigate the latent structure and other basic psychometric properties of a recently developed attitude questionnaire. Factor analysis of a 25-item Attitude To Forensic Psychiatry (ATFP) questionnaire was accomplished by the method of Principal Component Analysis using Varimax rotation with Kaiser normalization. Internal consistency was estimated using Cronbach's Alpha while validity characteristics were obtained by plotting an ROC curve. Forty-seven trainee psychiatrists participated in the study. The average duration in residency training was 2.0 (s.d=1.0) years and majority had decided on sub-specialty preference (51.1%). Out of those who had decided on sub-specialty preference (n=24), six (25%) preferred forensic psychiatry. Data reduction achieved a reliable 13-item questionnaire with three factors emerging as the latent determinants of residents' attitude. These factors include-ed clinical relevance of the sub-specialty, its professional relevance as well as associated job satisfaction and the veracity of its scientific basis as a medical discipline. The ATFP-13, which consists of mainly cognitive-affective determinants of attitude, is fairly psycho-metrically sound and user-friendly on account of its brevity.

Staff perceptions of trauma, female forensic consumers, and current clinical practices: A focus group exploration

Goossens, Ilvy, BC Mental Health and Substance Abuse Services
Nicholls, Tonia, University of British Columbia
Torchalla, Iris, Centre for Health Evaluation and Outcome Sciences
Langheimer, Verena, University of British Columbia
Rossiter, Katherine R., FREDA Centre for Research on Aggression against Women and Children
Pritchard, Michelle, University of British Columbia
Brink, Johann, BC Mental Health and Substance Abuse Services

Abstract: With this study we aimed to gain insight into: (1) staff perceptions of the relevance and implications of trauma in the lives of female forensic patients in their care; (2) the strengths and limitations of current forensic psychiatric services (FPS) in responding to trauma needs; (3) how well-equipped forensic mental health professionals felt in treating female patients with trauma histories. We conducted three 1.5 hour focus groups with 22 mental health professionals, with an average of 4 years (SD=1.3) experience with FPS. Results indicate that: (1) Women at FPSC have unique trauma-related needs; however, trust is a key factor and is attained by client-staff matching on gender/ethnicity whenever possible. (2) Addressing trauma requires a paradigm shift, from a medical/risk model towards a trauma-informed, strengths-based, collaborative model. (3) Staff also voiced barriers to considering trauma; fear of re-traumatization, lack of resources, time constraints, and poor continuation of care.

Treating Violence in a High Security Setting; Responding to Climate Change in the NHS and the Developing Evidence-Base for Violence

Jones, David, Rampton Hospital
Braham, Louise, Rampton Hospital
Dunsmuir-White, Caroline, Rampton Hospital

Abstract: The Violent Offender Treatment Programme (VOTP) is a manualised evidence-based cognitive-behavioural based treatment programme for mentally disordered offenders in a UK NHS high secure hospital. It encompasses a number of established treatment modalities and adheres to the established principles of risk, need and responsivity. This paper outlines the existing VOTP components, original evidence-base, service need, practicalities of programme

delivery and outcomes from 7 cohorts of VOTP. A pilot evaluation (Braham, Jones, & Hollin, 2008) showed decreasing Violence Risk Scale (VRS) scores following VOTP intervention. Recent, currently unpublished, analysis of quantitative outcomes shows statistically significant improvements in VRS scores at post-treatment with large effect sizes. Smaller effects were found in self-report psychometrics, however, change continued to be in the anticipated direction with positive changes being found in relevant subscales. Qualitative research (Stewart, Oldfield, & Braham, 2012) found that participants had a positive experience of attending VOTP, learnt a number of skills, developed awareness to manage anger, aggression, and violence, and particularly valued the group process. The participants within the study reported finding the programme too long and believed that some elements were unnecessarily repetitive. Further opinions from participants in recent VOTP cohorts are currently being sought to provide further information regarding participant perspectives. The above research provides a number of positive outcomes in relation to the current VOTP programme, whilst also acknowledging areas which may benefit from change.

1.15 – Symposium

Mental Health Care Pathways in Offenders: Development, Implementation, Management and Comparisons between Nations

Keulen-de Vos, Marije, Forensic Psychiatric Center 'de Rooyse Wissel'

Schmitz, Rose, Forensic Psychiatric Center 'de Rooyse Wissel'

Alexander, Regi, St John's House, Norfolk, United Kingdom

Abstract: Mental health care pathways are intended to guide the practice of people who deliver services, and supports decision making for those who commission them. These pathways outline the essential steps in the care and treatment delivered for a patient, including anticipated care over a given time period, and documents important milestones and clinical interventions throughout the patient's stay. This approach (i.e. Care Programming Approach [CPA]) is common practice in general psychiatric inpatient and community services throughout the world. It's not yet common practice in forensic in- and outpatient settings. However, the CPA may prove useful in times of financial cutbacks and the need for more focused pathways of care. It may not only enhance quality of care, it may also provide important information for controlling costs as it provides transparent insight into how well a setting performs. Furthermore, forensic CPA can also be used in order to allow benchmarking. In this symposium, we will present the development and content of CPA for three types of offenders in a forensic psychiatric hospital in the Netherlands. Next, we'll present the consequences of our programs in term of management and implementation. Finally, using data from treatment outcome studies, mental health care pathways in the UK for those with an intellectual disability and offending behavior will be presented.

1.16 – Papers: Service Users in Forensic Settings

Empowering Forensic Patients to Attend Clinical Team Meetings

Barker, Richard, Oxford Health NHS Foundation Trust

Churchman, Clare, Oxford Health NHS Foundation Trust

Abstract: Recovery-orientated practice has become increasingly embedded within forensic services in the UK (Centre for Mental Health, 2014). Explicit within the principles of recovery is the importance of patients and clinical staff working collaboratively together. A point of conflict can occur in regular Clinical Team Meetings, in which the power imbalance between a single patient and

often numerous members of the clinical team may result in conflict, avoidance, passive compliance and/or withdrawal from the patient. The power imbalance may also subtly contribute to the "do-to" culture that is the antithesis of recovery-orientated practice. Co-production principles (Cahn, 2000) appear particularly relevant in challenging this. Whilst it is generally considered positive that patients are involved in their care, the extent to which the patients have the skills necessary to manage and negotiate with clinical teams means that some patients may not be in the best position to work collaboratively with clinical staff. This paper describes a pilot program with male and female, medium and low secure patients to increase their sense of empowerment and active collaboration with their care team. The use of peer experts, role play and skills training is described along with the program details, and the initial findings from an ongoing research study. It includes qualitative feedback from patients involved in the study as well as more direct quantitative measures regarding empowerment, recovery and active involvement in their pathway. It also describes future research and practice directions for this type of training.

Comparison of Service User Involvement in Forensic Services in England and the Netherlands

Callaghan, Ian, Rethink Mental Illness

Walravens, Toon, Clinic de Woenselse Poort

Abstract: As part of the COST research project investigating the 'Characteristics of long-stay patients in forensic services in European countries', Ian Callaghan, himself an ex-user of forensic services in England, undertook a Short Term Scientific Mission (STSM) to investigate the similarities and differences between service user involvement in forensic services in England and the Netherlands and to compare the recovery-orientation of the services in both countries. The idea of 'Recovery' and service user involvement in forensic services in England has increased rapidly in the past few years and there is increasing involvement in individual care and treatment, as well as in local and national governance structures. In England, the My Shared Pathway initiative along with the Recovery and Outcomes network (presented previously at IAFMHS conferences) has helped to shape this increased involvement, which now brings the voice of service users to organizations such as HHS England, the Royal College of Psychiatrists and the government. During the STSM, meetings were held with service users, Directors, clinical and other staff, and 'Experience workers'. The mission included visits to services of different levels of security, including community services, visits to prisons and two services for long-stay patients. Learning from both countries was shared at workshops, with discussions about what involvement means in England and what opportunities there are for this in the Netherlands. The report from the visit included 16 recommendations and these will be presented during this paper.

The National Service User Awards - Celebrating Service User Success in the UK

Callaghan, Ian, Rethink Mental Illness

Bannister, Louise, Cygnet Hospital Derby

Rendle, Amy, Cygnet Healthcare

Abstract: This paper presents the service-user led National Services User Awards, now in their fourth year, for people in secure services in the UK, and will describe their continued development. Celebrating service-use projects and initiatives, the Awards attract over 200 nominations from staff and service users over five categories: Community, Social or Vocational Initiatives; Recovery and the Arts; 'Breaking Down Barriers' - anti-stigma initiatives; Health and Wellbeing initiatives; and the Outstanding Service User Achievement

Award. The Awards are organized by a group of service users from all over the UK and include an entertainment lead, administration lead, and from one of the high-secure hospitals, a graphic design team who produce all the delegate packs. Presented at a Gala Ceremony at Silverstone Circuit, winners are selected by a panel of service user, commissioner, NHS England and third sector judges. The Awards are further evidence of the increasing recovery focus of forensic services and increasing service user involvement and inclusion. There is remote participation by high-secure hospitals that are often excluded from events that take place 'outside the wall'. Runners up at the Awards ceremony are voted for on the day by the service user finalists to select a 'Service user Choice Award'. All finalists from the Awards are invited to showcase their projects at the network of nine regional Recovery and Outcomes Groups that bring together service users, staff and commissioners to share best practice and contribute to the growing recovery focus of secure services in the UK.

How do Forensic Mental Health Service Users and Providers Think about 'Success'?

Livingston, James, Saint Mary's University

Abstract: Outcome research in forensic mental health has concentrated on re-offending as the principal indicator of success. Defining success in one-dimensional, negative terms can create a distorted view of the diverse objectives of the forensic mental health system. This qualitative study examined the complexity of success from the perspectives of people in the forensic mental health system. Interviews were conducted with 18 forensic service users and 10 forensic service providers about how they viewed 'success'. Data were analyzed inductively using thematic analysis to identify predominant themes. The participants conceptualized success as a dynamic process materializing across six different domains in the context of the forensic mental health system: (1) *normalcy*, satisfying normative expectations and standards; (2) *independence*, reclaiming an autonomous and self-determining life; (3) *compliance*, abiding by the rules imposed by authorities; (4) *health and wellness*, maintaining mental, physical, and social wellbeing; (5) *meaningfulness*, gaining contentment, enjoyment, and purpose in life; and (6) *progress*, working towards positive change and overcoming tremendous adversity. The results indicate that people who provide or use forensic mental health services emphasize a broad range of processes and outcomes, apart from public safety, when they think about success.

1.17 – Symposium

Transsexualism and Transvestism in UK Secure Services

Iles, Andrew, St Andrew's Healthcare

Ross, Callum, Broadmoor Hospital

Barrett, James, Charing Cross Gender Identity

Abstract: A transsexual person is defined by the Equality Act 2010 (England and Wales) as a person who is proposing to undergo, is undergoing or has undergone a process for the purpose of reassigning their sex by changing physiological or other attributes of sex. Under the Gender Recognition Act 2004 (England and Wales), a transsexual person requires legal recognition from the Gender Recognition Panel to be recognized in their acquired gender. Over the last year, 318 people were granted Gender Recognition Certificates, of whom 220 were born male and 98 were born female. However, the number of transsexual people in secure mental services is unknown. In 2011 the government published its action plan for transgender equality, which described suggested changes to the commissioning and provision of services for transgender peo-

ple. We will present the findings of a nationwide census of secure mental health services. We will discuss the prevalence of gender identity disorders including transsexualism and transvestism. Through the presentation of a contentious case history, we will discuss the challenges of assessing and managing people with gender identity disorder within secure mental health services. We will explore the interface with disorders of sexual preference, including fetishistic transvestism. We will consider the differences between users of secure mental health services and prisoners who report symptoms of gender dysphoria. We will describe the relevant legislation and central policy and we will discuss important case law around the management of transsexualism and transvestism in secure services. We will dedicate a significant proportion of our time to exploring the balance between needs and risk. Our proposed format is: Review of legislation, case law and central policy, presentation of findings of national census of transsexual people and best practice in secure services, the challenges in the assessment and management of transsexual people in secure services, and the relationship between individual needs and risk. One third of the workshop will be dedicated to an interactive session. The audience will be invited to discuss case vignettes and will be given time to pose questions to the speakers.

Tuesday 6/21/2016, 9:20 am – 10:30 am

1.21 – Symposium

The Spousal Assault Risk Assessment – Version 3 (SARA-V3): Preliminary Reliability and Validity

Ryan, Tara, Simon Fraser University

Kropp, Randall, Forensic Psychiatric Services Commission

Coupland, Sarah, Simon Fraser University

Gatner, Dylan, Simon Fraser University

Blanchard, Adam, Simon Fraser University

Whittemore, Karen, Forensic Psychiatric Services Commission

Storey, Jennifer, Mid Sweden University

Murray, Ashley, UMass Worcester Recovery Center & Hospital

Hart, Stephen, Simon Fraser University

Abstract: The Spousal Assault Risk Assessment was initially developed in the mid-1990s as the first Structured Professional Judgment (SPJ) tool to guide professionals in their risk assessment of intimate partner violence. It has since become one of the most widely used risk assessment tools in cases of intimate partner violence around the world. After over 20 years since its initial release, the Spousal Assault Risk Assessment (SARA) has been updated to reflect current research and SPJ guidelines. This symposium will serve to introduce SARA-V3 and provide information on the development of the latest iteration of the tool. Additionally, reliability and validity data will be presented. Finally, use of the SARA-V3 on an actual case of intimate partner violence will be demonstrated via a case study. This is the first empirical investigation of the psychometrics and presentation of data on SARA-V3.

1.22 – Papers: Risk Formulation

Formulation Quality in Violence Risk Assessment Reports: The Influence of Patient and Contextual Variables

Foellmi, Melodie, Fordham University
Nijdam-Jones, Alicia, Fordham University
Rosenfeld, Barry, Fordham University
Khadivi, Ali, Bronx Lebanon Hospital
Grover, Shana, The New School
Wijetunga, Charity, Fordham University

Abstract: Experts in violence risk assessment acknowledge the importance of violence risk formulation, which provides critical information for risk management. However, there is a dearth of research examining the quality of violence risk formulation in clinical settings. This study examines violence risk formulations in 150 risk assessment reports on adult psychiatric hospital inpatients. Violence risk formulation thoroughness and quality were broken down into several categories based on recommendations from the HCR-20V3 manual, and were rated and summed to create a total “formulation quality” score. Preliminary data on 70 patients indicate that violence risk formulations vary in quality and thoroughness depending on a variety of patient characteristics. Patients with a past violence history had more thorough formulations than did those without past violence ($t=-3.08, p=.006$). Male patients had more thorough formulations than females ($t=1.9, p=.07$), and patients with a psychotic illness had more thorough formulations than those who had a non-psychotic illness ($t=-2.4, p=.025$). However there was no significant difference in formulation quality depending on the patients’ HCR-20V3 risk level, race, or education level. Additional analyses will feature other variables influencing the quality of formulation, as well as interaction analyses to identify possible covariates. Because clinicians generate less thorough violence risk formulations for inpatients who are female, are not psychotic, and have no violence history, clinicians may be less able to understand and manage risk for high-risk patients in these categories. This study identifies important blind spots in current violence risk assessment. Clinical and research implications will be discussed.

Risk Formulation: Essential Practices in Case and Risk Conceptualization

Logan, Caroline, Greater Manchester West Mental Health NHS
Craissati, Jackie, Oxleas NHS
Bolger, Lucinda, NHS England & National Offender Management Service
Joseph, Nick, National Offender Management Service
Skett, Sarah, NHS England

Abstract: In the last twenty years, many risk assessment guidelines have been developed to aid the risk management process. Such guidelines support the assessor to identify the variables most relevant to risk in a client and how they relate to the harmful conduct to be prevented. However, an understanding of an individual’s risk potential should underpin the action taken to manage it - because an understanding of how relevant risk factors relate to one another and relate in turn to the potential for harm will ensure that interventions have the best chance of being sensitive to the needs that violence and aggression may otherwise be used to meet. Formulation is the name given to this process of understanding risk, and it is increasingly recognized as the critical central element of the risk assessment and management task, as well as the essential precursor to intervention. This paper focuses on formulation as it relates to the risk of violence and aggression managed by practitioners working with clients in forensic services. It examines the role of formulation both in understanding the purpose of violence to the individual

and in organizing the practical activity of managing those at risk of being harmful in the future. Different types of formulation, and how they vary in focus and form, are considered followed by an examination of standards for determining the quality of the formulations prepared. The task of measuring the impact and efficacy of formulation will be discussed.

The Journey of the Case Formulation: Message in a Bottle or Dropped Anchor?

Bhullar, Malinder, HCPC Registered and BPS Chartered Forensic Psychologist

Abstract: Clinical case formulation is a cornerstone of psychological practice. Thanks to publications such as Sturme and McMurrans’ (2011) textbook on the subject, case formulation approaches (CFAs) have risen in popularity in forensic contexts. CFAs can be especially helpful for cases featuring high clinical complexity, difficulty amongst multidisciplinary professionals reaching consensus about risk of and motivations for offending, coupled with a corresponding lack of an evidence base. Higher-risk offenders with personality disorder typically feature all of these, owing to histories of poor engagement and compliance, and being subject to more complex and costly care and supervision arrangements than other client groups. This perhaps accounts for why some service models within the now defunct national Dangerous and Severe Personality Disorder (DSPD) project and the current Offender Personality Disorder Strategy in England and Wales made the case formulation approach a linchpin. Based on actual case examples of using a CFA in one custodial and one community-based personality disorder service for offenders, the aim of this paper is to provide a perspective of the procedural realities (the “journey”), and the potential costs and benefits of using a CFA in these contexts. A discussion of observed differences in practices and “uptake” between custodial and community-based services is given. This paper concludes with reflections based on the author’s view that threats potentially exist to the sustainability and justified enthusiasm for CFAs if a number of scenarios are not forecasted and prepared for by those using them.

Structured Professional Risk Management in Forensic Psychiatry – From Risk Screening to Risk Management in Clinical Practice

Wallinius, Märta, Regional Forensic Psychiatric Clinic, Växjö, Sweden

Abstract: The structured professional judgment (SPJ) approach to assessment of risk and protective factors for violence in forensic settings has become gold standard. There are several evidence-based instruments available to aid this process, with the final goal to create a plausible risk formulation and a feasible risk management plan. However, many of the current methods are either quick, in-patient assessments of violence risk on a day-to-day basis (e.g., Bröset Violence Checklist) or more time-consuming methods requiring deep knowledge on the patient and risk and protective factors for violence overall (e.g., HCR-V3, SAPROF). Clinicians are often faced with the challenge of performing time-consuming risk assessments on a large number of patients with very differing needs concerning violence preventive interventions. Also, even though the current SPJ-methods strongly support risk management planning, structured risk management that is actually implemented in the day-to-day care is often lacking. This presentation will describe a comprehensive, three-step model for structured professional risk management (SPRM). The model is intended for both inpatient and outpatient settings and builds on existing SPJ-models. The model comprises 1) a risk screening for all patients, partly based on the V-RISK-10, 2) an in-depth risk assessment of those in need of more elaborated risk assessments, and 3) a struc-

tured risk management planning that builds on the first two steps and is performed in collaboration with the patient and ward staff. The presentation will also describe initial response from the implementation of the SPRM-model in a large, high secure forensic psychiatric unit in Växjö, Sweden.

1.23 – Papers: Mandated Treatment

Norwegian Assertive Community Treatment Teams' Decisions Regarding use of Community Treatment Orders

Stuen, Hanne, UiT The Arctic University of Norway
Wynn, Rolf, UiT The Arctic University of Norway
Rugkåsa, Jorun, Akershus University Hospital, University of Oxford
Landheim, Anne, Innlandet Hospital Trust, University of Oslo

Abstract: Since 2009, 14 assertive community treatment (ACT) teams have started up in Norway. Over 30 % of the patients treated by the ACT teams were subject to community treatment orders (CTOs) at intake. Despite the lack of clear evidence of effectiveness, CTOs are often used over sustained periods of time. We explored ACT clinicians' reasoning and practices regarding their use of CTOs. The study was based on different data sources; participation in treatment planning meetings, qualitative in-depth interviews with 9 team clinicians, and focus group interviews with 20 staff-members in four selected ACT teams. The data were analyzed with a modified grounded theory approach. The participants described that making decisions about CTOs was challenging and complex. The participants highlighted the importance of frequently meeting the patients and seeing the patients in their home environment. This gave them insight into the everyday lives of the patients and a greater sense of security when taking patients off CTOs. For some of the patients, they saw few alternatives to CTOs as a long-term safety measure to prevent relapse and possibly harm to self or others. However, the continuous monitoring and support from the ACT teams enhanced a gradual development of trust and a strong relationship, which clearly improved the treatment alliance also with patients that were negative to receiving medication.

Patients on First Time Outpatient Commitment: Who Are They, Duration and Content of the Order and Use of Legal Safeguards

Riley, Henriette, UiT The Arctic University of Norway
Høyer, Georg, UiT The Arctic University of Norway

Abstract: Outpatient commitment (OC) were introduced in Norway in 1961. The criteria for OC is the same as for involuntary hospitalization, and allows a patient to be brought back to in-patient care according to a less strict procedure compared to ordinary involuntary admissions. The only coercive intervention applicable to patients on an OC order in Norway is the authorization to, if necessary by force, make patients comply with their treatment-appointments. If the patient refuses to comply with the treatment itself, a separate order for compulsory treatment has to be made. The study describes how OC is practiced in the two northernmost counties in Norway. Special emphasis is paid to persons who receive their first ever OC order, in terms of demographics, contents of the order, and how the legal safeguards are practiced. A case-series study of all patients (N=286) in the two northernmost counties in Norway placed on OC between 1 January 2008 and 31 December 2012 (345 OC decisions in total). Patients who were placed on OC for the first time (N=54) were followed for three years before and three years after the OC started. Data include patients' duration of OC, living situation, clinical status, clinical history, OC decision-making procedures and planned treatment procedures. Patients' electronic medical files are the primary data source. Preliminary results show that

both prevalence and incidents rate have been relatively stable over the study period (Incidence 29.1 per 100,000. Prevalence 49.3 per 100,000).

Quality of Life of Older (Mentally Ill) Offenders in Prison: Results from a Multi-Method Study in Flanders (Belgium)

De Smet, Stefaan, University College Ghent
De Donder, Liesbeth, Vrije Universiteit Brussel
Vandeveldt, Stijn, Ghent University

Abstract: Ongoing deterioration may affect the quality of life of older prisoners during incarceration. They may be confronted with age-related physical and mental decline on top of other already existing difficulties such as intellectual disability, financial poverty, and psychiatric problems. Frail older prisoners may become more vulnerable to victimization by younger inmates, may be confronted with architectural impediments (e.g., access for wheelchairs), and may be exposed increasingly to misunderstandings towards officers' instructions (e.g., by deafness or Alzheimer disease). Furthermore, incarceration in general can lead to feelings of loneliness, low self-determination, and lack of privacy. By means of structured interviews, we investigated the characteristics of 110 older prisoners aged 60 years and over in Flanders (Dutch speaking part of Belgium). In line with the four domains of quality of life as distinguished by the WHOQOL-instrument (World Health Organization Quality Of Life) we have explored (1) physical, (2) mental, (3) social and (4) environmental features. Next to our results about demographics and features typical to imprisonment, results of measurements with standardized instruments will be presented as well: cognitive functioning (MoCA), psychiatric disorders (M.I.N.I.), loneliness (DJG), Frailty (TFI) and quality of life (WHOQOL-BREF).

Understanding and Applying the Grave Disability Prong to Civil Commitment Proceedings

Picard, Emilie, Fordham University
Rosenfeld, Barry, Fordham University

Abstract: In the U.S. nearly every state provides for involuntary civil commitment based on "inability to care for self" or "grave disability." This concern is the most common reason cited in civil commitment petitions, and often leads to longer hospitalizations than those based on danger to self or others. Although this prong is commonly applied, it is the most vague and least often researched. There are tools to help clinicians assess daily functioning, such as the Adult Functional Adaptive Behavior Scale (AFABS) and the Direct Assessment of Functional Status (DAFS), which examine the ability to perform activities of daily living. However, they are often not used in civil commitment proceedings. This presentation will focus on an analysis of civil commitment case law and the admissibility of instruments designed to assess functional ability. Specifically, this presentation will review pertinent U.S. case law, with an emphasis on how key concepts related to ability to care for self and grave disability are defined. This analysis will be contrasted with case law from other countries to understand the broader context for involuntary commitment. Finally, the methods of assessment will be critically examined, with an emphasis on reliability and validity in the context of civil commitment. This presentation aims to provide the audience with a comprehensive understanding of U.S. civil commitment law and will identify areas for improvement to increase the accuracy of identifying those most in need.

1.24 – Papers: Bias and Stigma

A Mixed Methods Evaluation of the Impact of Attribution Effects on Written Psychological Evaluations of Violence Risk

Murray, Jennifer, Edinburgh Napier University
Thomson, Mary, Northumbria University
Cooke, David, Glasgow Caledonian University
Charles, Kathy, Edinburgh Napier University
Judge, Joe, The State Hospital, Carstairs

Abstract: This study investigates the impact of attribution effects on psychological evaluations of violence risk, using a multi-study, mixed-methods approach. Study 1 asked ten clinicians experienced in preparing and communicating violence risk assessments to write a brief communication based on either an internally or externally attributionally-manipulated vignette that described an offender and his crime. These communications resulted in five themes: repetition of factual information; assumptions/suggestions; false assumptions; seeking information and clarification; and future risk management suggestions. Attribution effects were present across the communications. Study 2 consisted of two stages involving 260 lay-participants. In Stage 1, participants evaluated the attributionally-manipulated vignette used in Study 1 in terms of Locus of Control, Stability, Personal Control and External Control. In Stage 2 participants rated the clinicians' written communications (which were written based on the original vignettes) on the same four dimensions. Quantitative comparisons across the two stages demonstrated that across Stages 1 and 2, participants rated the offender higher in the attributional dimensions Locus of Control and Personal Control within the internal condition when compared to the external one. Thus, in the internal attribution condition, the offender was judged to have more control over his actions than was the case with the external condition.

Is Psychopathy Unduly Stigmatizing in Legal Contexts? A Meta-Analytic Review

Kelley, Shannon, Texas A&M University
Penson, Brittany, Texas A&M University
Mowle, Elyse, Texas A&M University
Rulseh, Allison, Texas A&M University
Edens, John, Texas A&M University

Abstract: Psychopathy has been increasingly considered in expert testimony, judicial opinions, and legislation as pertinent to a variety of legal issues, particularly determinations concerning risk of future violence. Recent narrative reviews suggest that within the criminal justice system misconceptions and stigma surround the psychopathy construct and can contribute to pessimistic and punitive attitudes toward individuals diagnosed, described, or perceived as psychopathic. However, no quantitative synthesis of this literature has yet been conducted. In this meta-analysis, we examine extant simulation studies ($k=26$) in which mock-jurors and justice-involved professionals provided judgments concerning a hypothetical defendant described in a case vignette. We investigate the influence of psychopathy evidence and perceived psychopathic traits on numerous outcomes, particularly in comparison with experimental conditions presenting no psychological evidence or alternative diagnoses (e.g., schizophrenia, conduct disorder). The primary outcomes of interest include: conviction, sentencing, capital punishment, perceptions of future dangerousness, amenability to treatment, and chronicity of antisocial behavior. To better identify the sources of observed stigma, we compare the effects of labeling a defendant a "psychopath" with those of describing a defendant as possessing psychopathic traits (e.g., remorselessness). Additionally, we differentiate the con-

tribution of perceived interpersonal/ affective versus socially deviant aspects of psychopathy to punitive sanctions. Further analyses examine vignette characteristics and other aspects of methodology as moderators of effect sizes. Concerns about the admissibility of unduly stigmatizing evidence of psychopathy are addressed with an emphasis on the poor inter-rater reliability and questionable probative value of psychopathic traits in some legal contexts.

Triple Stigmatization: Polices and Innovations to Address Aboriginal Offenders with Mental Health Conditions and Addiction Problems

Kent-Wilkinson, Arlene, University of Saskatchewan

Abstract: Aboriginal people with mental health and addiction problems are over represented in the criminal justice system. While Aboriginal people make up about 4% of the Canadian population, 23.2% of the federal inmate population is Aboriginal. Mental illness is a common problem among one in every five people in Canada. The first *Mental Health Strategy for Canada* published by the Mental Health Commission of Canada in 2012 noted that despite mental illness being a common problem it continues to be met with widespread stigma: in hospitals, workplaces and schools; in rural and urban communities. That same year, the *Mental Health Strategy for Corrections in Canada*, observed the double stigmatization of being mental ill and being an offender. A thematic analysis of findings from the *Needs Assessment of mentally disordered offenders in Saskatchewan* recorded a triple stigmatization regarding individuals who are offenders, mentally ill, and of Aboriginal descent. How does a person, family, community, or health care professionals begin to address this triple stigmatization? Although the challenge presents as insurmountable, there is evidence of positive progress on many fronts. This presentation will highlight recent innovations in practice and policy that are setting the stage for needed change. Stigma refers to negative, unfavorable attitudes and the behavior they produce. It is a form of prejudice that spreads fear and mis-information, labels individuals and perpetuates stereotypes. Stigma against people with mental illnesses is oppressive and alienating; it prevents many from seeking help, denying them access to the support networks and treatment they need to recover.

Psychopathy across Gender: Measurement Equivalence of the CAPP

Lim, Yan, Simon Fraser University
Hart, Stephen, Simon Fraser University

Abstract: The extant research, although comparatively scant, suggest that Psychopathic Personality Disorder (PPD) may be quite different in females in the way it is expressed and its associations with pertinent correlates, such as violence and criminality. Nevertheless, it is unclear if these differences were due to dissimilarities between males and females or because the measurement instruments used are biased to over-represent "male" symptoms. This study examined the measurement equivalence, including any differential item functioning (DIF), of the *Comprehensive Assessment of Psychopathic Personality* (CAPP; Cooke, Hart, Logan, & Michie, 2004, 2012) across 384 male and 747 female undergraduates. The CAPP is a lexical model rationally derived to capture the full symptomatology of PPD. It was specifically developed to be gender-neutral; the authors excluded items that may be gender-biased, such as antisocial and criminal behavior. Nevertheless, its measurement equivalence across gender has yet to be formally tested. Using Means and Covariance Structure analysis, an analogous approach to Item Response Theory (IRT), factor structures of the CAPP were found to have excellent fit across both groups and demonstrated configural and metric invari-

ance. However, scalar invariance was not tenable. A handful of items, such as *Aggressive* and *Manipulative*, displayed uniform DIF; although these item-level biases cancelled each other at the test level. The resulting differential test functioning is insubstantial, which supports the generalizability of the CAPP scores across gender. Nevertheless, there are still important implications these item non-equivalences have for the way we understand and measure PPD in females and will be discussed.

1.25 – Papers: Risk Management

Violence Risk: Can Assessment of Risk Management Enhance Assessment Accuracy?

Bjørkly, Stål, Molde University College

Abstract: Although many studies have been published examining a diversity of risk management strategies in different countries, little guidance exists on practical considerations of reliable and valid measurement of how the strategies work. Implementation and follow-up measurement of prevention and treatment strategies is particularly difficult in the extra-mural context. Basic observation and recording of how often a strategy is used, the quality of it, and even the effect of it, are challenges inherent in the open social context where it is implemented. Another issue is how we define and operationalize risk management. The construct may comprise a series of different approaches to mitigate risk, such as monitoring, treatment, supervision and victim protection. Recent attempts to synthesize outcome limited to treatment interventions have found a very large quantity of research and wide range of coverage. However, there appears to be a paucity of studies with sufficient similarity to each other to allow for firm conclusions concerning the impact of the interventions. Hence, the principal aim of this presentation is to explore some methodological challenges and possibilities in integrating assessment and monitoring of risk management strategies in risk assessment research. The following issues will be explored: Is this integration feasible at all? If yes, what kind of research designs may be recommended? How can the quality of the treatment plan be evaluated? How do we monitor the fidelity of the professionals involved in terms of quality of services and follow-up regularity? Finally, the distinction between appointment-triggered and situation-triggered interventions will be discussed.

The Effectiveness of Hospital Interventions for Managing Violence among Psychiatric Inpatients

Hein, Christina, University of Nebraska-Lincoln

Abstract: Few studies have examined the violent behaviors of forensic and civilly committed psychiatric patients while residing in an inpatient facility. The current study aims to examine data from file reviews and retrospective coding of patient files ($N = 138$) to conduct an analysis of assessment and behavioral tracking data. First, investigators are evaluating types of institutional physical, verbal, and sexual violent behavior perpetrated by patients, as well as the intended or actual victim (i.e., self, staff, peers). Second, we are considering the interventions provided by clinical staff, including the use of physical restraints, seclusion, and suicide alerts. Third, authors are assessing various violence, suicide, and sexual risk measures and their relationship to the aggressive behavior. Analyses will assess three areas of interest: 1) Do safety interventions result in diminished violent behaviors? 2) Do risk assessments accurately predict the occurrence of violence in an inpatient setting? and 3) Do particular demographic variables interact to predict the frequency of violent behaviors exhibited by patients? Preliminary results indicate patients are predominantly male (75.4%, $n=104$) and include both

forensic and civilly committed patients. Preliminary data regarding risk levels of violence (HCR-20) indicate that 92.4% of patients are categorized as being high or moderate risk for future violence ($n = 18$ in each category). Additionally, 60% of patients have been classified as having above-minimal suicide risk ($n = 42$; BHS, SPS). The findings from this study have implications for informing clinicians as to how best to mitigate risk of patients' violent and self-harm behaviors.

A Fresh Approach to Collaborative Risk Assessment

Learoyd, Jacqui, South Staffordshire & Shropshire Healthcare NHS
McGowan, Amanda, South Staffordshire & Shropshire Healthcare NHS

Abstract: Best practice guidelines in risk assessment and management highlight the importance of working collaboratively with offenders to improve understanding, engagement and adherence to risk management plans. Best practice guidelines also recommend the use of Structured Professional Guidelines that use complex language and concepts which may be difficult for offenders to understand and may act as a barrier to effective collaborative working. These barriers may be exacerbated in offenders with intellectual disabilities. This paper outlines an innovative approach to collaborative safety planning developed by Speech and Language Therapy and Psychology to promote meaningful engagement with collaborative risk assessment in offenders with intellectual disabilities in a low secure hospital setting. Speech and Language Therapy and Psychology services developed a written protocol to guide multidisciplinary staff through the stages of producing a collaborative risk assessment with service users. Ward based teams were trained in the protocol and how to use speech and language therapy tools in innovative ways. Questionnaires indicated that prior to the training staff reported low levels of confidence in their ability to work collaboratively with service users with intellectual disabilities and communication impairments. Following the training staff confidence increased. Before the implementation of the protocol no service users reported knowledge of their risk assessments and safety management plans. After implementing the protocol 100% of service users were actively involved in writing and using their personalized safety management plans on a daily basis. The use of visual tools and multi-modal strategies has promoted involvement, encouraged disclosure, built insight and allowed for increased collaboration between professionals and service users.

Introducing Due Diligence into Violence Risk Appraisal: Validation of a Multi-Level Risk Approach

Serin, Ralph, Carleton University
Lowenkamp, Christopher, Administrative Office of the US Courts
Johnson, James, Administrative Office of the US Courts
Polaschek, Devon, Victoria University of Wellington

Abstract: Many contemporary risk scales have adequate predictive accuracy but their scale items typically focus on general criminal history and demographic factors, even those intended to predict non-sexual violent recidivism. In essence, they fail to consider unique violence-specific factors, potentially raising concerns regarding the comprehensiveness of the assessment in the case of community failures sometimes called sentinel events. The current paper utilizes a multi-level model to anchor the assessment with a validated statistical scale (Post Conviction Risk Assessment; a risk and need instrument), but then incorporates a violence trailer to contextualize the risk appraisal and augment predictive accuracy and case planning. A large sample of federal probationers ($n=1885$) was used to test the multi-level approach. Results indicate that predictive accu-

racy for violent recidivism increased from AUC = .77 for the statistical risk measure alone to AUC = .85 with the inclusion of violence flags. The utility of this multi-level approach will be discussed in terms of: 1) due diligence in risk appraisal and protection from undue criticism in the event of false negatives; 2) differential risk management strategies for cases with similar risk scores; and, 3) case planning approaches consistent with recent research regarding Core Correctional Practice in community supervision.

1.26 – Symposium

Psychopathy & Asocial/ Antisocial Behaviors: Comparative Analysis of Three Self-Report Measures, Jesness Inventory-Revised, Psychopathic Personality Inventory-Revised & Self-Report Psychopathy Scale-4th

Leark, Robert, Independent Practice
Story, Samantha, Alliant International University
Botzheim, Ciera, Alliant International University
Norton, Evan, Alliant International University
Ryan, Kori, Fitchburg State University

Abstract: For at least the last decade several researchers have focused on development of self-report measurement of antisocial behavior as well as the extreme of antisocial behavior: psychopathy. While much argument has ensued in the literature, self-report measurements are becoming used more frequently in forensic settings. Self-report measurements are often juxtaposed to structured professional judgment (SPJ) methods of assessment of similar behaviors. This symposium presents findings from four studies, each designed to build upon the other. Correlational data will be presented to demonstrate aspects of commonality over the three measurements. Finally, data from factor analysis will pull together the aspects of shared variance between all three measures.

1.27 – Symposium

Forensic Outcomes Data and International comparisons Part 1

Kennedy, Harry, Dublin University, Trinity College
Mullaney, Ronan
Braun, Peter, Pompe Foundation
Davoren, Mary, Broadmoor High Secure Hospital, Queen Mary University of London

Abstract: Part 1 of this two-part seminar concentrates on the methods of using routine outcome measurements for patients in secure forensic hospitals. The potential benefits of routine outcome measurement are already apparent in several jurisdictions. A paper from the Netherlands describes a qualitative benefit of such quantitative approaches.

Tuesday 6/21/2016, 11:00 am – 12:00 pm

1.31 – Papers: Youth Risk Assessment

Risk Factors Related to Risk Level of Recidivism in Incarcerated Juvenile Offenders

Godoy, Cervera Verónica, Universidad Autónoma de Yucatán
Escobedo, Heredia Blanca, Universidad Autónoma de Yucatán
Burgos Ochoa, Lizbeth, Universidad Autónoma de Yucatán
Gamboa, Loría Claudia, Universidad Autónoma de Yucatán
Tzek, Salazar Diana, Universidad Autónoma de Yucatán
Zumarraga García, Fanny, Universidad Autónoma de Yucatán

Abstract: This study evaluates the recidivism risk level and the associated factors in a group of incarcerated young offenders using the IGI-J (López, Silva & Garrido, 2006), the Spanish adaptation of the YLS/CMI (Hoge & Andrews, 2002). The age of the juvenile offenders varies from 15 to 21 years old and the mean age was 18.54 (SD=1.61). The results place most of the offenders in a moderate recidivism risk level. The findings also show drug abuse, influence of peers and a low education level as the most frequent risk factors. The outcomes can help to identify youth's major needs and guide an appropriate intervention for them, also provide tools to improve the risk management in the Mexican Juvenile Justice System which is currently developing more effective rehabilitation programs.

Are Adolescent Risk Assessment Tools Useful for Predicting Dating Violence? A Prospective Investigation of the YLS/CMI and SAVRY

Shaffer, Catherine, Simon Fraser University
Gray, Andrew, Simon Fraser University
Douglas, Kevin, Simon Fraser University
Viljoen, Jodi, Simon Fraser University

Abstract: In recent years, adolescent dating violence (ADV) has received increased attention given the harmful consequences. Despite the development of tools designed to assess risk of dating/intimate partner violence in adulthood, these tools were not intended for use with adolescents and, as a result, may be inappropriate. Moreover, although tools have been developed to evaluate an adolescent's risk for general and violent offending, it is unclear whether these tools have utility for assessing risk of ADV. In this prospective study, the predictive validity of the YLS/CMI and SAVRY was examined for general violence and ADV in a sample of 156 adolescent offenders. Over an average 3.94 (SD = 1.05) year follow-up, 25.6% (n = 40) and 11.54% (n = 18) of youth had engaged in general violence and ADV, respectively. Receiver Operating Characteristics analysis indicated that total risk scores on the YLS/CMI (AUC = .73, 95% CI [0.66, 0.80], $p < .001$) and SAVRY (AUC = .72, 95% CI [0.64, 0.79], $p < .001$) were significantly predictive of general violence with moderate effect sizes, but were modestly and non-significantly associated with ADV (AUC = .56, 95% CI [0.48, 0.64], and AUC = .59, 95% CI [0.50, 0.66], $p > .05$, respectively). Further, penalized logistic regression analysis indicated that neither the YLS/CMI (OR = 1.04, $p > .05$) nor the SAVRY (OR = 1.04, $p > .05$) were significantly associated with ADV after controlling for age. Findings suggest that risk assessment tools designed for the purpose of predicting dating violence in adolescents are needed.

Does the Reassessment of Risk Improve Predictions of Violence and Offending?

Viljoen, Jodi, Simon Fraser University
Gray, Andrew, Simon Fraser University
Shaffer, Catherine, Simon Fraser University
Tafreshi, Donna, Simon Fraser University
Bhanwer, Aisha, Simon Fraser University
Douglas, Kevin, Simon Fraser University

Abstract: Experts recommend regularly reassessing risk for violence using tools with dynamic factors. Indeed, there is some evidence that changes in risk scores can help predict reoffending. However, research is limited, with a dearth of studies with adolescent samples. Thus, in this study, we conducted 624 risk assessments with 156 male and female youth on probation. We tested two hypotheses as to why reassessment might improve predictions, namely the shelf-life hypothesis (i.e., risk assessments may expire over time) and the dynamic change hypothesis (i.e., within-individual increases in risk ratings may signal periods of heightened risk). Research assis-

tants rated youth on the Structured Assessment of Violence Risk in Youth (Borum, Bartel, & Forth, 2006) and the Youth Level of Service/Case Management Inventory (Hoge & Andrews, 2002) every three months over a one-year period. In general, support for the shelf-life hypothesis was limited; time dependent area under the curve scores (AUCts) were slightly, but not substantially, higher for the 3-month follow-up (AUCt = .70 – .74) compared to the 2-year follow-up (AUCts = .69). Evidence for the dynamic change hypothesis was mixed. The results of multilevel modelling indicated that, in many cases, within-individual change in risk total scores predicted reoffending. However, when the effect of risk was partitioned into between- and within- individual effects, most variance in reoffending was accounted for by between-individual differences ($t = 7.85$ to $72.94, p < .001$) rather than within-individual change ($t = -1.58$ to $3.55, p > .05$). Further research is needed, particularly on the value of reassessment for guiding intervention-planning.

SNAP® (Stop Now And Plan) and Future Criminal Outcome: A Case for Intervention During the Middle Years

Augimeri, Leena, Child Development Institute
Walsh, Margaret, Child Development Institute
Donato, Adam, Child Development Institute

Abstract: Considering the most commonly referred mental health issue for children under 12 is conduct problems it should be of no surprise that approximately 60% of males in custody have reported early histories of such problems (Baker, 2012). Cohen & Piquero (2009) estimate the cost of saving a high-risk youth at \$1.7-\$2.4 million between the ages of 12 and 21. Therefore the ability to predict and assess for levels of future criminal offending should be primary for informing comprehensive and effective clinical risk management plans within prevention/intervention services. This presentation will explore a third wave of longitudinal data (n=1525) looking at early risk histories using the Early Assessment Risk Lists (EARL-20B & EARL-21G; Augimeri, Webster, Koegl, & Levene, 1998; Levene, Walsh, Augimeri, & Pepler, 2004) and criminal outcome for participants of SNAP®(Stop Now And Plan), a multi-modal, gender-specific, evidence-based intervention for young children (6-11) with conduct problems and their families. The first wave (n=447) of individuals form the foundation of the first cost benefit analysis of SNAP (Farrington & Koegl, 2014). The second wave added an additional group (n=953) of clients that informed the predictive validity of the EARLs as well as establish the trajectory of SNAP children (Augimeri, Pepler, Walsh, Jiang, & Dassinger, 2010).

1.32 – Symposium

Special Issues in the Assessment and Treatment of Mental Health Diversion Program Clients

Sarah, Desmarais, North Carolina State University
Rade, Candalyn, North Carolina State University
Lowder, Evan, North Carolina State University
Coffey, Tim, Eleventh Judicial Circuit, Criminal Justice Mental Health Project
Telford, Robin, HealthFitness
Petrila, John, University of South Florida
Steadman, Hank, Policy Research Associates

Abstract: There have been many efforts to reduce the over representation of mental illnesses in the criminal justice system, including mental health diversion programs. Despite the widespread implementation of mental health diversion programs, the extant research does not provide unanimous support for the effectiveness of these programs in decreasing recidivism. As such, there is a need for re-

search examining the factors that may contribute to – and, ultimately, improve – the effectiveness of mental health diversion programs. To that end, this symposium comprises four papers examining special issues in the assessment and treatment of mental health diversion program clients. Data for all four papers were drawn from a study evaluating an innovative pilot program for “frequent flyers” in mental health diversion programs. Briefly, the pilot program sought to combine coordination of community-based services and delivery of evidence-based treatment focused on criminogenic needs. We fielded a longitudinal, mixed-method controlled trial with randomization of 95 “frequent flyers” to one of three conditions: 1) treatment as usual (TAU); 2) care coordination (CC); and 3) care coordination plus cognitive behavioral therapy (CC+CBT). Participants were interviewed at baseline prior to randomization and again at 3-, 6-, 9-, 12-, and 18-month follow-ups. Interview data were supplemented with data drawn from official records. Recidivism (arrests, charges, and days incarcerated) and behavioral health service utilization (inpatient, outpatient, and crisis contacts) were our primary outcomes of interest. We additionally examined expenditures associated with criminal justice and behavioral health service contacts.

1.33 – Papers: Forensic Research

The Scottish Forensic Inpatient Database: Final Development Stages, Implementation and Local Participation

Pitcairn, Jamie, The State Hospital, Scotland

Abstract: The findings of the Scottish Inpatient Census and the initial stages of developing the point prevalence study methodology utilized for this into a coherent operational inpatient database were discussed at IAFMHS 2015. The development of the Scottish Forensic Inpatient Database has now been completed, and the electronic web based system developed has been put in place across Scotland to collect in depth patient data for clinical, planning and research purposes for all 520 forensic inpatients in Scotland. This talk will address the final stages of development including the user led aspects of development, the processes employed to promote local participation, and the benefits of utilizing a multi-disciplinary approach in both promoting interest in the database and developing the capacity required to make the system operational without dedicated staffing resource. The paper will also address the early stages of national data collection, problems encountered and the lessons learned, before going on to discuss planned use of the data and the benefits provided.

The Psychology Law Evidence Database: Increasing access to research

Cook, Alana, BC Mental Health and Substance Use Services
Roesch, Ron, Simon Fraser University
Zapf, Patricia, John Jay College of Criminal Justice

Abstract: Currently the field of psychology and law has a large body of evidence to support those interested in making informed decisions about the legal system and those involved in the legal system, but no comprehensive central repository of this evidence exists. There have been calls and commitment to ‘move research into policy and practice’ from our professional literature (e.g., Dvoskin et al., 2011), professional leaders (American Psychology and Law Society Presidential Address, 2015), and political leaders internationally (e.g., recently elected Prime Minister of Canada Trudeau’s stated commitment to evidence-based policy). In line with these calls and our orientation and commitment to access to and dissemination of research for practice and policy, we developed a resource increase knowledge exchange and access of top-quality research in our field through the Psychology and Law Evidence Database

(www.psychologylawevidence.com). This resource is a searchable web-based database that is intended to reflect a comprehensive, continuously updated, freely available database of top quality scientific papers about psychology and law for policy makers, stakeholders, the general public, practitioners, and researchers. Our presentation will provide an overview of the development, aims, access, methodology of selecting content of the Psychology and Law Evidence Database. We will also discuss the barriers in developing resources like these for the field as well as details on the use of the database in the first months of the site.

Client Satisfaction Surveys to Improve Outcome Management in Involuntary Sex Offender Supervision and Treatment Program

Carabello, Kenneth, Liberty Healthcare Corporation

Abstract: Client satisfaction surveys have long been used in healthcare as a source of information for quality improvement of programming. Often, there is a hesitancy to utilize client satisfaction surveys in programs serving clients who have been involuntarily admitted, such as forensic and sex offender treatment and supervision programs. Liberty Healthcare began Alpha/Beta testing of client surveys in a civilly committed sex offender conditional release program in 2005, and since 2009 has conducted annual surveys in multiple programs, including involuntary admission programs. This presentation will discuss the procedure, results, benefits, and challenges of client surveys in involuntary admission settings. The presentation will also share the actual survey Liberty developed, which includes 11 questions answered on a 5-point Likert scale, and 4 open ended questions. Liberty has utilized the Shewart/Deming Improvement Circle of Plan, Do, Check/Study, Act to process the results of each annual survey. The survey provides invaluable feedback concerning treatment goals, access to program services, and insight into the client's ability to maintain general health through activity and movement. Use of the surveys has allowed the leadership team to manage program outcomes with direct feedback from clients.

Time Trends in Homicide and Mental Illness in Ontario, Canada from 1987-2012: Has Deinstitutionalization had an Effect?

Simpson, Alexander, Centre for Addiction and Mental Health
Penney, Stephanie, Centre for Addiction and Mental Health
Darby, Pdraig, Centre for Addiction and Mental Health
Prosser, Aaron, Centre for Addiction and Mental Health

Abstract: This paper compares rates of homicide related to mental illness (i.e., those resulting in a disposition of Unfit to Stand Trial or Not Criminally Responsible due to Mental Disorder; termed mentally abnormal homicide [MAH]) to homicides without such a disposition, in Ontario from 1987-2012. We obtained data on all adult homicide perpetrators (N=4402) and victims (N=4054) from 1987-2012, including all MAH. We present rates of adult MAH and non-MAH and compare them to incarceration and hospitalization rates. The rate of MAH remained constant ($\beta = -0.00, p = .69$) around an average 0.067 ($SD = 0.03$) adult MAH perpetrators per 100,000 adults. Conversely, non-MAH and overall adult homicide rates declined ($\beta = -0.02, p < .001$). Victims of MAH were more likely to be family members ($p < .001$), whereas victims of non-MAH were more likely to be non-familial acquaintances or strangers ($p < 0.01$). The annual proportion of MAH perpetrators with a substance use disorder increased over time ($\beta = 1.38, p = .056$). Since the time frame of study encompasses the deinstitutionalization period in Canada, we examined whether deinstitutionalization was associated with an increased rate of MAH and found no association ($r = 0.24, p = 0.33$). There was also no association between MAH rates and incarceration rates ($r = -.24, p =$

.25). Results suggest that deinstitutionalization and incarceration has had no effect on the rate of homicidal violence committed by people with mental illness. Substance use has become a more serious problem.

1.34 – Symposium

Addressing Needs, Risks and Stakeholder Perceptions: The National Trajectory Project

Crocker, Anne, McGill University
Charette, Yanick, Yale University
Wilson, Catherine, British Columbia Mental Health and Substance Use Services/University of British Columbia
Livingston, James, St-Mary's University

Abstract: Studies have shown that number of previous arrests predict recidivism. Little is known about first-time offenders when they enter the forensic mental health system. Of the 1800 NCRMD individuals in the National Trajectory Project data (ntp-ptn.org), 45% had no criminal justice involvement prior to their NCRMD verdict and were more likely to be female, committed an offence against a person, and to have suicide ideations at the time of the offense. We compared predictors of violent behavior observed by the clinical team between hearings and predictors leading to official convictions. Results suggest that, beyond individual factors, the hospital responsible of the patients and the neighborhood surrounding them influence the occurrence of violent behavior. The third paper examines whether factors that influence dispositions differ at the next hearing depending on whether a re-hospitalization occurred during CD. The final paper presents a qualitative study that examined review board hearings from the vantage point of people with direct experience in these processes.

1.35 – Symposium

Sex Offenders and Psychiatry; Treatment Review and Future Direction

Ho, David, South Essex Partnership University NHS
Deo, Raman, South Essex Partnership University NHS
Larkin, Fintan, Broadmoor Hospital, WLMHT
Baird, David, South Essex Partnership University NHS
Bisht, Vivek, South Essex Partnership University NHS

Abstract: This symposium proposes to examine the concept of sex offenders and psychiatry, with an emphasis on treatment direction. It will begin with an overview of the history of sex offending in relation to its assimilation into legislation. This will highlight the inherent difficulties involving social, legal and medical constructs which are not synchronous. The speakers will then review the evidence for efficacy of current treatment for sex offenders, both psychological and pharmacological. Evidence regarding psychological treatment will be analyzed using the Ministry of Justice's, UK publication 'What works with sex offenders?' in conjunction with an article by the primary speaker. Next, the speakers will present evidence from their work regarding efficacy of anti-libidinal medication in the treatment of sex offenders based on a case series of complex, high risk individuals from Broadmoor High Security Hospital, UK. Additional evidence regarding management of complex, high risk sex offenders will be presented through case studies involving the use of polygraphy. Further consideration regarding an understudied area, female sex offenders will be presented. Lastly, the speakers will consider the current position of the treatment of sex offenders in the UK through a recent publication in the British Medical Journal. Consideration and discussion with regards to future

proposed means of managing high risk sex offenders conclude the session.

1.36 – Papers: Forensic Assessment

Screening of Defendants Attempting to Feign Incompetency to Stand Trial Using the Inventory of Legal Knowledge

Van Klompenberg, Brandi, Fairleigh Dickinson University
Farringer, Alison, Fairleigh Dickinson University
Green, Debbie, Fairleigh Dickinson University
Belfi, Brian, Kirby Forensic Psychiatric Center
Schneider, Melanie, Fairleigh Dickinson University
Meno, Stephanie, Fairleigh Dickinson University

Abstract: While many tools exist to evaluate competency to stand trial, few include scales to assess feigning of incompetency. As an exception, the Atypical Presentation scales of the Evaluation of Competency to Stand Trial-Revised (ECST-R) assess feigned psychotic, non-psychotic, and rational symptoms. The Inventory of Legal Knowledge (ILK) is a recently-developed screening tool that aims to identify defendants attempting to feign incompetence to stand trial by examining responses to items assessing legal-related knowledge. Previous research validating the ILK has compared its classification to measures of effort (rather than specifically to feigned IST) and has utilized simulation designs. The current study investigated the convergent validity of the ILK with the ECST-R Atypical Presentations scales in a sample of pretrial defendants hospitalized for restoration of CST. Preliminary results (based on a sample size of 48) indicate that the proportion of examinees classified as feigning on the ILK (31.3%) did not differ from that of the ECST-R (25%), $\chi^2(1, N=48)=2.17, p=.11$ when the threshold for “feigning competency to stand trial” on the ECST-R was used. Although the two measures also did not differ when a lower threshold for classification of feigning on the ECST-R was evaluated ($\chi^2(1, N=48) = .73, p=.39$), the base rate of “overreporting” on the ECST-R (64.6%) was considerably higher than for the ILK base rate of feigning. With a larger sample size ($N=75$ by June, 2016), Receiver Operating Characteristic analyses will be conducted to evaluate the classification accuracy of various cut-off points of the ILK, using the ECST-R as criterion.

The Impact of Participant Experience, Knowledge, and Strategies on Successful Feigning

Rosinski, Amanda, The Graduate Center, CUNY
Weiss, Rebecca, John Jay College of Criminal Justice
Levitz, Alex, John Jay College of Criminal Justice

Abstract: In United States forensic settings, clinicians commonly use psychological assessments to identify feigned symptomatology. To validate feigning measures, researchers use a simulation design in which the assessment’s classification accuracy is based on its ability to differentiate between honest and feigned presentations. There are mixed results regarding the effect of incentive on successful feigning (Rogers & Cruise, 1998; Weber, 2008). Rogers and Sewell (1996) concluded that sophisticated feigning strategies were more successful than naïve strategies. Conversely, Tan et al. (2002) concluded that preparation time, strategy, and overall effort did not significantly increase successful feigning. Considering the financial and social implications of feigning assessment, there is a dearth of research in this area. The present study utilized an undergraduate sample to examine the effect of participant experience, knowledge, and strategies on successful feigning. It was expected that academic or personal experience, knowledge, and strategies would not significantly improve successful feigning. Participants were recruited from

undergraduate psychology courses at John Jay College and randomly assigned to feign insanity to avoid execution ($n=36$) or feign psychological distress to avoid school expulsion ($n=39$). Participants completed several measures (SIMS, HPSI, PAI, post-test) to assess feigning and psychopathology. On the SIMS, personal experience was a significant predictor of feigning ($F(1,70)=7.62, p=.007, \eta^2=.10$). On the HPSI, knowledge ($F(1,70)=7.98, p=.006, \eta^2=.10$) and strategy ($F(1,70)=4.57, p=.04, \eta^2=.06$) were significant predictors of feigning. On the PAI, personal experience ($F(1,70)=5.53, p=.02, \eta^2=.07$), knowledge ($F(1,70)=4.00, p=.05, \eta^2=.05$), and strategy ($F(1,70)=4.29, p=.04, \eta^2=.06$) were significant predictors of feigning. All other variables were not significant. Implications and recommendations for simulation studies will be discussed.

On the Assessment of Criminal Responsibility of Offenders with Drug-Induced Mental Disorders

Hu, Jinian, China University of Political Science and Law

Abstract: Traditionally, in China, forensic psychiatrists are asked to assess criminal responsibility for offenders suspected of suffering from mental disorders. Forensic psychiatrists in China took very different attitude to and provided very different assessment results on criminal responsibility of offenders with drug-induced mental disorders. In order to standardize the assessment, Bureau of judicial expertise administration, Ministry of Justice, issued in 2011 the *Guideline for Assessment of Criminal Responsibility for mentally disordered offenders (SF/Z JD0104002-2011)*, which states that drug-induced mental disorders are “special mental disorders” and therefore, psychiatrists are recommended not to assess criminal responsibility for this group of offenders. However, China’s forensic psychiatrists have still been unable to reach an agreement while assessing the criminal responsibility for offenders with drug-induced mental disorders. The current academic situation in this area was described, the reasons for the disagreement in practice were analyzed and the author’s recommendations were given.

1.37 – Symposium

Forensic Outcomes Data and International Comparisons Part 2

Kennedy, Harry, Dublin University, Trinity College
O’Reilly, Ken
Chatterjee, Sumeeta
Coleman, Elizabeth
Thomson, Lindsay, The University of Edinburgh

Abstract: Part 2 of this two part seminar concentrates on methods of using routine outcome measurements for patients, measuring change over longer periods of time and transitioning from hospital to community. Papers from several jurisdictions explore the careers of forensic patients after the secure hospital and the transition from risk management to risk recovery.

Tuesday 6/21/2016, 1:00 pm – 2:10 pm

1.41 – Papers: Forensic Evaluations

Consumer Satisfaction with Forensic Mental Health Evaluations: A Survey of Attorneys and Judges

Murrie, Daniel, Institute of Law, Psychiatry, & Public Policy
Wellbeloved-Stone, James, University of Virginia

Abstract: Although psychologists and psychiatrists have devoted much effort to establishing best practices for forensic mental health evaluations and subsequent evaluation reports, we know little about

how these reports are received by their primary consumers: i.e., the attorneys and judges who read them. Therefore, we surveyed attorneys and judges regarding their satisfaction with forensic reports that address three types of statutorily-defined evaluations: adjudicative competence, legal sanity, and sex-offender pre-sentencing. Our state-wide survey has generated responses from 58 prosecuting attorneys, 101 defense attorneys, and 5 judges (we anticipate more by the time of conference). They responded to questions in eight general areas: (1) obtaining an evaluation; (2) organization of report; (3) use of data; (4) use of psychological test results; (5) content of report; (6) opinions/rationale presented; (7) impression of evaluation; and (8) post-evaluation concerns. Initial results revealed generally favorable opinions of the psychological evaluation reports. The most problematic areas (highest means) were opinions/rationale presented and post-evaluation concerns, $M=1.6$ for both. The areas with the lowest concern were organization and content of report, with $M=1.4$ for both. Taking into account the participants' role in the legal system revealed some significant differences in satisfaction with obtaining an evaluation, with prosecuting attorneys ($M=1.67$, $SD=0.57$) expressing slightly greater dissatisfaction than defense attorneys ($M=1.45$, $SD=0.56$), $t(152)=2.37$, $p=.02$. Similarly, prosecuting attorneys were significantly more dissatisfied with MSO evaluations ($M=1.75$, $SD=0.51$) than defense attorneys ($M=1.53$, $SD=0.48$), $t(142)=2.56$, $p=.01$, while defense attorneys were significantly more dissatisfied with CST evaluations ($M=1.53$, $SD=0.54$) than prosecuting attorneys ($M=1.29$, $SD=0.43$), $t(139)=-3.12$, $p=.002$.

Explaining Variance in the Level of Agreement between Experts in Forensic Assessment in Different Legal Systems

Van der Wolf, Michiel, Erasmus University Rotterdam

Abstract: Case law studies from adversarial justice systems suggest that the outcome of such assessments depends on which of the two parties was principal, even when validated assessment instruments are being used. Even though this may show that differences of opinion are being exaggerated by the procedure, it also reveals that behavioral science-based expertise allows for such differences. In inquisitorial justice systems - such as the Netherlands - usually only one expert 'voice' is heard in court, rendering a study of case law insufficient for determining the level of agreement between experts. First, the results of an explorative study from the Netherlands will be presented. They will show that the level of agreement between expert's conclusions on legally relevant criteria like disorder, criminal responsibility, dangerousness and treatment advice depends heavily on the type of case (psychotic, sexual deviant, personality disorder). The influence of possible confounding expert characteristics will be discussed; experience, region, etcetera. These findings will be related to findings in other jurisdictions, both inquisitorial and adversarial, leading to drawing conclusions on how legal procedure may affect variance in outcomes of forensic assessment. Finally, for all systems discussed, possible procedural responses are suggested in light of the quality of the decision-making, the avoidance of arbitrariness, and the right to a fair trial. In Toronto, the design of the Dutch study was presented; in Manchester preliminary results; and in New York, possible explanations for the final results will be discussed in an international comparative legal perspective.

A Mixed Methods Evaluation of the Impact of Attribution Effects on Written Psychological Evaluations of Violence Risk

Murray, Jennifer, Edinburgh Napier University
Thomson, Mary, Northumbria University
Cooke, David, Glasgow Caledonian University
Charles, Kathy, Edinburgh Napier University
Judge, Joe, The State Hospital, Carstairs

Abstract: This study investigates the impact of attribution effects on psychological evaluations of violence risk, using a multi-study, mixed-methods approach. Study 1 asked ten clinicians experienced in preparing and communicating violence risk assessments to write a brief communication based on either an internally or externally attributionally-manipulated vignette that described an offender and his crime. These communications resulted in five themes: repetition of factual information; assumptions/suggestions; false assumptions; seeking information and clarification; and future risk management suggestions. Attribution effects were present across the communications. Study 2 consisted of two stages involving 260 lay-participants. In Stage 1, participants evaluated the attributionally-manipulated vignette used in Study 1 in terms of Locus of Control, Stability, Personal Control and External Control. In Stage 2 participants rated the clinicians' written communications (which were written based on the original vignettes) on the same four dimensions. Quantitative comparisons across the two stages demonstrated that across Stages 1 and 2, participants rated the offender higher in the attributional dimensions Locus of Control and Personal Control within the internal condition when compared to the external one. Thus, in the internal attribution condition, the offender was judged to have more control over his actions than was the case with the external condition.

1.42 – Papers: Treatment

START NOW: Development and Implementation of a Manualized, Skills-Based, Integrated Psychotherapy for Incarcerated Individuals with Mental Illness

Trestman, Robert, UConn Health
Kersten, Linda, University of Basel, Switzerland
Guiher, Julie, UConn Health
Cislo, Andrew, UConn Health
Shea, Kirsten, UConn Health

Abstract: START NOW is a skills based psychotherapy developed with National Institute of Justice funding for incarcerated individuals with emotion dysregulation and/or impulsivity. This presentation describes implementation in a statewide correctional system, reviews the patient and facilitator experience, and presents results of treatment on reducing behavioral infractions during incarceration. START NOW is a 32 session manualized cognitive behavioral therapy written at a 5th grade reading level that incorporates an array of basic skills using a motivational interviewing framework. It is gender specific, trauma sensitive, and integrates a neurocognitive approach. START NOW is implemented as a standard of care in many Connecticut correctional facilities, with routine supervision and fidelity monitoring. Quality assurance questionnaires of facilitator and patient satisfaction were routinely collected and analyzed. A retrospective cohort analysis of 946 program participants (male=873; female=73) was analyzed for potential changes in the rate of disciplinary infractions. Both facilitators ($n=30$) and participants ($n=619$) rated their START NOW experience highly, overall rating at or above 3.4 on a 4 point Likert scale for multiple dimensions. Using zero-inflated negative binomial regression, substantial benefit was demonstrated, with a dose-response effect found and a 5% reduction in the likelihood of future disciplinary infractions for each additional session ($p < 0.001$). This effect held across gender and psychiatric diagnosis. START NOW holds significant promise for treating incarcerated individuals with mental illness who demonstrate emotional dysregulation and/or impulsivity.

Risk Assessment, Service Provision, and Recidivism: More Services is Not Necessarily Good

Lim, Yan, Simon Fraser University

Guy, Laura, ProActive ReSolutions Inc.

Perrault, Rachael, University of Massachusetts Medical School

Grisso, Thomas, University of Massachusetts Medical School

Vincent, Gina, University of Massachusetts Medical School

Abstract: The impetus for risk assessment should be to identify the risks posed by a youth so as to find the most appropriate risk management strategies, including treatment and other services, to reduce or prevent recidivism. However, much of the research in this area has hitherto focused on the assessment of risk, rather than on the management and treatment of this risk. This study looked at juvenile probation officers' (JPOs) use of the *Structured Assessment of Violence Risk in Youth* (SAVRY; Borum, Bartel, & Forth, 2006), how it informed their decisions regarding intensity of service referrals made, and the resulting impact on recidivism in a sample of 271 juvenile probationers in a northern US state. A conditional risks-set cox regression survival analysis revealed an interaction between levels of risk and service referrals, such that a mismatch between JPOs' summary risk rating using the SAVRY and level of service (operationalized via number of service referrals as well as service participation) resulted in poorer outcomes: Youth assessed as being at higher risk but who had relatively lower levels of service had the highest rates of violent reoffending. However, low-risk youth with higher levels of service recidivated at faster rates than high-risk/high-service youth and low-risk/low-service youth. These findings support key Risk-Need-Responsivity principles of intervention and demonstrate the potential iatrogenic effects of over-treatment with juvenile offenders. Implications of the current findings for risk assessment and management practices as well as general research recommendations for studying risk management strategies will be discussed.

Evaluation of a Low Intensity Psychological Intervention at Scotland's High Secure Hospital: Three Years 'On the Road to Recovery'

McIntosh, Lindsey, University of Edinburgh

Purcell, Natasha, The State Hospital for Scotland & Northern Ireland

Thomson, Lindsay, University of Edinburgh; The State Hospital for Scotland & Northern Ireland

Abstract: Forensic mental health services across Scotland have re-structured their service delivery according to a matched-stepped care model proposed the Forensic Matrix. On the Road to Recovery (OTRTR) is a low intensity intervention delivered in accordance with this stepped care approach, and aims to develop patients' understanding of mental disorder and teach them coping skills to manage distress. The State Hospital (TSH), Scotland's high secure hospital, has delivered OTRTR since 2012, along with ten other services across the Forensic Network and the Scottish Prison service. However, to date there has been no study into its effectiveness. This study evaluates OTRTR in a total sample of 162 TSH patients. Patient self-reported psychological distress, self-esteem, recovery views, and attachment behaviors, as well as clinician ratings of patients' functioning and symptoms were collected pre and post OTRTR. We observed improvements in patient ratings of psychological distress and clinician ratings of patients' functioning and symptoms following the intervention. We are now exploring the effects of the intervention on other clinical indicators, including assessed risk and incidents of institutional violence. This study presents evidence that a low intensity, low resource-intensive program has a significant impact on the mental health and functioning of patients in a high secure setting. These results suggest that forensic patients benefit from a low in-

tensity psychological therapy, initial evidence supporting the new model of forensic mental health service delivery in Scotland. Further study of OTRTR and the matched-stepped care model is underway in a multi-site evaluation across Scotland.

The Pathways to Treatment Study: Preliminary Results

Noga, Heather, Simon Fraser University

Verdun-Jones, Simon, Simon Fraser University

Chu, Karen, BC Mental Health and Substance Use Services

Brink, Johann, BC Mental Health and Substance Use Services

Abstract: In Canada, persons found not criminally responsible due to mental disorder (NCRMD) are among the most severely mentally disordered persons who appear before the courts. Those accused of a violent offence are among the most highly publicized due to the seemingly surprising nature of the event. However, many have a primary psychosis disorder diagnosis, mood disorder, substance abuse disorder, psychiatric comorbidity and/or a history of psychiatric hospitalization. Little is known about their contacts with healthcare services in the days, months or year immediately prior to the NCRMD event. This paper will present the preliminary findings from the pathways to treatment study aimed at exploring critical intervention points for healthcare treatment among a sample of violent NCRMD accused. Using the sequential intercept model, this study investigates the nature, frequency, location, and outcomes of contacts with mental health services in the community, emergency departments and forensic healthcare. A deeper investigation into prior help-seeking behavior or opportunities for diversion may assist in determining critical intervention points for treatment and gaps in civil psychiatric services.

1.43 – Symposium

Creating Trauma-informed Juvenile Justice Systems

Branson, Christopher, New York University School of Medicine

Baetz, Carly, Mt. Sinai Health System

Cruise, Keith, Fordham University

Abstract: The US Department of Justice and other stakeholders have called for the creation of trauma-informed juvenile justice systems in order to improve outcomes for the many youth offenders affected by trauma and related impairment. However, there are three main barriers to achieving this vision. First is a lack of consensus on the definition and specific practices or policies that constitute trauma-informed care in juvenile justice. Second, there are no well validated tools for juvenile justice systems to self-assess their use of trauma-informed care in order to develop an action plan and measure progress over time. Third, there has been little empirical research in this area and there are currently no empirically-supported models for implementing trauma-informed practice in juvenile justice. Presenters will address these barriers by (1) introducing a consensus-based definition of the core elements of a trauma-informed juvenile justice system recently developed by trauma and juvenile justice experts in the National Child Traumatic Stress Network, (2) presenting data on the development and pilot-testing of an organizational self-assessment of trauma-informed care by juvenile justice agencies in three states, (3) discussing how integrating assessment information about youths' trauma related needs into risk/needs assessment and case planning is an integral component of achieving a trauma-informed system, and (4) sharing preliminary data and lessons learned from a federally-funded study to evaluate an innovative model for implementing trauma-informed practices, policies, and organizational change in five New York City juvenile justice agencies. Presenters will share insights on barriers/facilitators for creating

trauma-informed systems and propose directions for future research.

1.44 – Symposium

Mind the Gap! International Perspectives on Health and Criminal Justice Transitions

Lennox, Charlotte, University of Manchester
Shaw, Jenny, University of Manchester

Abstract: A transition is defined as the passage from one life phase, condition or state to another. Transitions are the most vulnerable parts of any care pathway. In general medicine, 1/10 people die in the immediate discharge period and there are high rates of readmission. In mental healthcare, discharge from in-patient facilities is associated with increased risk of relapse, readmission, violence and suicide, particularly in the first week following discharge. Prisoners are a socially excluded, vulnerable group with high levels of ill health, including mental illness. Transitions into and from the criminal justice system are particularly vulnerable periods for this group. On discharge, they may be multiply disadvantaged, with housing and finance problems, breaks in social ties, mental ill health and a reluctance to engage with services, who in turn are reluctant to engage with them. The risk of adverse outcomes including relapse and death, especially from suicide are high. Potential effective transitional case management interventions are outlined.

1.45 – Papers: Veterans

Justice-Involved Veterans with Posttraumatic Stress Disorder: Understanding the Impact of Co-occurring Substance Use Disorders on Treatment Engagement

Stimmel, Matthew, VA Palo Alto Healthcare System
McGuire, Jim, Department of Veterans Affairs, Central Office
Rosenthal, Joel, Department of Veterans Affairs, Central Office
Blue-Howells, Jessica, Department of Veterans Affairs, Central Office
Rubinsky, Anna, VA Palo Alto Healthcare System
Finlay, Andrea, VA Palo Alto Healthcare System

Abstract: For Veterans returning from service, posttraumatic stress disorder (PTSD) presents a specific risk for involvement in the criminal justice system. Furthermore, Veterans who have PTSD and co-occurring substance use disorders (SUDs) have a higher risk of arrest compared to Veterans with only PTSD. SUDs can also serve as a barrier to PTSD-specific treatment use and completion. This national retrospective cohort study examined the impact of having a co-occurring SUD on PTSD treatment use among Veterans in the Veterans Justice Outreach (VJO) program who were diagnosed with PTSD between fiscal years 2010-2012. Of 36,358 Veterans participating in VJO, 33% were diagnosed with PTSD. Of 12,141 VJO Veterans with a PTSD diagnosis, 9,217 (76%) were diagnosed with a SUD in the same year. Using logistic regression models adjusted for demographic characteristics, Veterans with a co-occurring SUD had higher odds of receiving PTSD-specific treatment including any outpatient visits (OR=1.64 [1.49, 1.80]), residential days (OR=4.38 [3.15, 6.09]), or pharmacotherapy (OR=1.53 [1.39, 1.67]). These results contribute to the literature on PTSD and SUD prevalence in justice-involved Veterans, as well as provide important implications for how clinicians and policy makers can increase access to PTSD treatment for VJO Veterans without co-occurring SUDs.

The Influence of PTSD on Criminal Adjudication and Sentencing Involving Former and Serving Military Personnel

Coté, Isabelle, University of Ottawa

Abstract: The objective of this study is to determine the role of Post-Traumatic Stress Disorder in hearings of individuals with military service charged criminally. The function of the expert witness is also being examined. Canadian judicial decisions involving former and serving military personnel with PTSD were obtained through searches of legal databases with the key terms: *military and PTSD*; (*Canadian Armed Forces and PTSD*; *soldier and PTSD (also in French)*). Seventy-two cases in which 64 individuals were charged with offences from 1994 to 2015 were located for inclusion in the study. Thirty-two cases stemmed from Provincial Review Boards, Provincial Courts, Superior and Appeal Courts; 40 from Courts Martial and Court Martial Appeal Courts. Fifty-nine individuals served in the Canadian Armed Forces, four in the U.S. Armed Forces and one in the British Army. They were mostly males with a mean age of 37.8 years. PTSD was attributed to combat exposure or military experiences in 60% of the former or serving members. PTSD was considered by the Court as a mitigating factor in 60% of the 47 sentencing hearings and appeals of sentence. In three cases, the Court found the accused not criminally responsible due to PTSD. Given that PTSD can be a central issue in criminal matters involving military personnel, factors leading to this disorder and its relationship to the offending behavior should be reviewed. Expert psychiatric evaluation and testimony has value to the court for adjudication and sentencing decisions in these complex cases.

Socio-Demographic Characteristics and Mental Health Needs of a Sample of Male Ex-Armed Forces Personnel in Prison

Wainwright, Verity, University of Manchester
Lennox, Charlotte, University of Manchester
McDonnell, Sharon, University of Manchester
Shaw, Jenny, University of Manchester
Senior, Jane, University of Manchester

Abstract: Ex-armed forces personnel constitute the largest known occupational group in prison in England and Wales but there is little evidence regarding their mental health needs. This study aimed to describe the socio-demographics of a sample of male ex-armed forces personnel in prison and establish their mental health needs. A researcher administered questionnaire assessed general well-being, depression, anxiety, post-traumatic stress disorder, and alcohol and drug misuse of 105 male, ex-armed forces personnel in prison in England, via standardized measures. Healthcare notes of all participants were examined to record any mental health diagnoses and suicide risk. Forty (38.1%) participants screened as having common mental health problems and the most common diagnoses recorded in their healthcare notes were for PTSD, depression and personality disorder. A high level of co-morbidity and alcohol misuse was also found within the sample. The findings suggest ex-armed forces personnel likely do not require different mental health care than the general prison population, but that an awareness of PTSD, and targeted interventions for alcohol misuse, are needed. Implications for the wider social care needs of this group are also discussed.

Characteristics of Incarcerated Veterans in Provincial Correctional Facilities

Coté, Isabelle, University of Ottawa
Glancy, Graham, University of Toronto
Dufour, Mathieu, University of Ottawa
Ward, Helen, University of Ottawa
Hardy, Kate, Women's College Hospital

Abstract: Research on incarcerated former military personnel remains limited in Canada. A project on this population received re-

search ethics board approval by the Centre for Addiction and Mental Health and the Ontario Ministry of Community Safety and Correctional Services. The objectives of this study are to determine the characteristics and criminogenic risk factors of veterans using a convenience sample of inmates in five provincial detention centers from 2012 to 2015. Data on sociodemographic variables, military service, history of physical and mental health problems were obtained through a semi-structured interview. Further data was gathered through institutions' Health Care records. Inmates' official offence history and LSI-OR (Level of Service Inventory - Ontario Revision), if available were obtained through clients' profiles. Twenty-five male inmates self-identified as having been in the military and consented to participate. Their mean age was 43.5 years with an average of 6 years of military service. Fifty-two percent served in the Canadian Forces and 24% in the United States Armed Forces. Seventy-two percent had prior incarcerations; 28% were charged with homicide and related offences; 44% had convictions during their military service. Forty-eight percent had been involved in war or operational missions. Seventy-two percent had been given a prior mental health diagnosis. Thirty-two percent had completed LSI-OR. This study provided valuable information about the characteristics, criminogenic risk factors and mental health needs of incarcerated veterans in comparison to the general Ontario inmate population. If identified on admission, future care may be more appropriately tailored to veteran inmates to reduce criminal recidivism.

1.46 – Papers: Special Populations

The Individual Assessment of Terrorism: What We Know About the Applications of the MLG, VERA, and HCR-20^{v3}

Cook, Alana, BC Mental Health & Substance Use Services
Hart, Stephen, Simon Fraser University
Strange, Steve, Royal Canadian Mounted Police
Pressman, Elaine, Carleton University & International Centre for Counter Terrorism
Lim, Yan, Simon Fraser University

Abstract: The individual assessment and management of terrorism threat is of critical importance in Canada and abroad. Two promising tools were developed in recent years to guide threat assessment professionals in the assessment and management of individual terrorist risk: 1) the Multi-level Guidelines (MLG; Cook, Hart, & Kropp 2014; Kropp 2015), which was developed for the assessment and management of various types of group-based violence, including terrorist violence; 2) the second version of the Violent Extremism Risk Assessment (VERA-2; Pressman & Flockton 2010), which was developed specifically for the assessment and management of extremist violence. The MLG and VERA are both structured professional judgment (SPJ) tools that are evidence- and consensus-based and grounded in best practice models of threat assessment. We present the research findings to date on the MLG and VERA and a tool designed to assess individual risk for general violence, the HCR-20^{v3} (Douglas et al., 2013). The presentation will focus on a recent study that examined the application of the MLG, VERA, and HCR-20 to five terrorism cases and a content analysis of the MLG, VERA, and HCR-20. The results will be discussed with general considerations for assessing individuals for terrorism within forensic mental health systems.

Threat Management: The Impact of Mental Illness for When Protecting Public Officials from Unwanted Approach

Viñas-Racionero, Rosa, University of Nebraska-Lincoln
Freese, Jon, University of Nebraska-Lincoln
Scalora, Mario, University of Nebraska-Lincoln

Abstract: This study analyzes a sample of 419 individuals who harassed public officials around the US but were successfully counteracted by law enforcement before engaging in physical violence. Specifically, this study focuses on analyzing the predictive value of mental illness for physical approach at different stages of law enforcement involvement. The results of Partial Least Square Path Modeling are consistent with prior literature (e.g., James et al., 2010) and suggest that individuals with delusions, hallucinations, and thought disorder are more likely to physically approach public officials. However, symptoms of mental illness were not relevant for predicting approach on the initial stages of law enforcement involvement. Regardless of their mental health condition, individuals who approached a public official before any law enforcement involvement tended to have had prior contact with the target, have a very specific grudge towards the target, and decided to approach after a short period of time. In contrast, individuals with mental illness attempted to approach public officials after a longer period of harassment. Law enforcement neutralized these individuals before the approach via face-to-face interception. PLS-PM model further alerts that individuals with mental illness tended to hold multiple grudges, targeted multiple individuals, but were less likely to engage in unwanted verbal and written communications over time, as they resort to approach. There are several implications for these findings. Individuals with mental illness holding a grievance require that significant interventions focus on the nature of the grievance, targets, and contexts to successfully manage their behavior.

Workplace Violence, Trauma, and Resilience

Martin, Mary-Lou, St. Joseph's Healthcare

Abstract: Workplace violence, trauma, and resilience are becoming significant issues of concern for forensic environments. Exposure to violence is a significant hazard for forensic clinicians. Clinicians need to be supported and taught how to be resilient in their ability to thrive despite adversity that might be experienced in forensic settings. The accountability of both the individual clinician and the organization will be examined. Future directions for improving the resilience of forensic clinicians and their organization are paramount. This paper will examine these issues and make recommendations for practice, policy, education and research while acknowledging the need to balance care, safety and security.

Violence Risk Assessment in Patients with Autistic Spectrum Disorder in a Secure Unit

Thomas, Carlo, St Andrews Healthcare Nottinghamshire
Gunasekaran, San, St Andrews Healthcare Nottinghamshire
Thomas, Azania, St Andrews Healthcare Nottinghamshire

Abstract: Academic evidence has shown that individuals with autistic spectrum condition are overrepresented in forensic populations compared to the general population, and the presentation of some ASC symptoms can predispose to potential criminal actions. There are very few studies looking at the use of the HCR 20 in patients with Autism. It has been observed among clinicians working in a specialist ASC unit, that some of the individual factors of the HCR 20 may need further elaboration and description when applied to assessing violence risk in ASC populations. A clinical commentary was documented after a series of planned meetings between clinical staff working in the ASC unit. Comments were documented in relation to specific areas that need consideration and elaboration when describing and rating individual factors of the HCR 20. The records of 50 patients with ASC were then analyzed as to whether description and consideration of these areas were done at the time of completing the HCR

20. In addition the formulation, scenarios and any additional comments in the HCR 20 documents were looked at to determine if these areas of clinical concern were considered. The results were tabulated in a descriptive format. The description raised the question whether additional guidance is needed in describing and rating the violence risk in ASC patients when using the HCR 20.

1.47 – Symposium

New Zealand Innovations in the Pathway for Intellectually Disabled (ID) Offenders

Duff, Mhairi, Waitemata District Health Board
Sakdalan, Joseph, Waitemata District Health Board
Seth, Himadri, Waitemata District Health Board

Abstract: This symposium will present emerging ideas in the management of intellectually disabled offenders in the New Zealand criminal justice system. The papers will introduce new screening and imminent risk assessment instruments and present a variety of therapy programs that have been adapted to make them more accessible to offenders with cognitive impairments due to intellectual disabilities or acquired later in life. An overview of the New Zealand legislative context and the management pathways for people with ID who come to the attention of the criminal justice system (CJS) will be briefly presented. This will highlight the difficulties specifically faced by people with ID in navigating the CJS in the international literature and the structure of pathways for ID offenders in New Zealand.

Tuesday 6/21/2016, 2:20 pm – 3:30pm

1.51 – Papers: Sexual Offending

Update on the White House / SMART Office Campus Sexual Misconduct Project: Risk Assessment and Treatment Protocol

Lamade, Raina, Fairleigh Dickinson University
Prentky, Robert, Fairleigh Dickinson University

Abstract: The high incidence of student sexual misconduct on college campuses has frequently been documented but never adequately sanctioned with treatment. Existing scholarship on perpetrator risk and needs assessment and treatment focuses either on adjudicated juvenile or adult sex offenders. College students constitute a unique group that is not addressed by existing research on treatment or risk assessment. Therapeutic sanction of college students merits an approach tailored to the risk-based treatment needs of those found responsible for sexual misconduct. This project, mandated by the White House and funded by the SMART Office (DOJ) has a principle mission of developing an evidence-based response to the need for a treatment option for student perpetrators. The project, now entering its second year, will have gathered survey data from thousands of students at 15 colleges and universities. We will present an overview of the scope of the project, with a focus on Phase I data collection directed at informing the development of a risk protocol for this emerging adult population, which, in turn, will inform the development of a treatment module targeting individual needs. In addition, we will discuss the challenges and hurdles in student compliance and university compliance, as well as practical, legal, and ethical issues raised by a therapeutic sanction. Because campus safety lies at the heart of this project, we have also surveyed women, and we will report on their feedback regarding what would improve campus safety and willingness to report sexual assault,

leading to recommendations on victim-sensitive policies and procedures.

The Relative Importance of Attachment, Psychopathy and Personality Traits to Hostile Masculinity in Predicting Sexual Offending Among College Students

Schreiber, Jeremy, Fairleigh Dickinson University
Malamuth, Neil, University of California, Los Angeles
Lamade, Raina, Fairleigh Dickinson University

Abstract: Malamuth (2003) observed that his Hierarchical Mediation Confluence Model (HMC) and the Psychopathy Checklist – Revised (PCL-R; Hare, 2003) model of psychopathy are similar in that they both include personality and behavioral characteristics. The HMC, however, was designed specifically to predict sexual aggression, while the PCL-R is intended to assess psychopathy. Research findings presented by Malamuth (2003) argue for a comprehensive model of the characteristics of sexual aggressors to include various levels of broad band and narrower band characteristics. This study will examine the interrelationship of the broad band approach of the Five Factor model, as measured by the IPIP (Donnellan, Oswald, Baird, & Lucas, 2006), Psychopathy, as measured by the Self-Report Psychopathy Scale (SRP-RF; Neumann & Pardini, 2012) and attachment style, as measured by the Adult Attachment Scale (AAS; Collins & Read, 1990) with Malamuth's a narrow band construct, Hostile Masculinity (Malamuth, 2005). Together, these measures will be investigated to determine if there are "both additive and interactional" effects in predicting sexual aggression. As is the case with Malamuth's confluence model, it is predicted that the interaction and combination of multiple factors may add incrementally to risk of offending, whereas other factors, such as secure attachment, may serve to moderate risk. The sample is comprised of students from fifteen colleges and universities across the country. The process of survey data collection is currently ongoing and an expected sample size in excess of 1,000 males is expected.

Exploring Two Pathways Related to Campus Sexual Violence

Lamade, Raina, Fairleigh Dickinson University
Lopez, Elise, University of Arizona
Malamuth, Neil, University of California, Los Angeles
Schreiber, Jeremy, Fairleigh Dickinson University
Prentky, Robert, Fairleigh Dickinson University

Abstract: Campus sexual violence is a well-documented social problem. Factors such as hostile masculinity, impersonal sex (Malamuth, Heavey, & Linz, 2006), conduct problems, psychopathy (Knight & Guay, 2006; Mann, Hanson & Thornton, 2010) diminished empathy, and narcissism have been found to be associated with sexual aggression. Although some perpetrators within a college population are high on these factors, others who also commit acts of sexual aggression are lower on said factors, and may actually be more influenced by peers embracing a group think mentality within a situational context (Franklin, Bouffard, & Pratt, 2012; Sanday, 1990). Situational and contextual factors, such as peer pressure, social hierarchies, and high levels of alcohol consumption serve as the perfect environmental backdrop for sexual perpetration (Thompson, 2014). This study is part of a project, funded by the Department of Justice to develop an evidence-based treatment option for student perpetrators. Using a sample of over 1,000 male students from colleges and universities across the United States, this study aims to examine two distinct pathways to sexual aggression in a college population exist, one dominated by personality characteristics and antisocial attitudes and behaviors, and the other primarily dominated by situational factors, such as peer influence/susceptibility and alcohol consumption. This

study will explore the relationship between hostile masculinity and attitudes on campus climate factors, specifically their relationship to promoting social situations, including risky sexual behaviors. This study will examine if the two pathways are associated with different types of sexual aggression.

A Multi-Modal Approach to Treatment with Sexual Offenders

Pfenning, Amy, Coalinga State Hospital
Husted, Marian, Coalinga State Hospital

Abstract: This presentation will demonstrate how facilitators utilize expressive therapies in a treatment program for civilly committed sexual offenders in a forensic-psychiatric facility in California. Presenters will outline how facilitators use various therapies to help sex offenders improve their self-regulation. Discussion will include how expressive therapy is used in conjunction with sex offender treatment to address risk-need-responsivity principles, dynamic risk factors, and common life goals. A case study will be presented. Presenters will also discuss various assessments used in treatment as well as limitations.

1.52 – Papers: Risk Assessment

Introducing the Electronic Application of the Dynamic Appraisal of Situational Aggression (DASA)

Daffern, Michael, Centre for Forensic Behavioural Science

Abstract: The Dynamic Appraisal of Situational Aggression (DASA, Ogloff & Daffern, 2006) is a seven-item risk assessment instrument designed to assess violence potential in mental health inpatients. It is one of only two instruments recommended by the National Institute of Clinical Excellence for this purpose. When completing the DASA staff consider whether each of the seven items is present; total scores are reliably associated with subsequent violence. Although its predictive accuracy has been demonstrated in both civil and forensic mental health units, compliance rates can be low and the DASA assessment may not impact preventative actions. To enhance completion rates and encourage risk management we developed an electronic application. This presentation will describe the rationale and benefit of an electronic application. The application will then be introduced and pilot testing will be described.

Modeling and Presenting Prison Assaults Data to Inform a Violence Reduction Strategy

Howard, Philip, National Offender Management Service

Abstract: Violence by prisoners is a serious problem for correctional agencies, including the National Offender Management Service (NOMS) of England and Wales. In response to a recent rise in assaults, NOMS has initiated a Violence Reduction Project (VRP). To improve the VRP's evidence base, NOMS's Offender Insight Team has produced three instruments: (1) the Violence Diagnostic Tool, a management information system that provides governors and managers with visually appealing monthly updates on the "who, where, why and when" of assaults in their prison; (2) a logistic regression model predicting assault probabilities for individual prisoners, based on their violence risk in the community, age and prison incident history, and (3) an exploratory prison-level model identifying a range of factors, such as offender and staff characteristics, associated with the number of assaults in a month. This presentation outlines the research basis of each of these instruments, provides a brief demonstration of the Violence Diagnostic Tool, and discusses the impact of this new evidence on the management of prison violence.

Risk Assessments in Lifetime Prisoners - Recidivism into Serious Crimes

Karlberg, Daniel, Department of Forensic Psychiatry in Stockholm
Sturup, Joakim, Department of Forensic Psychiatry in Stockholm;
National Board of Forensic Medicine, Sweden

Abstract: It is unknown whether risk assessments instruments developed for and validated in individuals serving short- and mid-term prison sentences is useful on individuals serving long term prison sentences. The aim of this presentation is to examine who and why individuals serving lifetime sentences and got the sentence commuted to a time determined sentence recidivated in serious crimes. All lifetime sentenced individuals that applied for time determination of their sentences between 2006 and 2012 in Sweden and had their sentence commuted was included in the study (n=47). Of those 47, 30 individuals had been released and 26 were included in a follow up study (four were excluded due to deportation). All of the offenders that were released were assessed as having either low or medium risk of reoffending. Five of the 26 lifetime prisoners that were released had reoffended in a serious crime. One individual reoffended with murder and one with a stranger rape on a 12 year old girl. Most of the crimes occurred in the first year after the time determination. All of the individuals who reoffended had relapsed in drug or alcohol abuse prior or in conjunction with their crime. The offenders that were released were either considered low or medium risk but still 20% of them did reoffend in a serious crime short after being released. That indicates that perhaps ordinary risk assessments don't work well regarding individuals who have served long prison sentences.

Conducting Risk Assessment Research without Patient Consent: The Methodological and Ethical Implications

Leonard, Sarah, University of Manchester

Abstract: Risk assessment research in forensic mental health populations is significantly affected by selection bias. At least 30% of approached forensic patients refuse to consent in studies of this type, and differences between participants and non-participants threaten the validity of results from these studies, particularly those which require consent for the use of medical records. Thoughtful decision making is needed by research ethics boards on whether mandatory consent is necessary, to ensure observational studies using medical records are not unduly biased. UK statute (section 251 of the NHS Act 2006) clearly identifies confidentially as a potential barrier to important research that is in the public interest, and where it is not possible or appropriate to seek patient consent, outlines the use of medical records for research without patient consent. This statute enables patient identifiable information to be disclosed and used for medical research purposes without the patient being aware, while continuing to protect the legal rights and anonymity of the participants. Risk assessment research represents an area of clear public interest, given that forensic services have the protection of the public within their agenda. The authors present the design and methodology of ongoing doctoral risk assessment research subject to this statute: prospective cohort follow-up studies of a) prisoners discharged from medium secure psychiatric services, b) young people accessing forensic CAMHS in the community. Findings from a systematic search and meta-narrative mapping of the current literature will be discussed, alongside methodological and ethical implications for future research practice.

1.53 – Papers: Youth

The Development and Evaluation of the ARROW Risk Management Guide

Viljoen, Jodi, Simon Fraser University
Muir, Nicole, Simon Fraser University
Brodersen, Etta, Simon Fraser University
Shaffer, Catherine, Simon Fraser University
McMahon, Robert, Simon Fraser University
Moretti, Marlene, Simon Fraser University
Vincent, Gina, University of Massachusetts Medical School
Cruise, Keith, Fordham University
Hilterman, Ed, Justa Measura
Guy, Laura, Proactive Resolutions
Douglas, Kevin, Simon Fraser University
Roesch, Ronald, Simon Fraser University

Abstract: Although risk assessment tools aim to inform intervention-planning, they often fall short in their ability to do so. Indeed, professionals do not consistently utilize their risk assessments to guide risk reduction efforts. Thus, to help bridge risk assessment to risk management, we developed a tool called the Adolescent Risk Reduction and Resilience Outcomes Work-Plan (ARROW). The ARROW is designed to accompany the Structured Assessment of Violence Risk in Youth, although it can also be adapted for other tools. The ARROW includes three components: (1) A Guide that compiles best practices to reduce risk factors and build protective factors (e.g., anger management difficulties, strong attachments); (2) An accompanying Intervention Planning Template that provides a structured framework for developing intervention plans; and (3) A set of Worksheets for sessions with youth and their caregivers (e.g., My Triggers Worksheet). In this presentation, we will discuss results from the ARROW trainings, which were attended by 207 professionals (e.g., youth probation officers, service providers). Attendees completed an intervention plan, based on a practice case, prior to and following training. Following the training, professionals showed significant improvements in their case formulations and intervention plans, with large effect sizes. Specifically, intervention plans showed greater adherence to the risk-need-responsivity model of offender treatment, and increased use of best practice strategies (i.e., strategies with research support). In addition, professionals reported a high level of satisfaction for the ARROW; 98% indicated that the ARROW would be useful to youth probation officers. Next steps in this research will be discussed.

Supporting the mental health needs of Young Offenders: Co-locating mental health within community Youth Justice Settings

Wright, Angela, Eastern Health, Melbourne

Abstract: There is a high prevalence of mental health problems within young people who have been convicted of crime and are in contact with Youth Justice Services. This appears a consistent trend across many countries, with studies showing similar findings in the US, the UK and Australia. Alongside this, numerous obstacles are apparent in addressing these mental health needs, especially within community settings where most of young people will serve their sentences. These include mental health stigma, marginalization of young offenders, significant traumas in their backgrounds, comorbid substance use and learning difficulties, as well as challenges engaging with traditional clinic-based mental health services. As a means to address the mental health needs, co-location of mental health professionals within Youth Justice settings has been developed. This paper will discuss such services, reviewing the Youth Justice Mental Health Program in Victoria (Australia) and comparing

this with the Youth Offending Team Mental Health Workers in Greater London (UK). Data relating to young people referred to these services will be discussed, highlighting the complexity of the mental health needs within this population, as well as in the multiple systems needed to respond to them. In addition, the similarities and differences within these programs will be considered, including discussion about the role of undertaking screening for mental health needs, and how services can best respond to the complexity of this population and seek to overcome the obstacles in engaging them in mental health support.

Youth Justice Liaison and Diversion: Service Developments in Response to the Needs of Juvenile Offenders

Lister Matthew, National Health Service, UK

Abstract: The presentation outlines the development of a Youth Justice Liaison and Diversion service following being part of a National Pilot. The presentation summarizes work carried out in the year 2014-15 including data relating to outcomes and evaluation. The importance of recognizing the different needs of young offenders is outlined. The service model within Youth Justice Diversion services has developed out of the Bradley report (2009) and a locally commissioned pilot. Following a review of possible service models, the presentation outlines the development of the service in respect to clinical issues and service user needs. This includes innovative ways of assessing mental health, risk and resilience to improve the service and patient experience. The importance and examples of ways of working with other agencies, engaging youth and relevant theory are outlined. The data collected through the project are outlined to demonstrate the vulnerabilities, risk issues, and resilience factors that are identified. The service response to these is described. Descriptive statistics and outcomes relating to the service are outlined. Service User feedback is also presented. Ongoing consideration of how to use clinical knowledge from practice-based evidence as well as evidence-based practice within the limits of funding and remit is important. Clear and effective service outcomes are useful for service users, the project itself and partner agencies. Finally, the disparity between 'bridging a gap' and 'duplicating services' is discussed.

Mental Health Screening in a Secure Juvenile Justice Setting. Creating an Intervention Team: Collaboration Between Research and Practice

Laurier, Catherine, CIUSSS Centre-Sud-de-l'Île-de-Montreal
Vachon, Catherine, CIUSSS Centre-Sud-de-l'Île-de-Montreal
Cloutier, Pierre, CIUSSS Centre-Sud-de-l'Île-de-Montreal

Abstract: According to juvenile justice settings' educators, young offenders have been changing since the last decade: they are now presenting more aggressions and more severe mental health problems. Simultaneously, from 2010 to 2014, we conducted a research in Quebec concerning mental health problems in young offenders. Our research results were in line with previous research in North America: young offenders present a high rate (49.5%) of mental health problems, both internalized and externalized. We were particularly concerned about the prevalence of posttraumatic stress disorders (27.7%) and exposure to traumatic events (76.3%). Since 2014, we are still contributing to the development of a specialized team in a secure setting of Montreal Youth Center. This team has been creating to help practitioners to intervene with young offenders who are presenting mental health disorders. Before spring 2015, screening of mental health disorders in the secure juvenile justice institution *Cite des Prairies* was not systematic and almost inexistent. Considering data from our research and professional experienc-

es, we are now assessing all new juvenile offender in our center with MAYSI-2 (French version) since June 2015. In this presentation, we will talk about the experience of collaboration between research and practice from the researcher's perspective. We will present results of MAYSI-2 screening of the 100 first juvenile offenders admitted in *Cite des Prairies* and will compare youths who received help from our team to those who not.

1.54 – Symposium

The Impact of Opening Patient Access to Digital Care Resources within Forensic Settings

Haque, Quazi, Partnerships in Care, UK
Jones, Roland, Partnerships in Care, UK
Klassen, Philip, Ontario Shores, Canada

Abstract: Digital technology is rapidly changing the relationship between the patient and health care professional. Technology-enabled care (TEC) involves the convergence of health technology, digital media and mobile devices to enable patients and clinicians to access data and information more easily with the aim of improving health outcomes. A key element of such developments is allowing patients to have greater access to their care records. Such developments present particular challenges in forensic mental health settings (FMHS) where the tasks of preserving patient confidentiality, ensuring effective multi-professional and multi-agency information sharing and safeguarding data security are all priorities. This symposium considers how these tasks are balanced from both theoretical and practical aspects from services in based in the UK and Canada. Findings will also be presented from an evaluation of the introduction of new patient accessible care record software into a UK-based FMHS.

1.55 – Symposium

Violent Ideation in Risk Assessment: Theoretical Considerations and Clinical Illustrations

Hoff, Helge Andreas, Centre for Research and Education in Forensic Psychiatry, Haukeland University Hospital
Hart, Stephen, Simon Fraser University
Medalen, Siri, Haukeland University Hospital; Stavanger University Hospital
Bjørkly, Stål, Oslo University Hospital
Gjestad, Rolf, Haukeland University Hospital
Mellesdal, Liv, Haukeland University Hospital
Johnsen, Erik, Haukeland University Hospital

Abstract: It is widely assumed that violent ideation (including plans, thoughts, fantasies, desires, urges) is an important risk factor for violence. This is acknowledged for instance in the third version of the HCR-20. Despite this, there has to date been relatively little systematic clinical or empirical investigation of violent ideation. This symposium first reviews the existing literature concerning the phenomenology of violent ideation, its prevalence in forensic settings and its theoretical and empirical link to violence. Second, the symposium presents data on the prevalence of violent ideation among approx. 1500 acute psychiatric patients in Norway. Finally, a case illustration explores the nature and operation of violent ideation in a female forensic psychiatric patient.

1.56 – Papers: Developmental Influences

Assessing Autism and ADHD in Women with Complex Comorbid Mental Health, Forensic, and Developmental Disorder Needs

Morris, Deborah, St Andrews Healthcare
Beber, Liz, St Andrews Healthcare
Hancock-Johnson, Ella, St Andrews Healthcare

Abstract: There is increasing awareness of the need to develop diagnostic processes for women suspected of having developmental disorders such as ASD and ADHD. At present diagnostic tools used for ASD and ADHD have been developed and validated with male populations. The current paper outlines key national guidance in the UK for the assessment of these disorders in adults and outlines the challenges of applying this guidance to women. It then reports on the establishment and clinical outcomes of a new clinic that offers assessment, diagnostic and formulation services for women suspected of having ASD and ADHD in the context of complex mental health and offending behavior needs. Results show that in the first 15 months, 18.5% of women detained in a secure forensic inpatient service were referred to the clinic. Most referrals (65%) were for assessments of ASD, compared to ADHD (35%). Assessments of ASD comprised of a mean average of nine assessment activities per referral and involved five clinic team members across four professions. Assessments for ADHD comprised of a mean average of nine assessment activities and involved three clinic team members across two professions. Key clinical outcomes and care planning recommendations resulting from the clinic, known as the Neurodevelopmental Disorder assessment Clinic (NDC) are presented. The complexity of false positive and false negative assessment outcomes for ASD are discussed. A recent audit indicated the clinic is compliant with core National (NICE) guidance for the assessment and diagnosis of ASD and ADHD. It has had a significant impact on care planning and it has been well received by clinicians within the Learning Disability and Women's services

Screening for Prenatal Alcohol Exposure and Fetal Alcohol Spectrum Disorder in Forensic Mental Health Settings

McLachlan, Kaitlyn, McMaster University; St. Joseph's Healthcare
Losier, Bruno, McMaster University; St. Joseph's Healthcare
Chaimowitz, Gary, McMaster University; St. Joseph's Healthcare

Abstract: Individuals with Fetal Alcohol Spectrum Disorder have high rates of mental health problems and are overrepresented in criminal justice settings. They experience a range of cognitive, affective, and behavioral deficits as a result of prenatal exposure to alcohol (PAE). However, the prevalence of FASD in adult forensic mental health settings is unknown. Prenatal exposure to alcohol (PAE) can result in neurobehavioral deficits linked with increased risk for offending. These may also impact an individual's ability to benefit from standard risk management and treatment approaches. Offenders with FASD may be at increased risk for aggression and self-harm, suggesting that unidentified, such individuals may pose more challenging behavioral profiles in forensic mental health care settings, with the high potential for associated harms. This presentation will provide an overview of several promising screening tools that may prove helpful in identifying individuals at risk for FASD and in need of more comprehensive assessments. In addition, data from a study evaluating the screening prevalence of PAE and FASD in a Canadian forensic mental health setting will be presented using both retrospective file review and prospective patient interview approaches to screening. Findings from this study represent a critical first step toward understanding how many patients may be impacted in forensic mental health settings, and whether this population may require specialized

assessment, intervention, or accommodation to support their recovery.

Identifying the Prevalence of Fetal Alcohol Spectrum Disorder in Corrections: Promising Approaches to Screening and Diagnosis

McLachlan, Kaitlyn, McMaster University; St. Joseph's Healthcare
Pei, Jacqueline, University of Alberta
Andrew, Gail, Glenrose Rehabilitation Hospital; University of Alberta
Oberlander, Timothy, University of British Columbia

Abstract: Limited evidence suggests that individuals with FASD are overrepresented in justice settings, with prevalence estimates ranging between 10 and 23%, and substantially higher rates of criminal justice system contact among those with the diagnosis. The complex neurobehavioral deficits that stem from prenatal exposure to alcohol raise concerns about their ability to meaningfully engage in or benefit from standard management and intervention practices. The present study undertook to identify the prevalence of FASD in a Canadian correctional center, along with rates of mental health and substance use difficulties. Several promising FASD screening tools developed for use in correctional populations were first administered, followed by extensive medical and neuropsychological assessments rendered by a physician and psychologist. In total, 80 offenders completed diagnostic assessments for this study. This presentation will present the prevalence estimate of FASD in this sample, rates of cognitive deficits in the absence of an FASD diagnosis, and screening rates of concurrent mental health and substance abuse problems among adult male and female offenders ages 18 to 50 years of age. Results have important implications for forensic mental health clinicians and correctional program administrators responsible for the care of individuals with FASD in the criminal justice system.

Residential Mobility during Childhood and Risks of Criminality, Psychiatric Morbidity and Premature Mortality Outcomes up to Early Middle Age

Webb, Roger, The University of Manchester
Mok, Pearl, The University of Manchester
Pedersen, Carsten, Aarhus University

Abstract: We investigated links between residential mobility during childhood and a broad array of subsequent criminality, psychiatric morbidity and premature mortality outcomes. Using interlinked national registry data, all persons born in Denmark 1971-1997 were followed from their 15th birthday until their early 40s (N=1,475,030). We examined residential moves during each age-year between birth and age 14. We estimated incidence rate ratios versus individuals who did not move address during each age-year of upbringing. Elevated risks were observed for most adverse outcomes examined, with excess risk seen among those exposed to multiple versus single relocations in a year. Risks grew incrementally with increasing age at exposure to mobility. For violent offending, attempted suicide, substance misuse disorders, personality disorders and unnatural deaths, we observed especially sharp spikes in risk linked with multiple relocations in a year during early/mid-adolescence. With violent offending and attempted suicide, our two primary outcomes, we found a distinct risk gradient with increasing age at exposure in higher as well as lower socioeconomic groups. The associations between childhood residential mobility and negative outcomes in later life are widespread across multiple endpoints. Frequent residential change during early teens is a strong marker for serious familial adversities. Heightened vigilance is therefore indicated for relocated youths and their families to help prevent adverse outcomes in this population across the socioeconomic spectrum. Effective monitoring and

risk management will require close cooperation between multiple public agencies, and in particular between child & adolescent and adult and forensic mental health services.

1.57 – Symposium

Ethical Issues Concerning Risk Management in Clinical Forensic Psychiatry

Igoumenou, Artemis, Barts School of Medicine and Dentistry, Queen Mary University London
Ross, Callum, Consultant Forensic Psychiatrist
Das, Mrigendra, Consultant Forensic Psychiatrist
Van Velsen, Cleo, Consultant Forensic Psychiatrist

Abstract: In this symposium we would like to raise awareness and facilitate discussion about ethical issues in clinical forensic psychiatry. The focus will be on four main areas: the use of medications for the treatment and management of paraphilias, the use of polygraph test, the use of neuro-imaging to investigate psycho-pathology of forensic psychiatric populations and study associations with violent offending, and finally the use of "tagging".

Tuesday 6/21/2016, 4:00 pm – 4:45pm

Opening Remarks

Michael Doyle, President, IAFMHS

Jeremy Travis, J.D., President, John Jay College of Criminal Justice

Li-Wen Lee, M.D., Director of Forensic Services, New York State Office of Mental Health

Tuesday 6/21/2016, 4:45 pm – 6:00pm

Keynote Address

Itiel Dror, Ph.D., University College London

Pitfalls in Forensic Assessments and How to Overcome Them

Dr. Itiel Dror is a cognitive neuroscientist. Interested in the cognitive architecture that underpins expertise, he attained his Ph.D. from Harvard University in 1994. His academic work relates to theoretical issues underlying human performance and cognition. Dror's research examines the information processing involved in perception, judgment and decision-making. He has published over 100 research articles, and has been extensively cited in the American National Academy of Sciences Report on Forensic Science. Dr. Dror has worked with the U.S. Air Force and in the medical domain, examining expert decision making and error. In the forensic domain he has demonstrated how contextual information can influence judgments and decision making of experts; he has shown that even fingerprint and DNA experts can reach different conclusions when the same evidence is presented within different extraneous contexts. Dr. Dror has worked with many US forensic laboratories (e.g., FBI, NYPD, LAPD, San Francisco PD) as well as in other countries (e.g., The UK, Netherlands, Finland, Canada, and Australia) in providing training and implementing cognitive best practices in evaluating forensic evidence. Dr. Dror was the Chair of the NIST forensic science human

factor group, and is a member of the National Commission on Forensic Science human factor group.

Abstract: In many domains experts are called upon to provide research and analysis. Their expert judgment and decision making is often regarded as error-free, or at least as being objective and impartial. Drawing from the field of criminal justice, I will present research and evidence from real casework that many different types of psychological contaminations affect experts, including fingerprinting and DNA forensic laboratory decisionmaking. Forensic evaluations are highly impacted (and can be distorted) by irrelevant contextual information or even by the context in which information is presented or obtained. I will articulate the psychological mechanisms by which forensic and other experts make biased and erroneous decisions and describe how this research can assist in identifying such weaknesses and in providing practical ways to mitigate them.

Tuesday 6/21/2016, 6:00 pm – 8:00pm

Welcome Reception

Wednesday 6/22/2016, 8:00 am – 9:10 am

2.11 – Symposium

PRISM: A Paradigm for Understanding Violence in Institutions

Johnstone, Lorraine, National Health Service
Devilliers, Jana, National Health Service, Scotland
Bjork, Caroline, SiS, Sweden
Lehany, Gordon, Central Regional Forensic Mental Health Service,
New Zealand
Cooke, David, Glasgow Caledonian University

Abstract: Assessing and managing violence in forensic and residential settings is a key task for mental health professionals. Over the last few decades, there have been dramatic improvements in the methodologies available to identify individual risk factors for violence but, the emphasis on the person alone is to narrow a perspective. People are violent not merely because of who they are but because of where they are. The literature is clear: situational risk factors are powerful determinants of violent behaviour. PRISM was developed to provide an evidence-based, structured professional judgement approach to identifying those risk factors relevant to this process. Through a lengthy process of quantitative and qualitative research, the protocol includes 22 risk factors grouped into five different domains, i.e., History of Institutional Violence, Physical and Security Factors, Organisational Factors, Staff Features and Case Management. The method of assessment was developed to be action-oriented, collaborative and facilitative. This introductory paper will set the scene by detailing the protocol and its use. However, since its inception, PRISM has been used across the international arena in a range of settings. Three case studies are presented which share key learning points from its application in the Swedish Institutional Care System, a Learning Disabilities Ward in Scotland and a Forensic Mental Health Setting in New Zealand.

2.12 – Symposium

Ethical Challenges in Mental Health Diversion Programs: The Perspective of a Judge, a Defense Attorney, a Prosecutor and a Clinician

Barber-Rioja, Virginia, EAC Mental Health Diversion Program
D'Emic, Matthew, Brooklyn Mental Health Court
Kelly, David, Kings County Supreme Court
King, Colleen, Brooklyn Defender Services
Preziosi, Susanna, EAC Bronx Mental Health Court

Abstract: Through the use of case examples, this symposium will explore some of these challenges from the perspective of different key players. During the first part of the symposium, the chair will present the different challenges faced by diversion programs from a legal and clinical perspective, which raise the issue of whether the accomplishment of therapeutic goals can be at odds with procedural fairness. Some of the challenges presented will include whether participation in diversion is truly voluntary, the use of a plea as a condition for participation, the possible extension of the length of the mandate when participants have not accomplished all treatment goals, whether medication compliance can be made a requirement for participation, how the different players define compliance vs. violation of the conditions, who monitors participants (third party vs. defense team), whether jail should be used as a sanction, and decision making involving high risk cases. During the second part of the symposia, the psychologist and clinical director of the Bronx Mental Health Court will specifically present ethical challenges faced

by psychologists and other clinicians when conducting eligibility for diversion evaluations and monitoring participants for the courts. These issues will include identification of the main “client” for whom these evaluations are intended, confidentiality and the sharing of information particularly with clients who may not be found to be eligible due to violence risk, whether to continue to engage with client who show questionable competency-to-proceed, and how to navigate when legal parties disagree with clinical recommendations and ask for changes in treatment plans based on non-clinical factors. Finally, cases will be presented that exemplify these issues. The presiding judge of the Brooklyn MHC, the prosecutor for the Brooklyn MHC, a defense attorney and a psychologist will present their perspectives on these issues as they apply to the cases.

2.13 – Papers: Violence Risk Assessment

For Better or Worse: The Predictive Validity of the HCR-20 V3 and the VRAG-R in Community Settings

Brookstein, Delene, Centre for Forensic Behavioural Science
Daffern, Michael, Centre for Forensic Behavioural Science
Ogloff, James, Centre for Forensic Behavioural Science

Abstract: Previous versions of the HCR-20 and VRAG have established predictive validity. However, limited research is available on recently updated versions: The HCR-20 V3 and the VRAG-R. Specifically, the HCR-20 V3 and the VRAG-R are yet to be evaluated within the Australian population, despite their known use in Australian clinical-forensic practice. The aim of the current research is to evaluate the predictive validity of the HCR-20 V3 and the VRAG-R in a sample of Australian forensic psychiatric patients. The research also aims to compare the predictive validity of the HCR-20 V3 and the VRAG-R to that of their predecessors (i.e., the HCR-20 V2 and the original VRAG), and each other. The sample comprised of 100 patients admitted to a secure forensic mental health facility between April 2000 - December 2010. During this admission, each subject was assessed with the HCR-20 V2 and/or the VRAG. Subjects were either discharged directly into the community or had delayed community entry through prison transfer. The HCR-20 V3 and the VRAG-R were retrospectively scored through file review. Recidivism data was provided from Victoria Police for the period of April 2000 - January 2013, enabling a maximum follow-up period of 12 years and 10 months. Results on predictive validity for both violent and non-violent recidivism are reported, as well as inter-rater reliability indices. More broadly, the research further informs the debate on the structured professional judgment versus actuarial approaches in violence risk assessment.

Screening Violence Risk in Adults with Mental Illnesses: A Supplement to Violence Risk Assessment

Cartwright, Joel, North Carolina State University
Desmarais, Sarah, North Carolina State University
Johnson, Kiersten, North Carolina State University
Grimm, Kevin, Arizona State University
Tueller, Stephen, RTI International
Swartz, Marvin, Duke University Medical Center
Van Dorn, Richard, RTI International

Abstract: Contemporary approaches to violence risk assessment are typically quite long, costly, and resource-intensive (Viljoen et al., 2010). A short easily administered screening tool could save time and resources by identifying those who do not require in-depth assessment. To that end, a 5-item violence risk screening tool was developed and evaluated in a Swedish sample of schizophrenic psy-

chiatric patients (Singh et al., 2012). However, our recent work revealed limited support for accuracy and clinical utility in a large, heterogeneous U.S. sample of adults with mental illnesses ($n=3,469$) (Cartwright et al., 2016). The present study extends this work, by exploring the relative contributions of the original and additional items. The sample was randomly divided into a calibration subsample ($n=1,734$) and cross-validation subsample ($n=1,734$). In the calibration subsample, hierarchical logistic regression analyses predicting 6-month and 12-month violence were conducted with four steps: (1) the original five items (male, previous criminal conviction, age <32, alcohol abuse, drug abuse), (2) clinical characteristics (psychiatric diagnosis, psychiatric symptoms, inpatient service use, outpatient service use, medication adherence), (3) material resources and productivity (financial security, housing, productive use of time), and (4) recent violent outcomes. To supplement these analyses, relative weights analyses were conducted. Item retention was informed by the weight and feasibility of including the item in practice. A ROC curve analysis was used to determine the cutoff score for screening in and screening out participants using the revised instrument. Accuracy and clinical utility of the revised screening instrument was then evaluated in the cross-validation subsample.

Substance Use and Violence Risk Assessment

Nijdam-Jones, Alicia, Fordham University
Rosenfeld, Barry, Fordham University
Foellmi, Melodie, Fordham University
Khadivi, Ali, Bronx-Lebanon Hospital Center
Wijetunga, Charity, Fordham University
Grover, Shana, New School for Social Research

Abstract: The assessment of substance use as a risk factor for aggressive and violent behavior has been clearly outlined in the literature on violence risk assessment. However, the influence of specific substances on violence risk decision-making is unclear. This study examines the association between specific abused substances and severity of abuse with the HCR-20(V3) risk ratings. Patients admitted to an urban inpatient psychiatric unit at a New York City hospital were interviewed by trained psychologists and given the HCR-20(V3). Chi-square tests with adjusted standardized residuals compared substance use groups with HCR scores, violence prior to admission, and final risk ratings. Participants ($N=135$) were African American (53.2%), Hispanic (33.3%), Caucasian (7.1%), or other (6.4%) and $36.3(SD=14.2)$ years old. The majority of participants were diagnosed with schizophrenia/schizoaffective disorder (48.6%), mood disorder (34.6%), and/or substance use disorder (34.3%). Based on both clinical diagnoses and self-reported substance use, 4.6% of patients were diagnosed with alcohol use disorder, 32.2% used marijuana, and 18.2% used hard drugs (e.g., cocaine, heroin, PCP). Use of hard drugs was associated with higher substance use presence ratings, and analyses suggested a trend where hard drug use was associated with higher relevance ratings. Analyses will examine the relationship between substance use and violence within the 6 months prior to admission, as well as the association between the severity of substance abuse and final risk ratings. This presentation explores the association between specific substance use and violence risk assessment. Implications of these findings for clinical practice will be discussed.

Violent Recidivism: A Long-term Follow-Up Study of Mentally Ill Violent Offenders

Bengtson, Susanne, Aarhus University Hospital, Risskov, Denmark
Lund, Jens, Aarhus University Hospital, Risskov, Denmark
Långström, Niklas, Karolinska Institutet, Stockholm, Sverige

Ibsen, Rikke, I2Minds
Ibsen, Michael, I2Minds

Abstract: Violent re-offending risk is a priority issue for clinicians within clinical and forensic psychiatry. Only few studies have compared long-term violent re-offending risk of mentally ill and their non-disordered offenders directly. Determine long-term violent re-offending risk among mentally ill treated in clinical and/or forensic psychiatry after being convicted of a violent offence (sexual and non-sexual). The re-offending risk in the treatment group was compared to the risk among "healthy" controls and less disordered non-treated violent offenders. We also examined criminogenic and clinical predictors (e.g., having a severe psychiatric diagnose). The case sample was recruited from a cohort consisting of individuals referred for a pre-trial forensic psychiatric evaluation between 1980 and 1992 ($n=416$). The less disordered comparison group was also recruited from this sample ($n=875$). The control-group was drawn from the national criminal register ($n=416$). Data collected from evaluation reports were linked to national registers to determine recidivism risk of subjects. The sample was followed-up for two decades. During a long-term follow-up 41% of the case sample re-offended to violence compared to 29% of the healthy control-group and 51% of the less disordered non-treated comparison group. The results showed that the best predictors were criminogenic predictors (criminal history variables). A large proportion re-offended violently. The high recidivism reflects a long follow-up time. The results suggest that violent re-offending remains a problem over a significant part of violent offender's life. The most potent predictors for the mentally ill offenders were the same predictors as those reported for non-mentally ill violent offenders.

2.14 – Papers: Risk and Resilience

The Use of SAPROF Alongside Standard Risk Assessment Instruments in a Forensic Psychiatric Facility

Visser, Sabine, Auckland Regional Forensic Psychiatry Service
Sakdalan, Joseph, Auckland Regional Forensic Psychiatry Service

Abstract: Current practice on risk assessment for violent offenders tend to focus more on risks rather than strengths and protective factors. Assessments that tends to focus on risks and disregard or minimize the individual's strengths and resilience may lead to therapeutic nihilism which consequently leads to more risk aversive practice and at times, unnecessary lengthy incarcerations. With the advent of more strength-based approaches to risk assessment and management, this may prove to be promising in finding a balance between considering risk and protective factors and hopefully, might help improve the way we assess and manage high risk offenders. This paper looks at the use of the Structured Assessment of Protective Factors for violence risk (SAPROF) alongside standard risk assessment instruments and how findings from these instruments impact on the assessment of risk particularly for mentally disordered violent offenders who have undergone treatment/rehabilitation and subsequent development of risk management plans.

Protective Factors for Long Care (Forensic) Psychiatric Patients: Developing the SAPROF - Long Care Addition

Bohle, Anouk, Van der Hoeven Kliniek
van den Nagel, Arjan, Van der Hoeven Kliniek
Veldhuizen, Agnes, Van der Hoeven Kliniek
de Vries Robbé, Michiel, Van der Hoeven Kliniek

Abstract: Protective factors are important in the prevention of violence risk. When the risk of recidivism remains unacceptably high,

patients may end up in long care (forensic) psychiatry. Most of the relevant risk factors within this specific population are static and not susceptible to change. However, improving the protective factors (measured with the SAPROF) and adopting a more strength based approach may contribute to lowering the recidivism risk and may in assist formulating treatment goals and evaluating treatment progress. Based on clinical experience and analysis of data from previous risk assessments, it was noted that the SAPROF seems to discriminate insufficiently between patients within this specific population. Following literature searches, interviews with health care professionals, and analysis of previous risk assessment data, a pilot version was developed of an additional manual to the SAPROF specifically for long care treatment: the SAPROF - Long Care (SAPROF-LC) addition. The SAPROF-LC addition consists of additional guidelines for specific items as well as a number of additional items that are not included in the original SAPROF but appear relevant for the long care population. A pilot study on the pilot version of the SAPROF-LC addition was conducted prospectively at a long care facility in The Netherlands (The Voorde) in order to assess its value for clinical practice. Additionally, the SAPROF-LC was tested retrospectively in order to determine the predictive and incremental validity compared to the original SAPROF. In this paper the SAPROF-LC will be explained and first results from the pilot studies will be presented.

Adult Attachment Style, Psychological Distress, and Resiliency in Prison Inmates: A Norwegian Prison Study

Sandvik, Asle M, Norwegian Police University College, Norway
Hansen, Anita L, University of Bergen, Norway

Abstract: This study examined how adult attachment style was related to the experience of psychological distress and resiliency in a Norwegian prison sample. Eighty-five male inmates at Bergen prison, Norway participated in the study. Attachment styles were assessed by the use of Experience in Close Relationships (ECR; Brennan, Clark, & Shaver, 1998), psychological distress by Symptom Check-List 90-Revised (SCL-90-R; Derogatis, 2009), and resiliency by Dispositional Resiliency Scale (DRS-15-R; Hystad, Eid, Johnsen, Laberg, & Bartone, 2010). In regard to psychological distress, individuals who were found to be securely attached reported significantly less symptoms compared to the preoccupied and fearfully attached. An opposite pattern was found regarding resiliency factors. The securely attached scored higher on psychological hardiness compared to the preoccupied and fearfully attached. This study suggests that adult attachment might be an important factor in the high level of psychological distress reported among prison inmates.

Resiliency and Mental Health Factors that Distinguish Youth at Risk for Aggression/Delinquency

Wershler, Julie, University of New Brunswick
Campbell, Mary Ann, University of New Brunswick
Canales, Donaldo, University of New Brunswick
Brunelle, Caroline, University of New Brunswick

Abstract: The prevention of criminal justice involvement among youth is important due to the significant negative implications this involvement can have on individual well-being and functioning across life domains (e.g., educational attainment). In this regard, secondary (i.e., targeted) prevention efforts may represent a more efficient use of resources, compared to primary (e.g., universal) prevention programs, because they focus on youth most at-risk. However, increased knowledge about the individual needs that are present among at-risk youth is needed to better inform program targets. This study used discriminant function analysis to examine

the resiliency and mental health factors best able to distinguish between Atlantic Canadian grade 12 youth ($n = 119$; M age = 17.47, $SD = 0.83$) at low, moderate, and high risk for delinquency/ aggression. Factors examined were subscales from the Resiliency Scales for Children and Adolescents (RSCA; Prince-Embury, 2007) and the Problem Oriented Screening Instrument for Teenagers (POSIT; Rahdert, 1991). Results indicated that one significant discriminant function ($Wilks \lambda = .35$, $\chi^2 (38) = 110.09$, $p < .001$), representing "high vulnerability and low resources" accounted for 60% of the variance in aggression/delinquency risk on the POSIT. Group classification based on this discriminant function resulted in 84.6% correct classification, and was most accurate for youth at moderate risk (93% accuracy). It is important to note that both mental health (e.g., overall mental health concerns, substance use) and resiliency (e.g., emotional impairment, perceived support) factors significantly contributed to individual classification. These results have important implications for selecting intervention targets for this population.

2.15 – Symposium

Characteristics and Needs of Long-Stay Patients in High and Medium Secure Forensic Psychiatric Care – Implications for Service Organisation

Vollm, Birgit, University of Nottingham
Braun, Peter, Pompestichting
Holley, Jessica, Middlesex University
McDonald, Ruth, Manchester Business School

Abstract: Forensic-psychiatric services provide treatment for mentally disordered offenders, primarily through inpatient care. Forensic-psychiatric services are high cost – low throughput services. In the UK, for example, bed costs for high secure provision are approximately £275 000 per annum per patient, in medium secure care this figure is about £175 000. Forensic-psychiatric care consumes £1.2 billion per annum, 1% of the NHS and 10% of the mental health budget. Clinical experience and research findings suggest that secure forensic services are not always used in a cost-efficient way with patients staying for too long in too restrictive settings receiving little benefit. It is apparent that current services, designed to accelerate throughput and providing intensive treatment, are not appropriate for all patients. There appears to be a population who may require a new type of long-stay service, focusing on quality of life rather than resource-intensive therapeutic interventions. This symposium begins by exploring perspectives on and provisions for long-stay forensic psychiatric care across 18 European countries. We then report the findings of a national, multi-centre study on long-stay in the UK, including the prevalence of long-stay patients and analysis of their characteristics, needs and treatment pathways using in-depth case analyses. Part three explores patient experience of long-stay and finally we conclude by exploring potential new service developments for this population based on international comparisons and a Delphi survey.

2.16 – Papers: Trauma

Psychological Trauma and Criminal Behaviour: Results from a Study in Scotland

Karatzias, Thanos, Edinburgh Napier University
Mahoney, Adam, Scottish Prison Service
Power, Kevin, NHS Tayside,

Abstract: Despite adequate evidence suggesting associations between psychological trauma and criminal behaviour, the pathways leading to criminal behaviour following childhood trauma have been

less well investigated. We have hypothesised that the experience of adulthood life events, Posttraumatic Stress Disorder (PTSD), and emotional dysregulation will mediate the relationship between childhood life events and criminal behaviour. For the purposes of this research, a cross-sectional study using standardised scales with female prisoners (n=89) was conducted. Interviews assessed lifetime history of traumatic events, DSM-5 PTSD and emotional regulation. A total of 91.0% of participants experienced both childhood and adulthood trauma. Multiple traumatisation was significantly associated with offence severity, as measured by sentence length. Adulthood trauma was the only significant mediator in the relationship between childhood trauma and subsequent offending behaviour. Our findings suggest that history of traumatic events and subsequent psychopathology are highly prevalent among female prisoners, and may lead to more severe offending behaviour. Time spent in prison provides an opportunity for targeted interventions to improve recovery from psychological trauma.

Trauma-Focused Practice in Forensic Mental Health

Yuen, Sandy, St. Joseph's Healthcare, Hamilton

Abstract: I intend to present a case study of a forty-year-old man who experienced childhood abuse, abused a child as an adolescent, and was traumatized by his very own act. Dwindled as the perpetrator, he enveloped in shame, self-destruction and avoidance. His development was arrested. In our forensic mental health system, there is limited urgency in attending patients' mental health psychotherapeutically. The psychologically bankrupted forensic adults are usually not psychically repaired. I propose an inter-disciplinary practice where trauma-focused and healing-centered psychotherapy is provided to enhance forensic mental health. It requires a cultural shift to avoid unconscious deprivation of care and psychological exiling, but to attend to the deemed unworthy since childhood. We will examine the patient's 10-year platonic relationship where there is the same age gap with the victim of his perpetration. Compelled by his intense need for connection, the patient "joined" the condemning family and systemic tradition and led a self-dismissive pseudo-life. When self-abandonment became intolerable 25 years following the offense, the patient sought help. The resilient adolescent in him emerged readily when aloneness was undone in an attachment relationship. Corrective relational experience with a true other was mirrored. Experiential attending, reclaiming the dissociated selves and corrective emotional experience activated a mourning process. A sense of worth began to rebuild. The system neglected the patient as a child. Psychotherapy represented a redeeming world view. Psychic flexibility was healed. Changing times require vigorous self and systemic reflective practice. In this way, shifts of energy and growth are mobilized.

Survive and Thrive: A Trauma Informed Approach to Working with Female Offenders

Mahoney, Adam, Scottish Prison Service
Karatzias, Thanos, Edinburgh Napier University

Abstract: The impact of repeat and chronic interpersonal violence and abuse on an individual's psychological wellbeing and how these adverse experiences interact with certain offending behaviours is increasingly being understood (Heide & Solomon, 2006). As such it is important for mental health professionals working in forensic settings to have a compressive understanding both of the needs of offenders who have 'survived' interpersonal trauma as well as the 'pathways' into and out of offending. Providing a trauma responsive service should therefore have profound implications in terms the provision of effective care and rehabilitation (Ney, Van Voohris &

Lerner, 2011, Mahoney, 2011; Mahoney & Karatzias 2012). This paper will present the work that we have undertaken in Scotland to help establish a trauma responsive service to the women undertaking custodial and community sentences (Ball et al, 2014; Mahoney, Chourilia & Karatzias, 2015). This includes psycho-educational approaches such as *Survive & Thrive* as well as other intensive interventions specifically designed to help offenders make profound personal changes in relation to their substance misuse, trauma symptomatology and other dysfunctional coping strategies. Data from our current RCT project considering the effectiveness of providing trauma based psychoeducation to female offenders will be presented as will a number of other preliminary conclusions based on the success of this treatment programme.

Prevalence of Developmental Trauma Disorder in Secure Forensic Learning Disability Services

Morris, Deborah, St Andrews Healthcare

Abstract: Prolonged exposure to multiple traumas in the early years of life is associated with enduring changes in neurological functioning, reduced psychological wellbeing and disregulated behaviour in later life. Evidence also suggests that people with learning disabilities are more likely to experience multiple traumas including neglect, abuse and disrupted attachment than those who do not have a learning disability. Moreover, adults with a learning disability detained in secure forensic services report high levels of complex and comorbid psychopathology; and offending behaviour needs in the context of significant histories of childhood trauma. In response to the growing evidence of the impact of trauma and the importance of considering the role of trauma in treatment, Developmental Trauma Disorder (DTD, van der Kolk et al., 2009) has been proposed diagnostic framework to describe constellations of symptoms that may arise from prolonged exposure to multiple childhood traumas. The present study explored the prevalence of Developmental Trauma Disorder in an adult learning disability population detained in a secure learning disability service ($N > 180$). A file review of all admissions over a five year period was completed by three senior clinicians. The results revealed high levels of developmental trauma, particularly in females. The results section further explores and reports on the prevalence of the remaining criteria for DTD and its relationship with other psychiatric and developmental disorder diagnoses and offending behaviour needs. The need to develop trauma informed treatment pathways for offenders with learning disabilities and complex mental health needs is discussed.

Wednesday 6/22/2016, 9:20 am – 10:30 am

2.21 – Symposium

Developmental Disorders and Serious Offending: Research and Clinical Practice

de Villiers, Jana, NHS Fife
Alexander, Regi, Partnerships in Care
Doyle, Mike, NHS Fife

Abstract: This symposium presents findings from both research and clinical practice in relation to the assessment and treatment of people with intellectual disability and/or autism spectrum disorder, and offending behaviour. Forensic patients with intellectual disability have the highest level of care needs and evidence for different models of care is sparse. Co-morbid diagnoses are common, and the implications for prognosis and future risk are considered. In addition, diagnoses of autism spectrum disorder continue to increase.

The relationship of this diagnosis to offending behaviour and the relevance to management and future risk are considered.

2.22 – Papers: Forensic Patients

Describing the Recovery Experiences of Not Criminally Responsible Clients Living in the Community

Boldt, Irene, University of Toronto
McCay, Elizabeth, Ryerson University
Rose, Don, Ryerson University
Schwind, Jasna, Ryerson University

Abstract: This study describes the recovery experiences of persons who have been found not criminally responsible on account of a mental disorder (NCRMD) who reside in the community in a large urban centre in Ontario, Canada. A qualitative descriptive methodology, described by Sandelowski (2000), was used to elicit the recovery experiences of five participants. Significantly, this provided insights into how recovery is experienced from the perspective of NCRMD clients and has given voice to the experience of these individuals. The overarching theme that arose from the data was 'Experiencing and understanding recovery in the forensic mental health system (FMHS) as a dynamic process of change,' and the major themes that emerged out of the overarching theme were: 'Recovering in the FMHS,' 'the Critical Role of Medication,' 'the Significance of Relationships,' 'the Importance of Helping Yourself,' and 'Navigating Challenges.' The results of this inquiry reveal that the participants' experiences of recovery are greatly influenced by their involvement in the FMHS, but also that these individuals experience a process of recovery from serious mental illness that is similar to that of non-forensic clients. This study offers a preliminary understanding of how recovery is experienced by NCRMD clients who reside in the community and suggests implications for clinical practice and education, as well as for future research and theory.

Health Related Quality of Life among Inpatients within Forensic Mental Health Services

Chester, Verity, Partnerships in Care
Duggan, Conor, Partnerships in Care
Hunter, Rachael
Alexander, Regi, Partnerships in Care

Abstract: Health related quality of life (HRQoL) is defined as "the functional effect of a medical condition or its therapy upon a patient". Research investigating HRQoL among inpatient forensic mental health patients is limited. HRQoL was measured among 833 UK forensic mental health inpatients using the EQ5D (Euroqol Group, 2013), a well validated measure of HRQoL. The EQ5D provides a descriptive profile; scored on a 5 level scale according to perceived problem level (1 = no problem - 5 = extreme problems) in 5 dimensions: mobility, self-care, usual activities, pain/discomfort, and anxiety/depression. The EQ5D VAS provides a score of individuals' overall perceived health status, derived from a 0-100 scale, with 0=the worst health, and 100=best health. EQ5D assessments were evaluated at baseline and throughout admission. The average baseline VAS score was substantially lower than the general population (μ 0.76 vs 0.86), increasing significantly throughout admission to 0.77. HRQoL decrements were most commonly due to anxiety/depression, followed by pain/discomfort. Patients in medium secure and locked units had lower VAS scores than patients in low secure (μ , 0.74 vs. 0.77). Women had significantly lower HRQoL than men (μ 0.68 vs. 0.78). Patients with intellectual disabilities (ID) had the highest VAS scores (0.78), followed by personality disorder (0.75) and serious mental illness (0.74). The EQ5D has utility in (a)

ease of administration and (b) face validity. The measure warrants further consideration in forensic inpatients, particularly those with ID.

An Exploration of Early Deaths Within a Forensic Population Who Had Experienced High Security Care: A 20 Year Follow Up

Rees, Cheryl, University of Edinburgh
Thomson, Lindsay, University of Edinburgh

Abstract: A cohort of 241 patients in the high security State Hospital in Scotland, UK between 25 August 1992 and 13 August 1993 were identified in the State Hospital Survey (Thomson et al. 1997). This cohort was subject to case note data collection and patient interview. All patients had committed acts of serious violence and were admitted from less secure hospitals (aggression in hospital), from criminal courts (committing serious offences) or from prison (deterioration in mental state). Patients were detained under civil or criminal procedures. 169 individuals from the original cohort who had a primary diagnosis of schizophrenia (Thomson et al, 2008) were subject to follow up during 2000/01. Case note data was collected year on year from 1992/93 to 2001 and semi structured interviews conducted with 142 patients. This current 20 year follow up study amalgamates the previously collected case note and interview data with new follow up information. Robust information was obtained regarding who had died since baseline or first follow up and information relating to that death. Of the 241, the whole population of the State Hospital between the specified dates, 72 individuals had died, 39 (54.2%) of whom had experienced cardiovascular or pulmonary disease. Six (8.3%) of the deceased experienced a traumatic/suicidal demise. The average age at death was 55 years. This cohort did not reflect previously described high rates of suicide or unnatural deaths and this current study will aid in the early identifications of risk factors for early death among forensic psychiatric patients.

2.23 – Symposium

Quality Standards - International Comparisons Part One

Brink, Johann, University of British Columbia
Haque, Quazi, Partnerships in Care
Thompson, Lindsay, University of Edinburgh

Abstract: This two-part symposium examines Quality Standards in Forensic Mental Health Services from an international perspective and considers all areas of care; including access to care, effectiveness, people's experience of using services, safety issues, equality, and cost impact. Recognising broad overlap with general health and mental health quality standards, and the need to balance the safety needs of the state with the person's right to care, the development of a forensic mental health specific suite of standards that has agreement from, and is supported by, national and international quality networks, is in early evolution. The first symposium presents the work and perspectives from England, Scotland, and British Columbia, Canada. Part two describes work from Germany, the Netherlands, and Ontario, Canada.

2.24 – Symposium

Suicide and Homicide by People with Mental Illness: Findings From a National Consecutive Case Series

Shaw, Jenny, University of Manchester
Hunt, Isabelle, University of Manchester
Flynn, Sandra, University of Manchester

Abstract: The session will provide an overview of different aspects of suicide and homicide within the UK from the findings of the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH). NCISH hold national databases of people who died by suicide and perpetrators convicted of homicide. The aims of NCISH are to collect detailed clinical information on people who die by suicide or commit homicide and who have been in contact with mental health services and to make recommendations on clinical practice and policy that will reduce the risk of suicide and homicide by people under mental health care services. The key findings and recommendations from the NCISH annual report will be described. Dr. Hunt will provide an overview of the characteristics of these suicides, including method of suicide and absconding behaviour. This presentation will also report findings from a case-control study that identified risk factors for suicide in the first week of admission to psychiatric in-patient care. Prof. Shaw will present findings on an 11-year cohort of offenders convicted of homicide from 2003-2013, in the UK. Dr. Flynn will examine the data from a 16-year consecutive case series of offenders in England and Wales (1997-2012). The antecedents and clinical characteristics of 284 convicted parricide offenders will be described.

2.25 – Papers: Sex Offenders

Predictive Validity of the RisCanvi-C, SVR-20, and Static-99 in a Catalonian Sample of Sex Offenders

Andres-Pueyo, Antonio, University of Barcelona
Nguyen, Thuy, Barcelona University
Redondo-Illescas, Santiago, Barcelona University

Abstract: Sex offenders are, probably, one of the groups of criminals that generate more concern and alarm among the citizens and public authorities. Therefore, the police and criminal justice system are challenged to develop and implement risk management policies that respond to the model focused on the public protection and safety. This mixed design study analyzes the predictive validity of two risk assessment tools for sexual violence and one risk assessment tool for violent recidivism. The SVR-20 and the Static-99, two sexual violence risk assessment tools, and the RisCanvi-C, a multi-scale risk assessment were coded from interviews and file information of 128 sex offenders who were released, on probation or classified as third degree in the Catalonian prison system since 2010. The practical implications for the prison management and the risk of reoffending will be discussed in the light of the results obtained.

Demographic, Mental Health and Offending Characteristics of Online Child Pornography Offenders: Comparisons with Contact-Only and Dual Sexual Offenders

Henshaw, Marie, Swinburne University of Technology
Ogloff, James, Swinburne University of Technology and Forensicare
Clough, Jonathan, Monash University

Abstract: Over the last two decades there has been an increase in the number of offences relating to the possession, distribution and production of online child pornography. Although the research base is currently limited in size and scope, emerging findings indicate that child pornography offenders (CPOs) differ from other sexual offenders across a number of criminogenic and psychological domains. The current study is the first large-scale examination of the child pornography offender population within Victoria, Australia. It investigates and compares the demographic, mental health and offending characteristics of a sample of male child pornography ($n = 456$), dual ($n = 256$) and child contact ($n = 493$) sexual offenders. Using a rigorous data-linkage methodology, information was extracted from data-

bases at Corrections Victoria, Victoria Police, the Department of Health and the National Coronial Information Service. Data analysis is currently underway. Preliminary analyses suggest that CPOs differ from both dual and contact offenders on the basis of their less extensive and less versatile criminal histories. Additionally, when compared to CPOs, contact offenders appear to be older and to engage more frequently with mental health services, while dual offenders demonstrate an earlier onset of offending and appear more diagnostically complex. Although dual offenders demonstrate similar mental health characteristics to contact offenders, they appear younger in age and have more extensive criminal histories. The findings of this research will contribute to the knowledge base surrounding the risks and treatment needs of CPOs and will provide direction for further research development in this area.

Psychiatric Risk Assessments of Dangerous Sex Offenders: A Qualitative Analysis

Rowlands, Michael, Queensland University of Technology
Palk, Gavan, Queensland University of Technology
Young, Ross, Queensland University of Technology

Abstract: According to the Dangerous Prisoners Sexual Offenders Act 2003 (Qld, Australia), an offender is considered 'dangerous' if there is an unacceptable risk that the individual will commit a serious sexual offence following release from custody. Historically, risk has been determined through clinical interview, actuarial assessment, or combination of both. A combined clinical/actuarial approach is utilised by psychiatrists in advising the Qld Supreme Court, although there is limited research on the decision-making process. The current study is a qualitative analysis of this process; the researchers will extract themes and attitudes involved in the process to further understand which factors and processes are important in determining risk.

Criminal Cases and Judicial Outcomes of Child Sexual Abuse Perpetrated by Younger-, Middle-, and Older-Aged Adults in Canada

Weinsheimer, Camille C., Simon Fraser University
Coburn, Patricia I., Simon Fraser University
Chong, Kristin, Simon Fraser University
Connolly, Deborah A., Simon Fraser University

Abstract: In 1984, the *Badgley Report* underscored the pervasiveness of child sexual abuse (CSA) and the need for social and legal reform in Canada. Since the report, the complexities of CSA have increased in recognition throughout society and the justice system, including changes to the *Criminal Code* on sexual offences against children. The purpose of this study was to describe a large sample of Canadian CSA cases from years 1980 to 2012, given the age of the accused at the time that the offence was committed ($N = 2054$). Frequencies revealed that, on average, most offences brought to the criminal justice system were committed at 33 years of age. In addition, however, two peaks of offending occurred at 23 and 43 years. Analyses conducted on these groups showed differences among younger-, middle-, and older-aged accused, including characteristics of the *accused*, *complainant*, *offence*, and *trial*. The greatest proportion of the most severe cases was in the younger-adult group; middle-aged accused received the longest jail sentences; and older accused were fastest to trial. Differences found among age of the accused, including the associations between age and judicial decisions, were examined in the context of the current legal framework in Canada. We proposed that evidence from this dataset be used in future research to guide appropriate interventions for perpetrators of CSA. In addition, the findings might inform therapeutic interventions for victims of sexual abuse. Ultimately, further investigation

into why such case differences exist will contribute to policy recommendations regarding victims and offenders of CSA.

2.26 – Papers: Juveniles

Clinical Considerations for Crossover Youth: Evaluating Foster Children Involved in the Juvenile Justice System

Klein, Andrew, Behavior Changers, Inc., Miami, FL
Ratkalkar, Mina, Drexel University

Abstract: It is well-documented that children in the dependency system are at elevated risk of being involved in the juvenile justice system. This group of youth, often referred to as “crossover youth,” presents with distinct psychosocial concerns including abuse or neglect histories, substance abuse, and emotional difficulties. The Crossover Youth Practice Model, an initiative to comprehensively address the needs of crossover youth, arose from the recognition that there are large numbers of children at the intersection of the juvenile justice and dependency systems. It is currently being utilized in 88 jurisdictions within 20 states. A key component of the Crossover Youth Practice Model is a joint assessment process that informs legal decision-making. Upon the request of juvenile attorneys and courts, forensic evaluators are required to objectively evaluate crossover youth and give recommendations for treatment and placement. This presentation will discuss specific evaluation techniques, including the assessment of risk and resilience factors, to best represent the clinical issues unique to crossover youth. The goals of forensic evaluation are distinct from advocacy efforts. However, psychological experts can formulate informed opinions that can contribute to sanctions that consider both youths’ needs and the safety of the community. This presentation will include a brief overview of the literature on options within the foster care system, crossover youth, and appropriate placement to address children’s needs. This paper will also discuss case examples demonstrating how forensic evaluators can provide psycho-education to interdisciplinary teams about the psychological impact of dual-involvement in the juvenile justice and dependency systems.

Do Delinquent Peer Groups and Co-Offending Predict Substance Abuse?

Marotta, Phillip, Columbia University

Abstract: This study investigates the effects of growing up with friends involved in delinquency and co-offending on the onset, frequency and route of administration of substance abuse in a nationally representative sample of inmates in the United States. Using data from the *National Survey of Inmates in State and Federal Correctional Facilities* a generalized ordinal regression model predicted the effects of growing up with peer groups engaged in delinquent activities and co-offending on the age of drug use, the types of drugs used, the frequency of drug use, injection drug use and syringe sharing. A second model examined the impact of low or high rate delinquent peer groups and participation in delinquency on substance abuse variables during adulthood. Inmates who reported growing up with peer groups who engaged in delinquent activities were more likely to start using substances and alcohol at an earlier age, meet clinical criteria for substance use or dependence, use substances on a daily basis, inject drugs, and share syringes. The strongest effects on substance abuse and injection drug use were observed for inmates who grew up with a high-rate delinquent peer group and engaged in delinquency. This research gives rise to cogent implications for behavioral health professionals and juvenile justice administrators who are working with youth involved in delinquent peer groups. Programs and policies that assist youth disengage from de-

linquent peer groups and desist from crime are promising preventative interventions that could attenuate the large burden of substance abuse in the United States.

Program Design and Planning for Teenaged Boys can be Aided Through Use of SAPROF:AV Item Relevance Scores

Mohamud, Abdi, Child Development Institute
Sewell, Karen, Child Development Institute
Webster, Christopher, Child Development Institute
Fifield, Justine, Child Development Institute
Kallis, Jonathan, Child Development Institute

Abstract: The SAPROF:AV emphasizes a client's strengths, whereas the SAVRY focuses attention mainly on violence risks toward others. It was our intention in this study to put the SAPROF:AV to work for a purpose likely not anticipated by the authors themselves. This study is based on 25 male teenagers, all of whom attended weekly SNAP Youth Leadership Clubs designed to maintain and strengthen impulse-control skills inculcated when they were younger (6-12 years old). One of the authors (AM, the program leader) applied the SAPROF:AV to all the young men in the program. What he rated, in each case, was the relevance of each SAPROF item to each young person. Six of the cases were also reviewed by the second author and adequate inter-rater agreement was achieved. With the individual item relevance ratings on the 25 youth in hand, they were then sorted in terms of SAPROF:AV item frequency. On average, six items were deemed relevant. The most relevant, frequently scored SAPROF item was Item 11: Parents/Guardians; the least relevant were Items 7: Attitudes Towards Agreements and Conditions and 14: Pedagogical Climate. By arranging the data in terms of frequency of use of the various items, it became easy to see which treatment items were most essential to program planning for the entire group. It was also apparent which items must be covered in devising content for core programs as a whole, and which items point up where individualized programs are necessary.

Trauma, PTSD, and Urban Warfare

Gojer, Julian, University of Toronto
Ellis, Adam, University of Toronto

Abstract: Urban centres around the globe continue to face significant challenges with gangs and gang-related violence in their communities. Emerging research suggests that marginalized communities in North America are becoming micro-warzones that are producing similar casualties as those found in global conflicts. Although much of the current criminological and sociological research has explored the structural contexts of gangs, there continues to be a significant gap in the literature with regard to the inner workings of gangs, including the impact of gang violence on mental health. Our presentation will address the complex relationship between gang membership, gang violence and mental health. More specifically, drawing on psychological/psychiatric knowledge and Mr. Ellis’s own lived experience in gangs we will provide a deeper, subterranean analysis of gangs across the life course, including an exploration of: a) childhood trauma, b) school and family violence c) high school deviance and the formation of a gang identity, d) organized crime-the multicultural super-gang and e) the navigation out of gangs. Lastly, the discussion will synthesize the narrative of gangs and gang violence by exploring the relationship between gang-related trauma and mental health.

Wednesday 6/22/2016, 11:00am-12:00pm

2.31 – Student Invited Panel: Getting the Word Out

Crocker, Anne, McGill University and Douglas Mental Health University Institute Research Centre
Nicholls, Tonia, University of British Columbia
Desmarais, Sarah, North Carolina State University

2.32 – Papers: Forensic Interviewing

Interview Craft: Essential Skills in Forensic Clinical Interviewing

Logan, Caroline, Greater Manchester West Mental Health NHS

Abstract: Clinical interviewing is an art as well as a technical endeavor. It is a high level skill essential for creating opportunities with clients for them to reveal themselves to a practitioner who understands the value of the information so revealed, and for controlling and managing the dynamic between interviewer and interviewee. The craft of clinical interviewing is a core skill for all practitioners. However, it is an essential skill for clinicians who work with clients with personality dysfunction. Such clients, especially if they are involved in legal proceedings, may deploy a variety of clever and subtle tactics in interview settings in order to distort information about themselves and their beliefs and intentions. Practitioners who overlook the need for good interview technique – ‘interview craft’ – or who fail to prepare for or anticipate such tactics, are at risk of having their control over the encounter challenged and their information-gathering objectives thwarted. This paper provides an analysis of the essential craft of effective forensic clinical interviewing as applied to the assessment of personality pathology: interviewing techniques and practices that allow the skilled assessor to delve beyond the mask, explore the lived experience of disorder, and develop an evidence-based account of the particular symptom configuration and underlying mechanism of any specific client. The basic principles of good interview craft are described, followed by a brief discussion of specialist techniques relevant to clients with personality disorder.

Child Forensic Interviewing Protocols: Strengths and Biasing Features

Mantell, David, Columbia University

Abstract: Four prominent and widely used CFI protocols are: American Professional Society On The Abuse Of Children (APSAC), CornerHouse Forensic Interview Protocol (CornerHouse), The National Children's Advocacy Center (NCAC), and The National Institute of Child Health and Human Development (NICHD). The CFI is the major investigative tool used in child advocacy centers with suspected victims of child abuse. The consensus features of the CFI are: Rapport Building, Narrative Training, Conversational Rule Review, Transition To The Substantive Phase, Abuse Inquiry, and Closure. Protocols now emphasize narrative based inquiry even with younger children. However, none of the protocols offer validated, field tested questioning procedures for younger child witnesses who are 3-5 or 6 years of age. While most speak of alternative hypothesis testing to clarify the accuracy and completeness of child reports, none offer specific training in such procedures. The protocols differ in their recommendations for the use of human figure drawings, particularly if anatomically detailed. Only the NICHD protocol is structured and specifically guides the interview sequence and words used having determined that interviewers tend not to follow protocol guidelines. The other protocols allow wide latitude to individual interviewers in their choice of prompt types and

prompt wording. None require a meaningful attempt to clarify pre-CFI influence on a child's report. This paper provides a detailed look at problematic elements in redacted examples of actual child interviews as well as interview prompts which have been found to promote accuracy in child reports.

Case Consultation Using Cognitive Analytic Therapy

Tansey, Louise, NHS Lothian
Ramm, Mark, NHS Lothian

Abstract: Within Scotland, there is a multi-disciplinary approach to managing high-risk offenders in the mental health system in hospitals and prisons. There are high levels of need related to personality disorder, mental illness, trauma and cognitive impairment within these populations. Clients' presentations are complicated by chronicity, comorbidity and an interpersonal style that affects the establishment and maintenance of professional and personal relationships. These presentations can prove challenging for professionals, establishments and the individuals themselves. Within NHS Lothian, Scotland, the Forensic Clinical Psychology team has introduced a case consultation model to support those working in hospital and prison settings with challenging cases in order to consider a team approach to their management. Whilst different models exist to guide such consultations, the authors preferred model is Cognitive Analytic Therapy (CAT; Ryle, 1982). CAT is a relational model of therapy that provides a formulation framework based on interpersonal patterns of relating. It helps clients and professionals appreciate how challenging behaviors and presentations can be understood in the context of developmental experiences, and how problematic patterns of relationships and coping styles can continue to cause difficulty. It also increases the cohesiveness and consistency of the multi-disciplinary input received by the client. This model is growing in popularity in the UK, especially in relation to forensic services. This presentation will introduce the model, including a review of relevant evidence and case examples to demonstrate the practical and clinical utility of the model.

Assessing the Culpability of Offenders With Mental Health Problems: A Principled Approach

Walvisch, Jamie, Monash University

Abstract: It is widely acknowledged that a significant proportion of offenders suffer from mental health problems. While much has been written about the circumstances in which such offenders should be held responsible for their actions, or should be considered fit to stand trial, less attention has been paid to the ways in which their mental health problems should be taken into account in sentencing. In particular, while it is often acknowledged that mental health problems can reduce an offender's culpability, few attempts have been made to spell out in a principled way the reasons why an offender's culpability should be reduced by mental health problems, which mental health problems should mitigate an offender's sentence, and the circumstances in which an offender's sentence should be reduced. This paper seeks to address that gap. The first part of the paper explains how Antony Duff's theory of attacks and endangerments can be used to develop a principled framework for assessing culpability. The second part of the paper shows how that framework would operate when sentencing offenders who suffer from mental health problems. In doing so, it examines the types of mental health problems that a sentencer should take into account in determining an offender's culpability, and the circumstances in which those problems should be taken into account.

2.33 – Symposium

Quality Standards: International Comparisons Part Two

Brink, Johann, University of British Columbia
Müller-Isberner, Rüdiger, Haina Forensic Psychiatric Hospital
de Haen, Diewke, Expertise Centre for Forensic Psychiatry
Klassen, Philip, Ontario Shores, Ontario, Canada

Abstract: Summary of Symposium: This two-part symposium examines Quality Standards in Forensic Mental Health Services from an international perspective and considers all areas of care; including access to care, effectiveness, people's experience of using services, safety issues, equality, and cost impact. Recognizing broad overlap with general health and mental health quality standards, and the need to balance the safety needs of the state with the person's right to care, the development of a forensic mental health specific suite of standards that has agreement from, and is supported by, national and international quality networks, is in early evolution.

2.34 – Papers: Policing

Understanding Police Interactions and Decision-Making in Response to Citizens in Mental Health Crisis

Lavoie, Jennifer, Wilfrid Laurier University
Sanders, Carrie, Wilfrid Laurier University
Schulenberg, Jennifer, University of Waterloo

Abstract: People living with mental illness have increased contact with police relative to those not in crisis (Coleman & Cotton, 2010; Heslop et al., 2013), and are overrepresented in the criminal justice system (Sapers & Zinger, 2012). Police officers play a pivotal role in determining the outcome of incidents that involve people in mental health crisis because they exercise tremendous discretion when resolving these encounters (Watson, et al., 2010). Officer responses range from formal (e.g., Mental Health Act apprehensions, arrest) to informal resolutions (e.g., health referral). While there is a paucity of research on police decision-making in this context, there is even less research available on policing in smaller municipalities where resources are comparatively limited. Field observations of officers were undertaken during service ride-alongs ($N=180$ hours) to explore police encounters with citizens in crisis to uncover the nature of police responses and decision-making processes in a smaller city in Southern Ontario, Canada (pop ~90,000). An ethnographic case study approach was taken to examine decision-making situated in the everyday activities of police personnel (Marks, 2004), allowing insight into officers' activities, understandings, and subjective orientations (Schulenberg, 2014). Observations and field notes (including remarks on reflexivity, setting, police actions, rationales provided by the officer during debriefing after each call) were transcribed and analyzed for dominant and recurring themes. Results illuminate common police responses and related rationales. Understanding police-interactions with people living with mental illness is critical for developing an evidence base to address the criminalization of this population and improve police services

Consumer's Perceptions of Treatment by Police or PACER During Community-Based Mental Health Crisis

Furness, Trentham, NorthWestern Mental Health
McKenna, Brian, Auckland University of Technology and Swinburne University of Technology
Maguire, Tessa, Forensicare and Swinburne University of Technology

Abstract: The Police and Clinician Emergency Response (PACER) unit combines a senior mental health clinician and a member of Victoria Police. The unit acts as a second response to acute mental health crisis in the community. The PACER unit attends call-outs in a marked Victoria Police vehicle and allows mental health assessment *in situ*. We have reported the ability of PACER to divert people away from hospital emergency departments to more appropriate acute mental health assessment and care (McKenna et al., 2015a). We have also described the collaboration, skill development, and information sharing PACER enabled among key stakeholders; emergency department clinicians, police officers, ambulance officers, and mental health clinicians (McKenna et al., 2015b). However, the voice of consumers had been absent. Therefore, the aim of the study was to allow consumers to describe their experiences when police attended to their crisis or when police attended and then engaged the assistance of PACER. A total of 43 consumers rated their experience with police ($n=25$) and with PACER ($n=18$) and discussed their experience with a consumer researcher. There was no difference ($p>0.05$) in the 17-item PCES between police officers acting as a stand-alone response and the engagement of PACER. Qualitative data comprised both positive and negative aspects about police officers acting as a stand-alone response and engagement of PACER. The results indicated that community-based mental health crisis is highly individualised and that despite logistical and clinical advantages, consumers did not perceive PACER to be a better alternative when in mental health crisis.

Better Impact and Process Evaluation for Police Prevention Projects Programs

Prince, Dagenais, Julie, University of Quebec in Trois-Rivieres
Veilleux, Karine, University of Montreal

Abstract: Police prevention projects and programs have been done since the early sixties in the United States and the nineties for Canada and Quebec (Geistman & Smith, 2007). Since community policing has replaced traditional policing (Jiao, 1996), prevention projects are gaining in popularity and they aim to lower criminality, reduce juvenile offenders and to develop social competencies (self-esteem, social abilities, peer-pressure) (Kappeler, & Gaines, 2011). These programs/projects are not necessarily evaluated and assessed to see if they meet their goals. By taking example from different police prevention projects from an urban city of Canada, the steps for a reliable and easy evaluation will be explained. Objectives from an intimidation project and a police relations community project will be assessed. Different methods were used to evaluate those projects, which includes youth focus groups, police officers and school workers interviews, observations, analyses of different documents and pre/post questionnaires filled by youths. Results of the projects will be discussed, as well as factors that can promote better evaluation. For instance, the intimidation project had more concrete objectives that could be easily evaluated and the results for the impact evaluation were all significant (knowledge gain [before mean 19.09, SD 3.971; after mean 20.17, SD 4.081, $t(177)=5.296$, $p<.000$], trusting the police, getting help) besides from the perception of teachers and workers. A new method for focus group analysis will be also discussed as well as future evaluation researches and ethics concerning long term criminal impact evaluations.

Forensic Psychology in the Public Sector – An Optional Extra or an Essential Element - What Does it Offer?

Doudle, William H., Statewide Forensic Mental Health Service

Abstract: The Australian Federal Government health insurance scheme has dramatically impacted on the psychological professional

landscape. Through receiving higher levels of remuneration, unprecedented large numbers of psychologists have moved into the private sector, while simultaneously resulting in University based Forensic Psychology programs closing due to Clinical programs being in demand. Consequently, attracting and retaining psychologists with an interest in forensic practice, historically an unattractive field, has become increasingly difficult. This organisational case study considers how seeming adversity for the Psychology Resource Team of Forensic Mental Health Service, Tasmania were addressed and practice enhanced within the multidisciplinary team. The paper is intended to prompt consideration in relation to what forensic psychology can achieve for services across different jurisdictions as well as considering pitfalls to avoid. It was through developing forensic focused model and driven processes that the flow on affects enhanced service delivery flow through other disciplines and into other stakeholder agencies and clients. Participants in the process qualitatively consider their experiences of working within the changing landscape of forensic psychological practice. The current case study will assist with understanding how development and enhancement of discipline specific practice (i.e., psychology) can enhance service outcomes through shifting the paradigm and thus better responding to the needs of clients and various stakeholder agencies.

2.35 – Symposium

Treating Justice Involved Persons with Mental Illness in Forensic, Correctional, and Community Settings

Morgan, Robert, Texas Tech University
Bolanos, Angelea, Texas Tech University
Mitchell, Sean, Texas Tech University
Van Horn, Stephanie, Texas Tech University
Ramler, Taylor, Texas Tech University
Hunter, Joe, Texas Tech University
Kroner, Daryl, Southern Illinois University
Mills, Jeremy, Carleton University

Abstract: It is commonly known that persons with mental illness (PMI) are over represented in the criminal justice system, but what should policy makers and clinicians do to better serve this population? This program will begin with a presentation reviewing the clinical presentation (from a mental health and criminal behavior perspective). The next presentation will summarize Changing Lives and Changing Outcomes: A Treatment Program for Justice Involved Persons with Mental Illness (CLCO), a comprehensive treatment program developed for justice involved PMI (J-PMI), with emphasis on the effectiveness of this intervention with dual diagnosed adult felony offenders in a residential treatment program. The final two presentations will review the relation between homework completion, session attendance, and successful program completion (paper 3), as well as attrition data in the same sample of dual diagnosed felony offenders (paper 4).

2.36 – Papers: Prison Treatment

Relational Coordination Between Mental Health Professionals and Prison Officers: Impact on Prison Officers' Attitudes to Offender Rehabilitation

Hean, Sarah, PhD, University of Stavanger
Ødegård, Atle, University College Molde
Willumsen, Elisabeth, University of Stavanger

Abstract: Although Norway has comparatively low reoffending rate, within two years of release 20% of the offender population will incur a new conviction. Mental health may have a direct or indirect im-

pact on this reoffending, of concern as mental illness is high in prison populations internationally, including Norway, where only 92% of offenders have some form of mental health issue. Effective inter-agency working between correctional facilities and mental health services is required if mental illness in offenders is to be properly managed and successful rehabilitation and reintegration achieved. An EU funded study is currently underway that explores interagency working in closer detail, specifically that which occurs between prison officers and professionals from specialized mental health services in a Norwegian context. We explore prison officers' perceptions of interagency working (collaboration), and their attitudes to rehabilitation, hypothesizing that attitudes to rehabilitation of offenders in this group will be determined by the quality of their relationships with mental health services. We present preliminary findings of a cross sectional survey of prison officers in two regions of Norway. Attitude to rehabilitation was measured using the Orientation to rehabilitation scale (Cullen et al., 1989) and perceptions of collaboration and integration between systems was measured using the relational coordination scale (Gittell, 2011). Both scales were validated within the Norwegian context. The implications for practice, and ways in which collaboration and integration between mental health services and the prisons can be improved in the future are discussed.

Comparing the Costs and Benefits of Mental Health Screening Protocols at Intake to Prison

Martin, Michael, University of Ottawa
Potter, Beth, University of Ottawa
Crocker, Anne, McGill University and Douglas Mental Health University Institute Research Centre
Wells, George, University of Ottawa
Colman, Ian, University of Ottawa

Abstract: In settings with low prevalence of illness (i.e. <10%), the number of false positives is too high for screening to be practical. However, in higher prevalence settings, such as prisons, screening may be feasible. We compared five screening protocols to detect mental illness in Canadian prisons against the use of mental health history taking (the prior approach to detecting mental illness) to compare which screening approaches best balance benefits and harms. 467 (83.1% participation rate) male inmates who were screened also completed a diagnostic interview to assess for mood, psychotic and anxiety disorders. Rates of correct and incorrect decisions per 1,000 screenings and sensitivity, specificity, and positive and negative predictive values were estimated. We compared protocols using the ratio of the benefits (i.e. increase in true positive rate) versus the harms (i.e. increase in false positives) of implementing screening. Mental health history taking identified only 41.0% of all inmates with mental illness. Screening protocols identified between 61.9 and 86.7% of all cases, but resulted in 2 to 3 false positives for every additional case detected. Sensitivity analyses show that in low prevalence (i.e. < 10%) settings, there would be 5 or more false positives per true positive. Screening is more efficient, and likely feasible in higher prevalence settings such as prisons. Long-term follow-up to evaluate the benefits for newly detected cases and the costs for false positive screening results could inform the choice of the best screening tool in different correctional contexts.

The Needs of Offenders With Mental Disability in the US Southern States

Birgden, Astrid, Deakin University

Abstract: This paper is a summary of a literature review for the American Civil Liberties Union (ACLU) regarding the needs of prisoners with mental disabilities in three Southern US states- Alabama, Louisiana, and Mississippi. The GAINS Center estimates that approximately 800,000 persons with serious mental illness are admitted annually to US jails, and the majority also meet criteria for co-occurring substance use disorder. It is well-recognized that throughout the US, individuals with mental disability are increasingly experiencing a pathway consisting of: increased encounter with law enforcement; increased arrest and incarceration rates; increased demand for mental health services in jail and prison; and reduced psychiatric beds, with an increasing proportion being taken by forensic psychiatric patients. The mental health system needs to reconsider the goals of treatment by going beyond mental disability and substance use treatment, and incorporating offender needs that result in CJS involvement. That is, merely treating mental disabilities is a necessary but insufficient condition to reduce entry into prisons. The paper will consider the unique problems and consequences of over-representation in the three US Southern states and consider legislative frameworks regarding international standards, US constitutional standards, and US legislative requirements. The Sequential Intercept Model will be utilized to consider each phase of CJS contact- initial contact, post-arrest, post-initial hearings, sentence, and community re-entry (Heilbrun, DeMatteo, Brooks-Holliday, & Griffin, 2015). Proposed solutions will be considered in light of therapeutic jurisprudence (Wexler & Winick, 1996) in terms of proposed reform in legislation, legal procedures, and the roles of psycholegal actors.

Wednesday 6/22/2016, 1:00 pm – 2:15 pm

Keynote Address

Aisha Gill, Ph.D., University of Roehampton, UK

Honor, Violence Against Women and Girls and the Role of the Criminal Justice System in Addressing the Problem of Honor-Based Violence

Professor Aisha K. Gill is a Professor in Criminology at University of Roehampton, UK. Her main areas of interest and research are health and criminal justice responses to violence against black, minority ethnic and refugee women in the UK, Iraqi Kurdistan and India. She has been involved in addressing the problem of violence against women at the grassroots level for the past seventeen years and has published widely in refereed journals such as *Current Sociology*, *Feminist Legal Studies*, *Feminist Review*, *Journal of Gender Studies*, and *Women's Studies International Forum*.

Abstract: Focusing on the European context, this paper introduces the central thesis that women and girls under threat of honour-based violence (HBV) are not served well by the various criminal justice system jurisdictions. It aims to do so by identifying and examining the institutions, structures and ideologies that underpin murder in the name of 'honour' and related harmful practices. Importantly, it aims to present an understanding of this phenomenon as a complex and multi-faceted form of violence against women and girls that is not reducible to any single factor such as culture, ethnicity, religion or nationality. Drawing on expertise in this field and from

a wide range of cases in Europe, the author advances current understandings of the motivating factors behind HBV and the impediments to effective legal, political, economic and social responses. The principal cause of this problem, it is argued, is the misapplication by the criminal justice system of the concept of 'honour' as well as a more general failure on the part of the policing and social welfare authorities to comprehensively understand HBV. The paper will discuss what these failures are in addition to how better frameworks for theorising, researching, intervening in and achieving justice for women and girls (and more rarely, men and boys) subjected to HBV can be developed? Theoretically, the approach involved includes a recognition how recently heightened awareness of this problem reflects essentialist paradigms for viewing and seeking to resolve the issue. What is needed instead is a better understanding of the role of the criminal justice system in enabling the realisation of individual women's rights and the limits of the criminal justice system as an agent for structural change as well as for a stronger comprehension of women's agency in the context of violence. This latter category encompasses both individual women's lone and uncelebrated acts of resistance and women's collective action. The paper also focuses on popular attitudes towards women as victims and men as perpetrators and emerging forms of victim support that might provide inspiration for an improved role for the criminal justice system.

Wednesday 6/22/2016, 2:15 pm – 2:30pm

Christopher Webster Young Scholar Award: Winner To Be Announced

Wednesday 6/22/2016, 3:00 pm – 4:10 pm

2.41 – Symposium

Protective Factors for Juveniles: Findings With the SAPROF-YV and SAVRY for Boys and Girls in the Netherlands, UK and Canada

de Vries Robbé, Michiel, Van der Hoeven Kliniek, DFZ
Hilterman, Ed, Justa Mesura, Spain
Vullings, Kelly, Van der Hoeven Kliniek, DFZ, The Netherlands
Bhanwer, Aisha, Simon Fraser University, Canada
Viljoen, Jodi, Simon Fraser University, Canada
Alder-Hart, Jodie, University of Manchester, UK

Abstract: Protective factors are important in the prevention of violence risk. Accurate assessment of protective factors for violence risk is essential for effective juvenile treatment and evaluation of treatment progress. Commonly used risk assessment tools include few protective factors, while especially with youth the development of personal and situational strengths may have a substantial impact. Recently, the Structured Assessment of Protective Factors for violence risk - Youth Version (SAPROF-YV, 2015) was developed to provide more focus on strengths in assessment and treatment. The SAPROF-YV is an SPJ risk assessment tool containing 16 protective factors derived from empirical studies and clinical experience. All factors are dynamic and offer potential to serve as positive treatment goals for juveniles in clinical and outpatient forensic psychiatry. The tool is intended to be used in addition to predominantly risk-focused assessment tools, such as the Structured Assessment of Violence Risk in Youth (SAVRY), in order to provide for a more balanced violence risk assessment. In addition, the dynamic factors of the SAPROF-YV aim to offer additional strengths-based guidelines

for treatment and risk management. This symposium presents findings of the psychometric properties of the SAPROF-YV and SAVRY in juvenile samples in the Netherlands, the United Kingdom and Canada.

2.42 – Symposium

Emerging Issues in Forensic Practice and Policy: Juvenile Competence to Stand Trial & Juvenile Criminal Responsibility

Larson, Kimberly, UMass Medical School

Langley, Summer, UMass Medical School

Nathanson, Rebecca, University of Nevada, Las Vegas

Abstract: Competence to Stand Trial (CST) and Criminal Responsibility (CR) are two of the most common referral questions for forensic psychologists. They have long been raised within the adult domain, but only recently have these issues begun to be raised within the juvenile courts. Compared to the adult literature there is little guidance for those working with youth on these issues. This symposium will apply developmental concepts and frameworks to juvenile forensic evaluation and services in the areas of juvenile CST and CR to provide guidance for evaluators and policymakers about how to handle these emerging areas of forensic psychological practice.

2.43 – Symposium

Beyond reasonable doubt? Layers of evidence on relationships between delusions and violence

Taylor, Pamela J, Cardiff University, UK

Berry, Alexander, Cardiff University, UK

Bragado Jimenez, Maria, Cambian Churchill, Cardiff University

Kissell, Anna, Cardiff University, UK

Meloy, Reid, University of California, San Diego

Reagu, Shuja, Abertawe Bro Morgannwg University Health Board and Cardiff University

Abstract: An expert asked to report to the courts on mental state relevant to offending must provide evidence for an event which happened in the past, often after a period when clinical professional observations had been minimal if, indeed, they were available at all. Delusions have long been recognized as having a plausible influence on culpability for offending, and on disposal if can be established that the accused person committed the offending act under their influence. Daniel McNaughton's case in 1843 is a landmark example. It may be straightforward to evidence delusions and their relevance in the context of a well-recognized psychotic illness, but the prevalence of delusions is at least five times higher than the prevalence of psychotic illness. Distinguishing between presence of a truly pathological belief and an over-valued idea, or a valid but extremist belief, or dissimulation, can be difficult in clinical practice and the standard of evidence questionable in court. Adding further layers of evidence to that from open interviews and structured questionnaires may add validity to the mix of self-report and clinical judgement generally on offer.

2.44 – Papers: Isolation

Solitary Confinement of Mentally Ill Canadian Federal Inmates

Salem, Leila, Université du Québec à Trois-Rivières

Côté, Gilles, Université du Québec à Trois-Rivières/Institut Philippe Pinel de Montréal

Crocker, Anne, McGill University and Douglas Mental Health University Institute Research Centre

Abstract: Mentally ill individuals have been shown to adapt poorly during incarceration. Furthermore, they have been found to have more sanctions and solitary confinement than their non-mentally ill counterparts. Measures of seclusion of mentally ill inmates are the subject of increased research given the potential negative outcomes such as trauma, increased symptoms of mental illness and reduced access to mental health and other rehabilitative services during incarceration. Methods. The goal of the study is to evaluate the frequency, duration and reasons for solitary confinement over a two-year post admission follow-up period, in a large sample of Canadian federal male inmates (n=563). Results. Results reveal that mentally ill inmates are placed in solitary confinement much earlier following the beginning of their sentence, and spend significantly more time in solitary confinement than their non-mentally ill counterparts. Furthermore, a co-occurring personality disorder increases the likelihood of placement in solitary confinement. Finally, individuals with a mental health disorder were more likely to be confined for acts of violence or self-harm; they were also more likely to be confined following a failure to adapt in the general population, a health issue, and/or because they were being victimized. Conclusion. The present study reveals an increased use of solitary confinement for mentally ill inmates. Furthermore, this measure of segregation seems to be used in response to the manifestation of symptoms of mental illness. Future research should focus on the impact of increased solitary confinement on service use during detention and access to community reintegration for mentally ill inmates.

1 on 1 Support in Inpatient Forensic Care to Reduce Seclusion and to Improve Care

Schaftenaar, Petra, Inforsa

van Outhesden, Ivo, Inforsa

Abstract: In this presentation the authors will present the results of a qualitative evaluation research on 1on1-support in situations of coercion in a hospital for forensic care. A qualitative evaluation study was conducted, data was collected by conducting interviews and focus groups amongst patients, workers and management. Analysis was done by constant comparison, using sensitizing concepts. The study answered the question in which way 1on1-support contributed to the shortening of seclusion and de quality of care during the seclusion. We learned that even in crisis, there are always still some people who are able to make contact. They can de-escalate, or re-establish the relationship where others fail. A focus on the relation is hereby the key. They try to find ways to be available again for the patient, unconditional, with time, patience, empathy, being sincere and a care based attitude. This improves the given care. 1on1-support contributes in treatment of patients by the way 1on1-supporters work: there's space, time, creativity and the possibility of giving voice. These results are related to not being part of the treatment team. 1on1-supporters also coach the treatment teams. It brings reflexivity and deliberation in complex care situations and it improves the connection between patient and staff.

Nursing Patients Under Difficult Circumstances in a High Secure Environment; Use of Seclusion, Self-Isolation and Emergency Response Belts

Tulloch, Lindsay, The State Hospital, Carstairs

Walker, Helen, The State Hospital, Carstairs

Abstract: Patients displaying challenging behaviours may require tailored nursing care plans. In exceptional circumstances, there may be need to modify their environment, have their own nursing care team, be separate from the ward and in the most extreme cases, seclusion, self-isolation and ERB's may last for prolonged periods,

sometimes years. To date there is sparse literature exploring the role of the nurse and impact of the relationship between the nurse and patient cared for in exceptional circumstances. This study explores the prevalence and attitudes of nurses to seclusion and self-isolation, in a sample of registered and non-registered nurses (n=304), Attitudes of Seclusion questionnaire (Heyman, 1987). Focus groups (n=20) and one-one interviews (n=10) of a purposive selected sub-section of nurses examining in greater detail the current nursing practice when caring for patients under exceptional circumstances. A review of all nursing documentation: Behavioural Status Index; Psychosis Evaluation tool for Common use by Caregivers assessments and any related nursing notes specifically associated to seclusion, self-isolated patients and use of ERB's. The current study will contribute to a better understanding of the factors that maintain the notion that seclusion, self-isolation and ERB's are a necessary practice. Moreover, factors that influence and inhibit the nursing role when caring for patients under these circumstances, such as knowledge, skills and professional competence thus to enhance the future care of forensic mental health patients and the nursing profession. To date, there is no available literature focusing on this area within a forensic mental health patient population.

The Use of Seclusion in Secure Forensic Environments: An Investigation of Factors Influencing Nurses' Attitudes.

Sandy, Peter, University of South Africa

Abstract: Secure forensic mental health services always need interventions to manage aggressive and violent behaviors. Seclusion is one of a number of interventions used for managing these behaviors in these settings. Aim is to investigate factors that might influence attitudes of nurses working in a secure forensic mental health setting toward the use of seclusion. This study utilized a cross-sectional survey design to find and explain associations between the use of seclusion and attitudes toward it. Data were collected using a self-administered questionnaire, Staff Attitudes Toward Seclusion. Eighty-eight nurses (N=88) completed the questionnaires. The data were analyzed using descriptive and inferential statistics. The reasons for the use of seclusion noted in this study were consistent with Mason's (1993) treatment, containment and punishment framework. The study revealed several significant but mostly negative associations between attitudes of nurses toward the use of seclusion and factors such as age, sex, post, experience, and registered practice. Positive and significant associations were also found between attitude variables and grades or rank of nurses. These findings of this study offer insight into nurses' attitudes toward the use of seclusion. They may also serve as a useful resource for the development of guidelines, policies and training program for enhancing positive attitudes towards seclusion.

2.45 – Papers: Intimate Partner Violence

Evaluation of Risk Assessment Tools in Prior Intimate Partner Stalking and Intimate Partner Violence

Gerbrandij, Jacomina, Fordham University
Rosenfeld, Barry, Fordham University

Abstract: Research has shown that most stalking victims are stalked by a prior intimate partner and that this group of victims is at a higher risk for violence than other groups. Furthermore, there seems to be a relationship between stalking and intimate partner violence (IPV). The present paper will examine the accuracy and usefulness of two risk assessment tools, the *Brief Spousal Assault Form for the Evaluation of Risk* (B-SAFER) and the *Guidelines for Stalking Assessment and Management* (SAM) within a sample of 67 prior intimate

partner stalking offenders and 29 intimate partner violence offenders. Outcome variables are stalking and violent behavior (self-report and objective data). The maximum possible total score on the B-SAFER was 20, while that for the SAM was 40. Preliminary results show that the mean total score on the B-SAFER was 9.97 (SD = 3.99) with scores ranging from 3 to 19. The mean total score on the SAM was 22.01 (SD = 7.26) with scores ranging from 4 to 38. Receiver Operating Characteristic (ROC) curves and logistic regression analyses will be used to assess the predictive validity of both instruments (with the PCL:SV as control variable). Additionally, t-tests and logistic regression will be used to identify the strongest B-SAFER and SAM items. Based on previous research and on preliminary results from earlier analyses of the data, it is expected that both the B-SAFER and the SAM will have similar predictive value when predicting stalking recidivism and violent behavior.

Age and Violence Risk Assessment for Intimate Partner Violence: Is Age Really Just a Number?

Storey, Jennifer, Mid Sweden University
Selenius, Heidi, Örebro University, Sweden
Strand, Susanne, Örebro University, Sweden

Abstract: Intimate partner violence (IPV) has serious consequences for victims and high recidivism rates. In an effort to reduce these issues much focus has been placed on the assessment and management of IPV. Within the IPV literature distinctions have been made around age. For instance, a debate has arisen regarding whether IPV against a senior victim is elder abuse or IPV grown old? As a result some studies include all violence against a victim over 60 as elder abuse while others argue that IPV grown old may result in different management than other IPV, but maintains the same dynamics and risk factors as IPV. This debate has important implications for how IPV against senior victims is assessed and managed. Data was collected in Sweden from IPV police files wherein officers used the *Brief Spousal Assault Form for the Evaluation of Risk* (B-SAFER; Kropp, Hart, & Belfrage, 2010). B-SAFER assessments, management plans, demographic information and recidivism data were collected. The sample included 723 cases, 688 (95%) cases with victims 59 or younger, and 35 cases with victims over 60 (5%). Data collection is ongoing. Comparisons will be made across offense type, B-SAFER risk factors, overall risk ratings, recommended management strategies and recidivism. Preliminary results reveal no statistical difference in overall risk ratings between groups, $c2(2, N=682) = .448, p = .799$. Should results remain non-significant this will lend support to the argument that IPV against elderly victims should be assessed as IPV not elder abuse.

Intimate Partner Violence: A Comparison of Risk Factors for Antisocial and Family-Only Perpetrators

Petersson, Joakim, Mid Sweden University, Sundsvall, Sweden
Strand, Susanne, Örebro University, Sweden
Selenius, Heidi, Örebro University, Sweden

Abstract: Male perpetrators of intimate partner violence (IPV) are a heterogeneous group. Thus, they demonstrate different risk factors for violence and require different risk management interventions. Subtyping IPV perpetrators could facilitate the task of matching perpetrators with adequate interventions, aiming for IPV prevention. The present study compared differences between antisocial and family-only perpetrators, regarding risk factors for IPV, assessed risk and the importance of specific risk factors for such violence. In this retrospective file study, data was obtained from the Swedish police. Risk assessments performed with the *Brief Spousal Assault Form for the Evaluation of Risk* (B-SAFER; Kropp, Hart, & Belfrage, 2008), and

police registers were used. A sample of 657 male alleged perpetrators of IPV were classified as either *antisocial* ($n = 341$) or *family-only* ($n = 316$) perpetrators, based on their generality of violence as assessed within the B-SAFER. The results demonstrated that antisocial perpetrators had significantly more risk factors for IPV present in the B-SAFER, and were assessed with significantly higher risk for acute and severe or deadly IPV, compared to the family-only perpetrators. The subtypes also evidenced unique (i.e., 'red flag') risk factors that had significant impact on elevated risk ratings for acute and severe or deadly IPV. Key findings, concerning the importance of the unique risk factors for IPV for each subtype, will be discussed. In a risk assessment and management context, these 'red flag' risk factors are important to consider when determining overall risk and recommending management strategies.

Crossing the Line: Differentiating Between Those who Threaten and Those who Attack in Interpersonal Relationships

Low, Elizabeth, University of Nebraska - Lincoln

Semmann, Jessica, University of Nebraska - Lincoln

Vinas-Racionero, Rosa, University of Nebraska - Lincoln

Scalora, Mario, University of Nebraska - Lincoln

Abstract: Threat assessment research indicates that intensity of effort differentiates between those who threaten and those who approach their victims of targeted violence (Hoffman, Meloy, & Sheridan, 2013; Scalora et al., 2002). Few studies have examined this difference in the context of interpersonal conflict. Research on stalking suggests escalation to violence is associated with increased threatening contacts, prior relationships, mental illness and substance abuse, and prior criminal history (McEwan, Mullen, & Purcell, 2006; Morrison, 2008). Studies of domestic violence have also identified distinct offenders, some who utilize violence and some who intimidate and threaten, but are not violent (Kelly & Johnson, 2008). This issue is critical to consider on college campuses due to high rates of violence (Office of Postsecondary Education, 2015) and low rates of reporting threatening behavior (Sulkowski, 2011). The current study examines behaviors that differentiate between threateners who escalate to violence and threateners who do not. 120 undergraduate students completed an online survey about behaviors used to respond to interpersonal conflict. Consistent with the literature on intensity of effort, students who engaged in more than one incident of boundary crossing, such as invading on their victim's conversations, personal space, or possessions, and stealing or damaging their possessions, as well as those who researched their victim's personal information and publicly embarrassed their victim, were more likely to be violent than merely threatening. Results from this study will add to the violence prevention literature by identifying patterns of behavior associated with escalation of violence in interpersonal relationships.

2.46 – Papers: Risk Reduction

Embedding Communication & De-Escalation Skills Training in a Violence Reduction Training Programme for Staff in Forensic Mental Health Services

Ewington, Jackie, Nottinghamshire Healthcare Foundation Trust

Baird, Eve, Nottinghamshire Healthcare NHS Foundation Trust

Abbott, Georgia, Nottinghamshire Healthcare NHS Foundation Trust

Abstract: Ilkiwa-lavelle (2003) found that staff believed service user's illness was a key causal factor of aggressive incidents, whereas service users believed inter-personal conflicts were more relevant. Though there is evidence that assaults on nursing staff are often the result of nurse-patient interactions (Duxbury & Whittington 2005),

an evaluation of violence and aggression programmes in the UK published in 2006 found that there was a general lack of emphasis on verbal intervention strategies (Zarola & Leather, 2006). In a literature review published in 2012 verbal and non-verbal communication skills were identified as one of the 7 key components of effective de-escalation techniques (Price & Baker, 2012). Alongside this is the continuing DoH focus on reducing the need for restrictive interventions (April 2014). This innovative and unique collaboration between Rampton Hospital Speech and Language Therapy Team and Violence Reduction Teams within Nottinghamshire Healthcare NHS Foundation Trust aims to enrich communication skills and increase staff awareness of the importance of staff-patient interactions by developing a model for embedding communication and de-escalation skills training within all aspects of violence reduction training. The process of achieving this has included: collaboration across multidisciplinary teams to share knowledge and skills, development of bespoke training tools to engage staff and encourage open discussions re: staff-patient interactions within challenging incidents, and additional training of violence reduction instructors to support their delivery of the training. We aim to explore the challenges and benefits of implementing this training across teams within Nottinghamshire Healthcare Forensic Services.

The Forensic Clinical Specialist Initiative: Transforming Practice by Enhancing Skills in Risk Minimisation

Seal, Patrick, Victorian Institute of Forensic Mental Health

Abstract: The Forensic Clinical Specialist (FCS) program is a government initiative in Victoria, Australia in which expert allied health clinicians enhance the service capacity of public mental health services. Introduced in 2010, FCS positions have been placed in ten locations, within existing public mental health services, across Victoria. Forensicare, a specialist forensic mental health agency provides training, support and supervision to the FCS clinicians. The FCS role includes specialist assessment and management recommendations as well as the fostering of improved collaboration and referral pathways between justice, clinical and community services. It also provides education and training to build capacity in the workforce to support forensic clients. The FCS also contributes to the improvement of organisational policies and procedures in provision of service to these consumers. Evaluation has shown that FCS enhanced services have adopted more systematic and evidence based approaches to risk identification, assessment and management. It has generated better informed risk management policies in the relevant mental health providers. This has resulted in a 26% reduction in referrals to Forensicare for the FCS enhanced services, while there has been a 30% increase state-wide from non FCS services. Evaluation has also revealed a change in beliefs and attitudes among staff toward these consumers. In particular, there is a greater acceptance that these consumers are part of the target client group. More effective inter-service communication around risk has been demonstrated, and referral pathways between the justice system and area mental health services have been strengthened. The FCS initiative is an example of successful transformative practice.

A More Promising Architecture? Reconfiguring Personality Services in England and Wales under the Offender Personality Disorder Pathway

Trebilcock, Julie, Middlesex University London

Abstract: The treatment of personality disorder has long generated debate among practitioners and policymakers around the globe. During the last fifteen years this debate has most intensively been had in England and Wales where a proportion of offenders with

personality disorder have been subject to specialist treatment under the Dangerous and Severe Personality Disorder (DSPD) Programme. Following consultation in 2011, this initiative was dismantled and, in its place, a new Offender Personality Disorder Pathway (OPDP), which focuses on the development of a *pathway* of services to manage the risk posed by offenders with personality difficulties, emerged. Drawing from the author's experience of researching both initiatives, the paper reviews the empirical research evaluating their effectiveness. The paper concludes that while the architecture of the OPDP may be new and the optimism surrounding it, high; the foundations on which the strategy has been constructed, remain uncertain and in flux. This context will inevitably pose challenges for individual services, staff and offenders along the pathway as well as for the pathway as a whole. By exploring this controversial policy journey, the paper will evaluate what lessons have been learnt and the implications of DSPD and the OPDP for the international governance of high risk offenders with personality disorder.

Reducing the Use of Restrictive Interventions in Forensic Mental Health Services: The Value of Specialty Specific Benchmarks

McKenna, Brian, Auckland University of Technology
McEvedy, Samantha, Australian Catholic University
Maguire, Tessa, Forensicare
Furness, Trentham, Australian Catholic University

Abstract: This paper presents findings from an analysis of data collected on 'variance' in the use of restrictive interventions, collected by the Office of the Chief Psychiatrist in Victoria, Australia, throughout 2014. The term 'variance' relates to prolonged use of restrictive interventions (seclusion, mechanical restraint or physical restraint) beyond specified time benchmarks. During 2014, a total of 800 variance reports were submitted and analyzed, related to 346 consumers, across 20 area mental health services. Of the 800 reports, 227 (28%) were from forensic mental health services. The majority of variances involved males across the age range, from 13 and 91 years of age. Almost a third of consumers experienced more than one incident of a restrictive intervention, beyond the duration benchmark. The majority of variances involved seclusion and mechanical restraint. Seclusion in forensic mental health services was more likely to be for a longer duration and repeat episodes were applied to individuals more frequently. Similarly, the duration of the use of mechanical restraint was longer and repeat episodes applied more frequently. The reasons for these differences are explored. The literature indicates that there is value in monitoring the frequency of the use of restrictive interventions; the duration of their use; and, the use of multiple episodes on a single individual. However, there is no indication at what point this monitoring should occur. The development of forensic mental health specific benchmarks is suggested, to assist in the reduction of the use of restrictive interventions.

Wednesday 6/22/2016, 4:20 pm – 5:30 pm

2.51 – Symposium

Risk Assessment in Women Admitted to Forensic Psychiatric Care

Strand, Susanne, Örebro University, Sweden
de Vogel, Vivienne, Van der Hoeven Kliniek, The Netherlands
Selenius, Heidi, Örebro University, Sweden
de Vries Robbé, Michiel, Van der Hoeven Kliniek, The Netherlands

Abstract: Psychopathy is well researched in male offender populations, but not in female samples. This presentation focuses on one Dutch and one Swedish sample of female psychiatric patients, which

are merged. The aim of the study was to investigate the construct of psychopathy in women and compare data between the Netherlands and Sweden. A sample of 283 female forensic psychiatric patients was included in the study. Psychopathy was measured with the PCL-R for the Dutch sample and the PCL:SV for the Swedish sample. The PCL-R was transformed into the PCL:SV for comparisons. The results showed that the Dutch sample had a higher mean score on factor one, while for factor two and the total score there were no differences, although when controlling for substance abuse there were no differences. Specific items still differed across samples, especially when controlling for the diagnosis of the borderline personality disorder. The implications of these results will be discussed.

2.52 – Papers: Prison Treatment

A New Specialist Intervention for Mentally Disordered Firesetters (the FIP-MO): Implementation and Evaluation

Tyler, Nichola, University of Kent
Gannon, Theresa, University of Kent, NHS and Social Care Partnership Trust
Lockerbie, Lona, NHS and Social Care Partnership Trust
O Ciardha, Caoilte, University of Kent

Abstract: Deliberate firesetting presents a discerning problem for practitioners working within forensic mental health services. In 2004 arson was recorded as the second highest reason for admission to forensic mental health services in the UK and research suggests that approximately 10% of patients detained in forensic psychiatric hospitals have some history of deliberate firesetting. For many years now, practitioners within secure mental health services have had to assess and treat patients with a history of firesetting within the context of very little standardized guidance. Consequently, although in-house treatment programs for firesetters have been developed in UK secure hospitals, no national standardization of such programs exists. This paper presents a new standardized firesetting treatment program for adult male and female mentally disordered offenders (*The Firesetting Intervention Program for Mentally Disordered Offenders; FIP-MO*). The FIP-MO is cognitive behavioral in orientation with strong psychotherapeutic elements and adopts a Good Lives approach to treatment. The program has been structured to focus on identified areas of primary treatment need for firesetting as indicated by the current theoretical and empirical research literature. The program has been rolled out and implemented across fourteen UK forensic psychiatric services and is currently being evaluated as part of an ongoing research project. In this paper, we outline the structure of this newly developed firesetting program, describe its implementation across thirteen low, medium and high Secure hospitals in the UK, and discuss the outcomes of the evaluation study examining the effectiveness of the program.

Pregnant Women, Mothers, Mother and Baby Units and Mental Health in Prison

Dolan, Rachel, University of Manchester

Abstract: Over two thirds of women in prison in England are mothers. Estimates suggest between 100 and 200 women per year give birth during imprisonment. There are currently six mother and baby units (MBUs) in prisons in England which admit women and babies up to the age of 18 months. Although there are only 65 places available, and despite positive impacts, they are rarely full. Mental illness may influence the number of admissions, as may interpretation of admission criteria. They are the only current alternative to separation for imprisoned mothers. Aims are to identify: Factors that affect the decision to apply for/be offered a place; Impact of a placement

upon maternal mental health and wellbeing: Initial outcomes for mother/child. A mixed methods approach - 100 pregnant women in English prisons are being recruited. Quantitative measures - to establish prevalence of mental disorder, personality disorder, substance misuse and quality of life. Qualitative interviews- experiences of pregnancy/motherhood in prison. Preliminary quantitative findings: most prevalent mental disorders are anxiety and depression and approximately half the participants meet the criteria for one or more personality disorders. The majority of participants are offered a place in a MBU, and those in a prison with a MBU prior to applying are more likely to be admitted. Those with a previous history of childcare issues are less likely to be offered a place. Qualitative findings suggest that many women are often hungry and uncomfortable and that anxiety is exacerbated by lack of information.

The Current Practice of Insomnia Management in England and Wales Prisons

Dewa, Lindsay, University of Manchester
Lamiece, Hassan, University of Manchester
Shaw, Jenny, University of Manchester
Senior, Jane, University of Manchester

Abstract: Sleep problems in prison populations are common complaints. Yet, there is a paucity of evidence upon which to base effective intervention. Furthermore, despite the availability of non-pharmacological interventions for the general population it is not known what interventions, if any, are offered across England and Wales prisons. This makes it difficult to determine the scale and nature of the problem and how well insomnia is managed in prison. To fill this gap, we aimed to establish current practice in insomnia management across the prison estate. Questionnaires were sent to all adult prisons (18+) in England and Wales (n=115). Questions detailed the importance of insomnia in clinical management, current screening tools and implemented management strategies. Twelve telephone interviews were also completed with staff in selected prisons that showed developed and less developed management strategies for insomnia. Almost three-quarters of the prisons completed and returned the questionnaire (73.0%; n=84). Results showed that the majority of prisons used medication to treat insomnia (88.2%) and zopiclone was the most common (83.5%). The majority of prisons offer sleep hygiene, however, other non-pharmacological treatment is lacking. Telephone interviews revealed that most prisons tend to prescribe zopiclone despite staff's reluctance, the risk of misuse and the certainty of being inappropriately dispensed. To the author's knowledge, this is the first study to investigate and establish the current practice of insomnia treatment in prison. This study will contribute to the possible implementation of knowledge, strategies and interventions for insomnia in prisons that are less developed in these areas.

Pregnancy and Parenting in Prison: Challenges of a Team Approach in the Corrections Environment and Public Health Setting

Smith, Karyn, Western Health
Lind, Nicole, Social Work - Western Health

Abstract: Pregnancy, birth and early parenting are some of the most challenging and exciting times a woman faces throughout her lifespan. What happens when a woman is incarcerated when she discovers she is pregnant and how does this impact her pregnancy, birth and mothering experience. Caring for pregnant women and their babies within the prison system produces many challenges for the services involved in providing physical, psychosocial and correctional support. Many of the women have complex lifestyle and physical and mental health concerns requiring intensive supports

through pregnancy, birth and early parenting. It is vital that a multi-disciplinary team approach be adopted in formulating care plans for these women and their babies throughout the pregnancy and early parenting stages. Barriers around care provision need to be identified and solutions found to ensure access to appropriate care for an often complex population. Providing care within a public environment for a forensic client in itself raises the issues of safety and privacy for the woman, her baby and staff involved. The concept of women and babies living within the prison environment often provides ongoing discussions among service providers around the appropriateness of this current practice. Our maternity model of care, implemented within the prison and hospital environment, aims to meet the needs of a client base from a minimum to maximum security level, whilst ensuring that optimal care and support is provided aiming for the best outcomes for both mother and baby.

2.53 – Symposium

Strategies for Reducing Criminal Justice Involvement, Victimization and Homelessness Among Mentally Ill Populations

Nicholls, Tonia, University of British Columbia
Petersen, Karen, Simon Fraser University and University of British Columbia
Crocker, Anne, Douglas Mental Health University Institute
Roy, Laurence, Douglas Mental Health University Institute

Abstract: Persons who are mentally ill and homeless are more likely to be the victims of crime and violence than other citizens, and they have a higher risk of contact with the criminal justice system. Housing First (HF) has been found to increase housing stability and is an effective mechanism for reducing adverse outcomes among this population; however, its utility for reducing victimization and criminal justice contacts are unclear. This symposium presents findings from the At Home/Chez Soi study, the largest randomized controlled trial of HF worldwide and the first study of its kind in Canada (N = 2,255). The effects of HF for reducing criminal justice contacts and victimization will be discussed. Finally, knowledge exchange strategies for diverse stakeholders (e.g. community organizations, police, health and social services) are presented.

2.54 – Papers: Self-Harm

Does Screening Lead to Reduced Rates of Self-Harm, Overdose and Mortality in Prisons: An Observational Cohort Study

Martin, Michael, University of Ottawa
Wells, George, University of Ottawa
Crocker, Anne, McGill University and Douglas Mental Health
Potter, Beth, University of Ottawa
Colman, Ian, University of Ottawa

Abstract: Many screening tools have been validated for their ability to detect mental illness among prisoners. However, no studies have shown whether screening improves mental health outcomes. In community settings, newly detected cases following screening often have low needs and do not benefit from treatment. We conducted a retrospective cohort study using data from prison files for a cohort of all admissions (N ~13,500) to Canadian prisons between January 2012 and September 2014, with follow-up to March 2015. The effect of treatment on rates of self-harm, non-lethal overdose, suicide attempts and mortality during incarceration was estimated using recurrent events survival analysis. Propensity scores were used to control for higher needs among inmates who are referred for services (i.e. confounding by indication). To evaluate the impact of screening on mental health outcomes, we compared the effect of treatment for inmates whose mental health needs were identified

prior to (or without) screening, to those who were only identified after completing the screening. Incident rates more than twice as high among inmates who receive mental health services, which suggests that the highest risk inmates are being identified and offered treatment. We will estimate whether services are preventing an even higher rate of incidents among these inmates. Determining which inmates benefit from services is necessary to help inform the choice of whether to implement screening, and how to choose between tools of varying levels of sensitivity and specificity.

Examining the Short-Term Assessment of Risk and Treatability (START) Predictive Validity of Prospective Suicide Related Behaviour and Self-Harm

Gatner, Dylan, Simon Fraser University

Douglas, Kevin, Simon Fraser University

Nicholls, Tonia, University of British Columbia

Abstract: The global, annual suicide death rate is more than 800,000, and those suffering from mental illness are at particular risk for suicide related behavior (SRB) (World Health Organization, 2015). The Short-Term Assessment of Risk and Treatability (Webster et al., 2004) is a structured professional judgment tool intended to guide the assessment and management of dysfunctional behaviors including suicide and self-harm. To our knowledge, very little research exists for the predictive validity of the START in understanding SRB (O'Shea & Dickens, 2014). In the current study, the validity of the START was investigated in assessing risk of future SRB and self-harm among civil psychiatric inpatients ($N = 172$, 51% men) who were discharged into the community. Suicide attempts and ideation (i.e., SRB) as well as self-harm were coded via monthly semi-structured interviews and file review for five months after the baseline START assessment. As expected, the base rates for suicide (11%) and self-harm (11%) were low, but suicidal ideation was relatively prevalent (40%). Total Vulnerability and Strength scores were unrelated to future suicide ideation, suicide attempts, and self-harm (Area Under the Curve = .46 to .56). Yet, the respective specific risk estimates (i.e., low, moderate, high) were predictive of SRB ($r_s = .23$ to $.28$) and self-harm ($r_s = .48$). The current findings suggest some clinical utility in summary judgments of future self-injurious behavior, particularly self-harm. Future research should study the nexus between the presence of vulnerability factors and the formulation of START specific risk estimates.

Full Spectrum of Parental Psychopathology and Risks of Violent Criminal Offending and Attempted Suicide Risk in Offspring

Mok, Pearl LH, The University of Manchester

Pedersen, Carsten B, Aarhus University

Astrup, Aske, Aarhus University

Springate, David, The University of Manchester

Kapur, Nav, The University of Manchester

Mors, Ole, Aarhus University

Webb, Roger T, The University of Manchester

Abstract: To investigate links between parental psychiatric disorders and fatal and nonfatal suicidality and risks of violent crime conviction and attempted suicide in offspring. We conducted a national cohort study with follow-up until 31st December 2012. For examination of attempted suicide, all persons born in Denmark during 1967-1997, $N=2,003,407$, were followed up from their 10th birthday; for violent offending, all persons born in Denmark during 1965-2002, $N=1,895,413$, were followed up from their 15th birthday. The study cohort was linked to national psychiatric, general hospital, crime and cause of death registers. Incidence rate ratios were estimated using log-linear Poisson regression models. Almost a third of cohort members who attempted suicide and more than a quarter of those with a

violent crime conviction had at least one parent with history of psychiatric illness or suicidality. Risks for offspring violent offending and attempted suicide were raised across virtually all the parental mental disorders and suicidal behaviors examined. For both types of offspring outcome, the associations were particularly strong for parental antisocial personality disorder, cannabis misuse, and attempted suicide, while parental schizophrenia, mood and bipolar disorders conferred relatively modest levels of elevated risk. Associations with violent offending were much stronger for female versus male offspring. People exposed to certain types of parental psychopathology, specifically antisocial personality disorder, cannabis misuse requiring psychiatric treatment, and attempted suicide, are especially prone to physically harming other people and themselves. These findings illustrate the degree to which externalized and internalized violence share common etiological pathways.

Mental Health in Prisons, Good and Bad Practices in Transitional States

Pustoslemsek, Miran, University Medical Centre Maribor

Koprivsek, Jure

Prosnik Domjan, Anica

Finzgar, Sabina

Abstract: Global mental health care in prisons is insufficient in many countries in accordance with violations of human rights. In Europe is the monitoring of violation of human rights followed by Committee for Prevention of Torture (CPT), Council of Europe. In the presentation examples good and bad practices in transitional central and eastern European countries according to the CPT and Pompidou Group (PG) reports will be presented. PG is the service of Council of Europe for drugs related issues (author is a permanent correspondent of PG, member of missions in Eastern Europe). The situation in prisons in Georgia in the period from 2006-2013 is an example of extremely high rate of violations of human rights in prisons, when the number of incarcerated persons escalated from averagely 6000-8000 to more than 24 000. The situations in Ukraine and Slovenia will be presented as good examples. Before 2008 Ukraine had the rate of HIV infection in prisons in about 20% of prison population. With assistance of PG, UNODC and EMCDDA the strategy of treatment of Substance Use Disorders was changed and the epidemiological data have already improved, as well as the mental health care generally. Slovenia was as a country in transition after the collapse of Yugoslavia in position to develop its own system of mental health care in prisons, since before 1991 the prison hospital in Zagreb (capital of Croatia) covered the area. According to the small size of the state the new model was developed, with good communication between forensic hospital, psychiatric outpatient treatment in prisons, prison authorities, other prison services (security, treatment, general practitioners) and special group for treatment of suicidal behaviour in prisons.

2.55 – Papers: Nursing

Forensic Mental Health Nursing: Recent Developments and New Challenges

Doyle, Michael, South West Yorkshire Partnership NHS

Abstract: There are over 500,000 registered nurses and 1.3million care staff in England alone. A *Registered Nurse for Mental Health* is a distinct category in law in the UK and professional registration confers the authority to detain patients against their will. There are an estimated 50000 registered mental health nurses in the UK and Forensic mental health nursing is increasingly recognized as a specialty of mental health nursing at a time of increasing demand for forensic

mental health services. Despite this there is no consistent terminology defining forensic mental health nursing in the literature and the theoretical underpinnings and scope of practice remain unclear. Clarifying the role and function of Forensic Mental Health Nurses (FMHNs) is important, not least because serious concerns have been raised recently about nursing standards generally in the UK, but also because new proposals for mental health nurse training have recently been published, recruitment and retention of FMHNs remains a problem and FMHNs are crucial to the delivery of recovery orientated services. This paper aims to review the challenges to the safe & effective practice of FMHNs, highlight recent drivers for change in mental health nursing in the UK, consider a theoretical model for practice, education and research and contemplate future opportunities.

Does Clinical Supervision Prevent Burnout in Forensic Nurses? A National Review

Walker, Helen, Forensic Mental Health Managed Care Network

Abstract: Nursing is arguably a profession associated with high levels of stress and burnout, stress being one of the major reasons why nurses fail to function at an optimal level of effectiveness (Happell et al., 2003; Tully, 2004). Clinical supervision is regarded as a valuable resource for mental health nursing (Sloan and Grant, 2012). While there is anecdotal evidence to suggest it has been implemented throughout the United Kingdom, these attempts have not been without difficulty (Jones 2006). There are particular challenges to delivering clinical supervision in forensic services, notably due to issues associated with releasing staff and essential 'backfill'. Despite this it is vital that the opportunity is created and staff engage in such activity with a degree of regularity, in keeping with national guidance. A research project was devised to rate the effectiveness of clinical supervision undertaken with nurses in high, medium, low secure and community psychiatric settings, in addition to exploring stress and burnout levels. A survey was undertaken across Scottish forensic services throughout 2015, to gather nursing opinion in relation to their experience of clinical supervision and explore stress/burnout experienced in forensic nurses. All nursing staff from the participating areas were invited to take part, (n= 534) responded. The sample includes those working in NHS forensic high, medium or low secure facilities, forensic rehabilitation or community forensic mental health teams and Learning Disability units, also Third Sector. Findings will be presented and discussed in detail and future implications for the workforce considered.

The Measurement and Management of Nurses' Daily Activities in the Forensic Mental Health Care Process

Fluttert, Frans, Oslo University Hospital
Eidhammer, Gunnar, Vestre Viken Hospital Trust, Norway
Zuiderhof, Jolanda, Dr. S. van Mesdag

Abstract: In Forensic Nursing interactions between nurses and patients is imminent important. The content of these interactions is influenced by the specific role and activities of nurses. Nurses' have on a daily basis to organize and manage the patients' activities. There is little knowledge on what kind of activities nurses apply and to which degree these activities count to interaction with patients or to activities in which patient are not involved, e.g., administrative obligations. In a qualitative study the Daily Activity Registration Scheme [DARS] was developed. This inventory contains 21 descriptions of nurses' activities, among 13 items covering activities with patients and 8 items 'non-patient-activities'. Inter-rater reliability was tested and suggested to be sufficient. On secured forensic wards in Holland and Norway focus group interviews were done in

order to explore nurses' perceptions of their daily activities, comparing those activities with patient involvement and those without. Also the specific characteristics of the wards were described. Next the DARS was applied in the same wards. Two independent observers rated every 5 minutes nurses' activities on the DARS, during four shifts. Analyzed were frequencies of nurses' activities within wards, between wards and between the two countries. The results of the DARS recordings were compared with the results of the interviews with nurses of the similar wards. First results suggest that nurses' perception of their activities differ compared to the DARS ratings. The management of activities seems to be the most important factor finding balance in activities with, and without patients.

A Comparative Evaluation of Ward Round Standards in Medium and Low Security at 2 Separate Regional Forensic Services

Ghosh, Sanjib, Kumar, Queen Mary University London
Samso, Laura, BEH
Williams, Simon, BEH

Abstract: Specific ward round standards need consistent application including Responsible Clinician attendance, record of attendees, minutes of discussion, patient involvement, leave and medication statements, and risk assessment. This paper comprehensively reviews literature for ward round standards. It then comparatively evaluates whether these are being documented in North (NLFS) and East (ELFS) London Forensic Services. We sampled 44 and 49 patients' notes 25% of the total number of patients notes from NLFS in 2015 (n=44) and ELFS in 2013 (n=49). We sampled the admission, established treatment, female, learning disability, intensive care, personality disorder and rehabilitation wards. The results for both services were similar. The full ward round taking place at least fortnightly was highest at almost 100%. Other standards were set at a high level too with RC attendance, record of attendees – name and role, management plans and leave status being 75% or above. Medication, minutes of discussion and patient involvement could do with improvement at 55% to 66%. Risk review was least recorded at 25% to 50%. Results were broadly similar and lower than 100% standard. The clinical culture varies and favours measuring some parameters far less than others. Risk is mentioned less than other aspects. It is formally and informally considered. However, unless there have been any changes from the previous ward round (eg an assault), it seems this is not formally documented. Electronic proformas were found easier to use than written ones which are uploaded later. The authors produced a ward round electronic template-form proforma to use across the services.

2.56 – Symposium

Conducting Competency to Stand Trial Evaluations: Strategies for Working Effectively With Attorneys, Interpreters and Trainees

Paradis, Cheryl, Marymount Manhattan College
Perry, Alan, Kings County Hospital
Shao, Liang, Kings County Hospital
Rubel, Steven, Kings County Hospital
Nobrega, Luis Eduardo Carneiro, Kings County Hospital
Egan, Jessica, Kings County Hospital

Abstract: This presentation will focus on the various issues and challenges that can arise when working with interpreters, defense attorneys, and prosecutors. The presenters will discuss effective strategies for maintaining objectivity and maximizing the prospects that the evaluation process will be unbiased and productive. The introduction in DSM-5 states: "Mental disorders are defined in relation to cultural, social, and familial norms and values. Culture provides interpretive frame works that shape the experience and expression of

the symptoms, signs, and behaviors that are criteria for diagnosis."(American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders (DSM-5®)*. American Psychiatric Pub). Research has shown that clinicians need to be aware of cultural, ethnic and linguistic differences to avoid misdiagnosis and inappropriate treatment. This issue is also relevant in CST evaluations.

Wednesday 6/22/2016, 6:30 pm – 9:30pm

**Conference Banquet:
Spirit of New York Harbor Cruise**

**Boat Leaves from Chelsea Piers, Pier 60
(20th Street at the Hudson River)
BE ON TIME !!**

**(See Page 23 for Directions on getting to Chelsea
Piers; leave 30-45 minutes travel time)**

3.11 – Symposium

Trials in Prison: We Can Randomize, But Can We Control?

Taylor, Pamela, School of Medicine, Cardiff University
Kissell, Anna, School of Medicine, Cardiff University
Mason, Bethany, School of Medicine, Cardiff University
McNamara, Rachel, School of Medicine, Cardiff University
Meredith, Zoe, School of Medicine, Cardiff University
Moriarty, Yvonne, SEWTU, Cardiff University
Playle, Rebecca, SEWTU, Cardiff University
Williams, Davies Ella, School of Medicine, Cardiff University

Abstract: The randomized controlled trial (RCT) is regarded as the gold standard method for evaluating interventions thought likely to have a small to moderate effects. Widely used in clinical environments, RCTs have also been established as achievable approaches for testing crime prevention strategies at various levels in the criminal justice system, including prisons¹. Pamela Taylor will introduce the range of work to date, which includes randomized trials of prison régimes or therapeutic communities, hygiene practices and medication – interventions with different implications for implementation from those of discrete psychological interventions such as a program of groups for selected prisoners. Furthermore, there have been continued questions about the ethics of research and randomization among people under legal controls on their behavior, especially when those include custodial placements. With all this in mind, having identified a gap in services for alcohol-misusing short-term prisoners, two of us (PJT & AK) completed a feasibility study for and RCT of groups for such people. Outcomes were used to inform a substantive trial, but prison conditions changed substantially in the interim. Change is inherent to such systems, so this is unlikely to be a unique experience.

3.12 – Papers: Recidivism

Life Course Trajectories of Serious Mental Illness and Offending

Penney, Stephanie, Centre for Addiction and Mental Health
Morgan, Andrew, Ontario Shores Centre for Mental Health Sciences
Simpson, Alexander, Centre for Addiction and Mental Health
Prosser, Aaron, Centre for Addiction and Mental Health

Abstract: To investigate whether subtypes of individuals deemed Not Criminally Responsible due to Mental Disorder (NCRMD) can be identified, we gathered data on life course trajectories of serious mental illness (SMI) and offending (whether or not offending precedes or follows illness onset) and motivation for violent acts. A structured interview and coding scheme were developed to assess (a) the age onset of illness and violence/offending; (b) the presence of specified psychiatric symptoms and non-illness related motives (e.g., anger, poverty, antisocial attitudes) at the time of the predicate offense; and (c) the degree to which each of these variables directly motivated the predicate offense. Participants will be 70 NCRMD accused persons (to date, n = 35). Ratings of the presence of specific symptoms at the time of the offense, as well as estimates of primary motivation, were adequately reliable ($Kappa \geq .73$). 43% of the sample was charged with a criminal offense prior to the onset of SMI ('early starters'), while the remainder showed the opposite pattern ('late starters'). The primary motivation for index offending was related to psychotic symptomatology (e.g., motivated directly by a delusion or hallucination). Substance abuse was more likely in the former group (43% vs. 21%), as were conventional motives for off-

fending (43% vs. 11%). Early starters had more symptoms of conduct disorder in childhood, and higher static scores on the HCR-20V3. Results support the clinical literature regarding subgroups of mentally disordered offenders, but have further implications regarding motivations for offending and risk in each of these groups.

Generalized Hostile Interpretation Bias Regarding Emotional Facial Expressions and Parental Rejection in Adult Forensic Psychiatric Outpatients: Associations with Treatment Outcome Smeijers, Danique, Radboud University Medical Centre

Abstract: Disproportionate aggressive behavior is one of the most important reasons for referral to forensic psychiatric institutions. Further knowledge about the working mechanisms of problems of aggression regulation is of great importance, as it will contribute to the understanding of the emergence, maintenance and effective treatment of pathological aggressive behavior. These mechanisms were investigated in a large treatment outcome study among forensic psychiatric outpatients (FPOs). It emerged that one of these underlying mechanisms is the a-priori tendency to interpret facial expressions as hostile, i.e. a hostile interpretation bias. It was found that this bias was displayed by FPOs diagnosed with an antisocial and with a borderline personality disorder, and also by FPOs with an intermittent explosive disorder as compared to healthy, non-aggressive, controls and non-forensic borderline patients. Results suggest that this bias is highly likely to be a characteristic of disproportionate aggressive behavior displayed in forensic settings. Furthermore, it was found that experienced parental rejection is associated with the current disposition to act aggressively in adult FPOs. However, a regression analysis revealed that most of the explained variance was accounted for by empathy and self-serving cognitive distortions. Moreover, these two characteristics were to a larger extent related to aggressive behavior after treatment. The results might suggest that parental rejection during childhood results in empathy deficits, which in turn is related to self-serving cognitive distortions, and may contribute to the development of aggressive behavior. These results emphasize the vulnerability of FPOs that has to be considered regarding the treatment of aggression.

Characteristics and Motivations of Patients who Abscond from a Canadian Mental Health Facility

Martin, Krystle, Ontario Shores Centre for Mental Health Sciences

Abstract: Absconding from a mental health facility poses multiple health and security concerns for patients being treated at the facility. These concerns are further magnified when dealing with forensic patients who are legally mandated to remain secured. When a patient elopes, the event can result in adverse effects to the facility, the patients at the facility, and the community at large. It is important to recognize that the impact of a patient elopement has significant effects on both staff and patients: staff members often feel angry, embarrassed and guilty, and the social environment of the inpatient unit is disrupted; and, other patients often feel distressed, anxious and uneasy. Furthermore, this extremely high-risk behaviour has been linked to self-harm and harm to others, as well as substance misuse. It is absolutely crucial to properly assess the risk factors for a patient to abscond from a mental health facility without permission. If the risk factors can be successfully predicted and identified, it can lead to the development of effective prevention strategies. Therefore, using a retrospective chart review on all reported ULOAs between January 1, 2012 and August 31, 2015, this project aims to characterize the sample of inpatients who abscond and attempts to create a predictive model for absconding that can

aid in the decision making by the staff and promote preventative measures for patients who are at a greater risk.

Evaluation of the Forensic Problem Behaviour Program: A Community Based Program for the Assessment and Treatment of Problem Behaviours

James R. P. Ogloff, Swinburne University of Technology & Forensicare

Jennifer McCarthy, Swinburne University of Technology

Jennifer McGrail, Swinburne University of Technology

Troy McEwan, Swinburne University of Technology

Lauren Ducat, Swinburne University of Technology

Abstract: The PBP is a unique community-based service in Victoria, Australia that provides assessment and treatment to individuals with high-risk problem behaviours (e.g., sexual offending, violence, threatening, stalking and fire-setting). The PBP expands the scope of the traditional community forensic mental health service model beyond a focus on psychopathology to other psychosocial needs and offence reduction. This presentation will provide a brief overview of the PBP and the results of a recently completed service evaluation that investigated the effectiveness of the PBP in reducing offending and increasing mental health for clients. The study analysed offending patterns before and after contact with the PBP for 824 individuals who were assessed by the PBP between January 2006 and January 2011. Clients were mostly male (89%) and were referred from justice and mental health services, private practitioners and self-referrals. The results were promising showing that two-thirds of clients did not reoffend after PBP contact. Clients had on average 4.9 offences prior to contact with the PBP and 2.5 following contact. For individuals who re-offended (33% of total) two-thirds had no change or a decrease in offence severity from their pre-referral offence. Clients completing treatment reoffended at significantly lower rates than other clients. Average time to re-offence for the treatment group (785 days) was significantly longer than for all other client groups. Contact with the PBP also resulted in more positive mental health outcomes for clients, with a significant reduction in the number of outpatient contacts following service provision.

3.13 – Symposium

Use of Mechanical Restraints in Clinical Practice; International Comparisons

Walker, Helen, Forensic Mental Health Managed Care Network

Timmons, Dave, Central Mental Hospital Ireland

Martin, Mary-Lou, Canada

Johnson, Gail, England

Abstract: Aggression is a serious issue of concern for both patients and staff, and one of the most challenging behaviours that staff must manage in their forensic work environment. Many variables are associated with aggression including the behaviour of patients, staff and organisational factors. New policies have emerged fairly recently to enable and guide practitioners to deal with aggression and violent behaviour effectively. The use of mechanical constraints to manage such behaviour can often be quite contentious, a review of current practice is offered.

3.14 – Papers: Violence Risk

Violence and Schizophrenia: Is Sensitivity to Rewards a Biological Marker of Risk

Dumais, Alexandre, Philippe-Pinel Institute

Potvin, Stéphane, University of Montreal

Martin, Geneviève, Philippe-Pinel Institute

Hodgins, Sheilagh, University of Montreal

Mendrek, Adrianna, Bishop's University

Tikaszk, Andras, University of Montreal

Laurelli, Mélanie, Ottawa University

Bolzan, Tiffany, University of Montreal

Abstract: Schizophrenia is a common psychiatric disorder, which affects approximately 1% of the population in their lifetime. There is strong evidence suggesting that individuals suffering from schizophrenia present a higher risk of violent behaviors than the general population. Risk scales were developed to predict the occurrence of violent behavior in this population. These scales use psychosocial criteria, such as history of violence or impulse control level, but no neurobiological marker. Moreover, although some violence risk factors are known, it is difficult, to predict violent behavior in people with schizophrenia. Thus, to date, neurological mechanisms underlying violent behavior are little known and no functional neurological marker of violence has been identified. This presentation will be on the findings of a functional neuroimaging study on risky decision-making. Three groups will be compared: 1- 25 schizophrenia patients and antecedents of violence (severe assaultive/homicidal behaviors), 2- 25 schizophrenia patients without antecedent of violence and 3- 25 individuals from the general population without antecedent of violence and psychiatric problems. The recruitment is ongoing and will be finished by April 2016. We expect to find differences among groups in the brain reward system; the violent schizophrenia patients group will show an increase activation of this system during a task of risky decision-making (Balloon Analog Risk Task). This finding will be discussed relative to the improvement of the prediction of violence by using neurofunctional marker in individuals suffering from schizophrenia.

Penrose, Pareto and Psychosis: Counting In, Counting Out

O'Neill Connor, Central Mental Hospital, Dundrum, Dublin

Smith, Damian, Central Mental Hospital, Dundrum, Dublin

Joynt, Mark, Central Mental Hospital, Dundrum, Dublin

Owens, Elizabeth, Central Mental Hospital, Dundrum, Dublin

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Brennan, Louise, Central Mental Hospital, Dundrum, Dublin

Gallagher, Bronagh, Central Mental Hospital, Dundrum, Dublin

Kehoe, Claire, Central Mental Hospital, Dundrum, Dublin

O'Keefe, Ben, Central Mental Hospital, Dundrum, Dublin

Maddock, Kate, Central Mental Hospital, Dundrum, Dublin

Azvee, Zetti, Central Mental Hospital, Dundrum, Dublin

Fitzpatrick, Mary, Central Mental Hospital, Dundrum, Dublin

Duffy, Fergal, Central Mental Hospital, Dundrum, Dublin

Hickey, Philip, Central Mental Hospital, Dundrum, Dublin

Abstract: There are high prevalence rates of psychosis in prisons internationally. It has been suggested that the "Penrose effect" may contribute in part to this. Studies tend to examine serial cross-sectional data on official figures. There is limited longitudinal clinical data regarding mentally ill people in prison over extended periods. For the 2006-2014, 26,261 consecutive remand committals to Ireland's main remand prison, (60% of all remands nationally), were screened. The presence of active psychotic symptoms and homelessness was recorded for each of the 4304 remand episodes assessed. We compared patients with multiple recommitments during this nine-year period with those less frequently committed. Over the 30 years 1983 to 2013 we showed an inverse correlation between prison committals and psychiatric hospital admission episodes in Ireland. We identified psychosis at a rate of 3.1% in consecutive remand episodes over a nine-year period. Persons with multiple committals

were significantly more likely to be actively psychotic on committal and homeless at the time of committal. A quantifiable group of people can be identified who are repeatedly remanded to prison at times when they are more likely to be actively psychotic and homeless. This enables the development and delivery of targeted intervention services.

Crime Patterns and Criminal Versatility Among a Sample of Mental Ill Offenders

Beauregard, Rosemary, University of New Brunswick
Campbell Mary Ann, University of New Brunswick

Abstract: Investigations into the criminality of mentally ill offenders (MIO) have been dominated by recidivism and violent crime (Hiday & Burns, 2010). There is a lack of knowledge regarding the patterns of crime and versatility among MIOs (Hiday & Burns, 2010). Criminal versatility is associated with violence and psychopathy (Quinsey, 1995; Levesque, 2006), yet has received limited attention. The few studies examining crime patterns among MIOs have yielded conflicting results (Robertson, 1988; Dietz, 1992). The purpose of the current study is to assess crime patterns and versatility within a sample of 50 MIOs. Results indicated over half of MIOs had a prior criminal history ($n = 34$, 68%), with 46% ($n = 23$) having 3 or more previous charges. Assault charges were found to be the most common offence ($n = 20$, 40%), followed by breach of supervision ($n = 18$, 36%). Approximately 36% ($n = 18$) of the sample committed 4 or more types of offences, suggesting criminal versatility among this subgroup. A hierarchical regression was carried out to determine factors predictive of crime versatility. Demographic characteristics were entered first (age, gender, ethnicity, education, and employment), followed by crime characteristics (criminal risk, offence severity, and incarceration data), and mental health factors (mental disorder type, severity, and hospitalization). The overall model was significant, with time incarcerated and time hospitalized predicting criminal versatility. Thus, MIO who engage in diverse criminal activity may have unique needs relative to non-versatile MIO.

3.15 – Papers: Borderline Personality Disorder

Borderline Features: Critical Mediator in the Relation Between Childhood Maltreatment and Diverse Aggressive and Delinquent Behaviors Among Justice-Involved Youth

Magyar, Melissa, Sam Houston State University
Ball, Ericka, Sam Houston State University
Hart, Jessica, Sam Houston State University
Edens, John, Texas A&M University

Abstract: Borderline personality disorder (BPD) is a severe and chronic condition marked by pervasive instability across multiple domains, including affect, behavior, identity, and interpersonal relationships (Skodol et al., 2002). Despite considerable research efforts focused on BPD symptoms among various female populations, only limited empirical work has examined the latter pathology and its associated correlates (e.g., aggressive behaviors, interpersonal trauma) among males, particularly youthful male offenders. Further, no study to date has utilized the adolescent version (Personality Assessment Inventory-Adolescent [PAI-A; 2007]) of the well-validated, multiscale Personality Assessment Inventory (Morey, 1991) to assess borderline traits and their relation with legally relevant outcomes in a juvenile male offender sample. Thus, the present study examined the relationship among select inter-personal traumatic stressors, borderline features, and problematic behaviors within a sample of ethnically diverse, justice-involved youth ($N = 151$), all of whom were on community supervision. More specifically,

the possible mediating effects of borderline traits on the link between childhood maltreatment and different types of aggression (proactive and reactive), as well as delinquent behavior, were tested through Baron and Kenny's (1986) mediational approach. Preliminary analyses indicate that bivariate correlations among all variables of interest ranged from $r = .18-.46$. In terms of the various tested mediational models, borderline features served as a full mediator for each of the examined models suggesting that BPD symptoms serve as the mechanism by which childhood maltreatment is linked with the selected maladaptive behaviors (i.e., reactive and proactive aggression, and delinquent behaviors). Subsequent multivariate analyses will examine the incremental validity of the PAI-A's Borderline Features subscales and the effects of potential moderator variables, on these criterion measures.

The Relationship Between Psychopathic and Borderline Personality Features and Dating Violence Perpetration and Victimization in a Sample of Adolescent Offenders

Shaffer, Catherine, Simon Fraser University
Douglas, Kevin, Simon Fraser University
Viljoen, Jodi, Simon Fraser University

Abstract: Adolescent dating violence (ADV) is a social problem with significant physical and emotional consequences. Research has consistently demonstrated an association between Axis II features, such as Psychopathy and Borderline Personality Disorder, and dating/intimate partner violence among adults. However, few studies have examined this association among youth. Using a sample of 163 adolescent offenders on probation in Western Canada, this retrospective study examined the association between the Psychopathy Checklist: Youth Version (PCL:YV), Personality Assessment Inventory-Adolescent Version Borderline Features (PAI-A BOR) scale and lifetime history of ADV. Of the sample, 22.1% ($n = 36$) of youth reported a history of ADV perpetration, whereas 35.0% ($n = 57$) reported a history of ADV victimization. Bivariate results indicated that PAI-A BOR scores were significantly associated with ADV perpetration ($r_s = .23$, $p < .01$) and victimization ($r_s = .25$, $p < .01$). In addition, PCL:YV Factor 1 scores were negatively associated with ADV perpetration ($r_s = -.17$, $p < .05$); whereas, PCL:YV Factor 4 scores were significantly positively associated with ADV victimization ($r_s = .17$, $p < .05$). In ordinal regression models, PAI-A BOR added incremental utility to the prediction of ADV perpetration above and beyond drug and alcohol abuse, a history of maltreatment, and exposure to domestic violence ($\chi^2 [5] = 12.50$, $p < .05$). No other significant effects were found. Findings suggest that personality disorder features should be considered in the assessment and prevention of ADV. Implications for clinical practice and future research will be discussed.

Prevalence and Nature of Mental Health Problems Among Juvenile Offenders in Custodial and Community Settings: A Meta-Analysis

Livanou, Maria, University of Warwick
Furtado, Vivek, University of Warwick
Singh, Swaran, University of Warwick
Silvester, Annabelle, University of Leicester

Abstract: This meta-analysis compares the prevalence of mental health problems among juvenile offenders across custody and community and emphasizes on gender, age, and ethnic variations. The main objective is to perform a meta-analysis on the prevalence rates of various mental disorders including depression, psychosis, PTSD, conduct disorder, ADHD, learning disabilities and personality disorders. Self-harm and suicidal behaviour are examined too. Prevalence studies show that about 70% of juvenile offenders

present psychiatric comorbidity. Juvenile offenders are at 3 times higher risk of being diagnosed with a psychiatric disorder. Recent systematic reviews have mainly focused on youth in detention neglecting youth in the community. Females and ethnic minorities have been overlooked in the literature in spite of the increasing rates of psychiatric disorders striking these groups. Relevant studies have been identified with computer-assisted searching and scanning of reference lists. Prevalence of mental disorders based on gender, age and ethnicity along with potential moderating factors have been extracted from the included studies. Prevalence rates and 95% confidence intervals are displayed in forest plots. Meta-regression is performed to examine how covariates affect the effect size and contribute to heterogeneity. After searching the relevant literature, and screening 7,700 articles, the two reviewers decided that 100 studies are eligible for data extraction. Juvenile offenders with ongoing mental health problems comprise a vulnerable group being at high risk for reoffending. Ethnic, gender, and age variations should be addressed and turn interventions into a tailored process that responds to the young person's particular treatment needs.

History of Foster Care Placement as a Risk Factor for Recidivism in Justice Involved Youth

Muir, Nicole M., Simon Fraser University
Viljoen, Jodi L., Simon Fraser University
Roesch, Ronald, Simon Fraser University
Gray, Andrew L., Simon Fraser University
Shaffer, Catherine, Simon Fraser University

Abstract: Although prior research suggests that youth with a history of foster care placement are at an increased risk for recidivism, few studies have examined this relationship. Thus the purpose of the current study was to examine the association between history of foster placement and reoffending in a sample of youth on probation in Western Canada ($n = 156$). The average follow-up period for the sample was 3.94 ($SD = 1.05$) years. Results showed that youth with a history of foster care were significantly more likely to reoffend than youth with no history of foster care ($\chi^2 [1, n = 156] = 11.75, p = .001$); however, no significant between-groups differences emerged when violent reoffending was examined. Among youth with a history of foster care ($n = 66$), number of placements and age of first placement did not significantly predict any or violent reoffending. Hierarchical logistic regression models revealed that relative to gender, Aboriginal ethnicity, well-established risk factors (e.g., anti-social peers), and abuse, having a history of foster care significantly increased risk for any reoffending ($\chi^2 [7, n=153]=41.75, p<.001$), with history of foster care increasing the likelihood of reoffending by about 2.9 times. In addition, mediation analyses revealed that the association between abuse and reoffending was partially reduced when history of foster care was added to the regression equation. Thus, although many believe that removing children from unsafe environments will reduce general recidivism, this assumption appears incorrect. Implications for future research, policy and practice, are discussed.

Characteristics and Outcomes of Offenders with Intellectual Disabilities (ID) Across the Criminal Justice System (CJS)

Wooster Leah, East London NHS Foundation Trust
McCarthy Jane, East London NHS Foundation Trust
Ghosh Sanjib, East London NHS Foundation Trust
Gilluley Paul Gilluley, East London NHS Foundation Trust
Fabio Gomes, Together for mental wellbeing

Abstract: This symposium looks at offenders with ID through the course of the criminal justice system; from police stations, courts

and prisons to hospital settings. We look at their identification, characteristics, treatment and outcomes.

Thursday 6/21/2016, 9:20 am – 10:30 am

3.21 – Papers: Assessment Instruments

The Use of the PAI for Mental Health Diversion

Gu, Wen, Bronx-Lebanon Hospital Center
Barber-Rioja, Virginia, Brooklyn & Staten Island LINK, EAC Network
Garcia-Mansilla Alexandra
Rotter, Merrill, Albert Einstein College of Medicine
Fernandez, Edward, Queens TASC, EAC Network

Abstract: There are a disproportionate number of individuals with mental illness in jails and prisons compared to the general population. Mental health diversion programs have been created to diverting appropriate defendants away from jails and prisons through an alternative disposition of mandatory treatment using community based mental health treatments. This study examines 211 defendants who were referred for mental health diversion through Education and Assistance Corporation (EAC) Mental Health Diversion Programs in New York City from 2010 to 2014. The defendants were administered the Personality Assessment Inventory (PAI; Morey, 1991; 2007) as part of their eligibility evaluation. The PAI profiles of the defendants accepted for mental health diversion appear to closely approximate the clinical normative sample, rather than the community standardization sample or the correctional sample on almost every scale. These findings suggests the defendants who were referred and accepted to mental health diversion were appropriate, in that they resemble mentally ill patients rather than community members or prisoners. The practicality of using the PAI norms for mental health diversion is discussed.

Factor Analysis of the BPRS-E in a Forensic Psychiatric Setting and the Relationship of Clinical Factors to Aggression

Iskander, Elisabeth, Fairleigh Dickinson University
Green, Debbie, Fairleigh Dickinson University
Belfi, Brian, Kirby Forensic Psychiatric Center

Abstract: The Brief Psychiatric Rating Scale-Expanded (BPRS-E) is a 24-item measure designed to provide an assessment of psychiatric symptoms. Despite being one of the most widely used scales in psychiatric research, limited factor analyses have been completed. Additionally, with the exception of a recent paper utilizing an acute forensic population (van Beek et al., 2014), most factor analyses on the BPRS-E were completed in non-forensic psychiatric settings. We conducted a factor analysis of the BPRS-E using a forensic inpatient sample of pre-trial defendants found incompetent to stand trial, and examined the relationship of the factors to aggression. Hospital records of 128 males, including comprehensive evaluations made using the BPRS-E, were reviewed. Principle axis factor analysis was utilized, and the solution was rotated using oblique (oblimin) rotation. Results yielded eigenvalues of greater than one in seven factors. Given clinical interpretability and prior research, five factors were retained that, when combined, explained 53.4% of the variance (Cronbach's alpha: .48 to .73). The factors included Positive Symptoms, Negative Symptoms, Lack of Mood-related Symptoms, Depression-Anxiety, and Hostility. Aggression was assessed using the START Outcome Scale; the base rate of aggression in the sample was 30.8%. Using logistic regression analyses, the five BPRS-E factors were entered into a single block to predict aggression outcome. The model was significant, with overall predictive accuracy of 70.5%,

sensitivity of 37.5% and specificity of 85.2%. Positive Symptoms and Hostility contributed significantly to the model for prediction of aggression.

The Relationship Between the MMPI-2 and Risk of Reoffending in a Sample of Lithuanian Offenders in Custody

Laurinavicius, Alfredas, Vilnius University
Čėsniénė, Ilona, Vilnius University

Ustinavičiūtė, Laura, Vilnius university; Mykolas Romeris University
Abstract: Criminal risk assessment is becoming an indispensable element of offender treatment process. The Minnesota Multiphasic Personality Inventory-2 (MMPI-2) is one of the most widely used tools in forensic settings and can provide relevant information for risk assessors. The aim of this study is to evaluate the relationship between risk of criminal behavior and personality factors assessed using the MMPI-2. A random sample of 401 (351 males and 50 females) offenders from all Lithuanian custodial institutions was selected for the study. The mean age of participants was 35 years (SD = 11.6), the average number of convictions was 4.8 (SD = 3.7). The participants were evaluated using criminal risk assessment tool (The Offender Assessment System), MMPI-2, and socio-demographic data. As expected the highest correlations significant at level of $p < .001$ in the male sample were found between risk of reoffending and MMPI-2 clinical, content, and restructured clinical scales related to psychopathic deviance, antisocial behavior and addiction (e.g. Pd $r = .30$, ASP $r = .38$, MAC-R $r = .33$, AAS $r = .29$, RC4 $r = .44$). In the female sample similar pattern of correlations was observed (e.g. Pd $r = .51$, MAC-R $r = .44$, AAS $r = .49$, RC $r = .68$). In comparison to male group the relationships between risk of reoffending and family related problems were among the strongest (FAM $r = .43$, MDS $r = .41$). The results confirm the utility of MMPI-2 for assessing some factors related to risk of reoffending.

Using the DUNDRUM in the Allocation of High-Risk Offenders to Different Levels of Legal Measure: More Data

Costi, Tiziana, Institute Philippe Pinel de Montréal

Abstract: The assessment of dangerous offenders requires to take into account many factors: risk, protection, strengths and weaknesses of the offender, resources available, past completed or unfinished programs, etc., in order to make the best recommendation to the Court. Any tool helping to structure this process is welcome. The DUNDRUM toolkit is a new instrument helping to structure the triage and sequential redirection for security level and progress of forensic patients. Could it be useful in the assessment of dangerous and long-term offenders for the allocation to different levels of legal measures? An exploratory study indicated that the DUNDRUM could be helpful. The goal of this paper is to describe more data on the use of the DUNDRUM in the assessment of offenders according to the dangerous and long-term offender provision of the criminal code of Canada. This paper will first briefly talk about the dangerous and long-term offender law and assessment, and describe the DUNDRUM. Then the paper will focus on a study using the DUNDRUM in the assessment of a sample of dangerous and long-term offenders for the allocation to different levels of legal measures. The results will be discussed in terms of the usefulness of the DUNDRUM in the process of recommendation to the Court. Conclusion will discuss the limits of the study and of DUNDRUM with this special population.

3.22 – Symposium

Translating Risk-Needs-Responsivity Principles Into Practice in Mental Health Diversion Programs: Are we Ready?

Fisler Carol, Center for Court Innovation
Rotter, Merrill, Albert Einstein College of Medicine
Barber-Rioja, Virginia, EAC Mental Health Diversion Program

Abstract: Mental health diversion programs (MHDP) were created to address the over-representation of individuals with mental illness in the criminal justice system. These programs were premised on the assumption that these individuals come in contact with law enforcement because of their psychiatric symptoms. As a result, diversion programs sought to attain two distinct, but interrelated outcomes: improved psychiatric stability and public safety (Fisler, 2005). Court systems across the country embraced the treatment/improved mental health/improved public safety logic model. Although a few rigorous evaluations showed promising results—participants of diversion programs had fewer re-arrests and days of incarceration (Christy et al., 2005)—in the late 2010 researchers began disseminating results that called into question the key tenets of the logic model. Specifically, participants' psychiatric history or symptom severity had no relationship to recidivism (Keator et al., 2013). In addition, studies found that offenders with and without mental illness shared the same risk factors for recidivism (Keator et al., 2013, Skeem et al., 2014). These findings led many policymakers, researchers, and advocates to promote the use of a new framework that applies the risk-needs-responsivity (RNR) model developed by Bonta and Andrews (Bonta & Andrews, 2007). The first part of this symposium will review the research that supports the application of RNR to MHDP, looking critically at the limits of that research and at other theoretical and practical frame-works that explain the MHDP findings. The second part will examine challenges faced by both clinicians and criminal justice players in applying RNR to MHDP. The third part will take a closer look at one of those challenges: that judges and prosecutors are far more concerned about the risk of violence than the risk of general criminal activity by people with mental illnesses. Finally, the symposium chair will provide a summary and suggestions for future practice.

3.23 – Papers: Addiction

The Treatment of Addiction in Canadian Law

Lawrence, Michelle, University of Victoria

Abstract: There is no shortage of controversy in existing scholarship as to the true nature of addiction. Some characterize it as wholly involuntary. Others say that it is the product of choice. Under examination in this paper is the extent to which these characterizations are reflected in the treatment of addiction-motivated behaviour in Canadian law. It is found that, for the most part, addiction is considered to be a condition of volitional impairment and not genuine involuntariness. Addicts are presumed to exercise some level of control over their actions and are generally subject to criminal liability as a result. Accommodation is usually available only at the time of sentencing. Curiously, despite judicial recognition of diminished responsibility in cases involving addiction, that accommodation appears to be conditional on the addict proving that he or she is a good candidate for rehabilitation. It is concluded that, unless and until medical science establishes a clear and incontrovertible break in volition arising by reason of the physiology of addiction, Canadian law is likely to offer little more.

Is Gambling an Independent Risk-Factor for Intimate Partner Violence (IPV) in Young Men? Does Gambling Habit Influence IPV?

Ghosh Sanjib Kumar, Queen Mary University, London
Igoumenou, Artemis, Queen Mary University, London
Kallis, Constantinos, Queen Mary University, London
Coid, Jeremy, Queen Mary University, London

Abstract: Gambling and Intimate Partner Violence (IPV) are mutually associated prevalent, important topics. This paper aims to explore their relationship, accounting for explanatory social and clinical factors. The authors conducted a cross-sectional survey of 4,664 men 18–34 years of age in Great Britain. Participants completed questionnaires covering gambling habit, sociodemographic factors, psychiatric and substance co-morbidity and IPV. Participants were allocated into four mutually exclusive groups according to participation in IPV and gambling habits of: 1) never 2) normal 3) problem and 4) pathological. The final model, adjusting for social and all clinical factors, showed clinical factors largely explain the difference of increasing IPV as gambling habit increases from normal, problem and pathological gambling. Most of the difference was explained by irritability/aggression traits and alcohol dependence in particular, together with depression. However the difference between non-gamblers and all gamblers remained significant and not gambling was protective against IPV. Assessing gambling habit is helpful in informing correctional and therapeutic approaches for young men committing IPV. Abstinence from all gambling is protective against committing IPV. IPV is associated with increased gambling habit, and is particularly raised in problem and pathological gambling. However, clinical factors mediate this association. Therefore screening for and treating clinical disorders is important to reduce both gambling habit and IPV. Irritability/ aggression trait is the key personality trait associated with both Gambling and IPV. Alcohol dependence and depression are also key associated clinical factors. Focusing treatment of these may particularly be effective for reducing IPV in current gamblers.

Probing Gender Gaps in Drug Addicted Criminal Offenders: Women Benefit Less from Dog-Assisted Group Therapy than Men

Stetina Birgit Ursula, Sigmund Freud University
Wischall-Wagner, Alexandra
Netousek, Julia, Penitentiary Vienna-Favoriten, Austria
Handlos, Ursula, City School Board Vienna, Austria

Abstract: With the increase of female prisoners worldwide “the treatment of women prisoners has acquired importance and urgency” since 2009 (UNODC, 2009). Although new programs have been started, the low number of studies is startling. The goal of the current study was to identify gender differences regarding the effects of dog-assisted group therapy. Using a pre-post-design 63 datasets of incarcerated drug addicted criminal offenders (36 male, 27 female) who participated in a dog-assisted group therapy targeting socio-emotional competencies were examined. Self-report questionnaires to measure self-concept (Marsh, 2003), emotional status (Ullrich & Mynck, 2001) and emotional competencies (Behr & Becker, 2004) were employed. Women tend to benefit significantly less from the program in most measured areas; especially regarding emotion regulation ($p=0.11, \text{Eta}^2=0.10$) and emotional status (anxiety ($p=0.002, \text{Eta}^2=0.14$), depression ($p<0.001, \text{Eta}^2=0.20$) and aggression ($p<0.001, \text{Eta}^2=0.22$). Analysis only showed significantly better effects for females in their self-concept regarding relations (same sex ($p=0.007, \text{Eta}^2=0.11$), opposite sex ($p<0.001, \text{Eta}^2=0.20$) and trustworthiness ($p=0.002, \text{Eta}^2=0.15$). Although recent research has shown that a dog might not be a relevant contributing factor regarding the development of skills in prison for women (Jasperson, 2013)

studies in diverse Austrian male prisoner populations have shown different results. AAT has been found to be promising for female prisoners as well in the current study. But women seem to profit less from the used program than men. Especially designed programs for woman are crucial to match their needs.

Let’s Talk About Sex: Exploring Staff Attitudes and Perceptions About Sexual Activity Among Forensic Mental Health Patients

Ivany, Michael, North Bay Regional Health Centre
Dieleman, Crystal, Dalhousie University

Abstract: The Let’s Talk About Sex project used a multiple case study design to explore staff attitudes towards inpatient sexual expression at two forensic hospital sites in Ontario, Canada, one with a policy on sexual activity and one without. This presentation will explicate the attitudes and perspectives of staff about sexual activity among forensic mental health patients, and examine implications for policy design and implementation. We will also discuss the challenges and successes of a sexual activity suite, staff educational and training needs, and staff’s roles in supporting patients’ sexual expression.

3.24 – Papers: Risk Assessment

The Female Additional Manual (FAM): An Investigation of Predictive Validity Among Female Defendants Adjudicated Not Guilty by Reason of Insanity

Griswold, Hali, Fairleigh Dickinson University
Green, Debbie, Fairleigh Dickinson University
Belfi, Brian, Kirby Forensic Psychiatric Center
Grossi, Laura, Fairleigh Dickinson University
Smith, Jacqueline, Fairleigh Dickinson University
Otten, Jenna, Fairleigh Dickinson University

Abstract: The majority of formal violence risk assessment (VRA) measures were normed on male samples; evaluators have met with inconsistent success assessing violence risk for female offenders using these tools. Among the most commonly used VRA measures, only the Historical Clinical Risk Management Scale-20 (HCR-20; Webster, Douglas, Eaves, & Hart, 1997) has effectively predicted violence risk among female offenders (Geraghty & Woodhams, 2015). The Female Additional Manual (FAM; de Vogel, de Vries Robbé, van Kalmthout, & Place, 2013) was developed as an adjunctive risk assessment tool to address gender-specific violence risk factors. The FAM has demonstrated acceptable psychometric qualities, but additional research is needed. The current study seeks to assess the risk of inpatient violence among a sample of female insanity acquittees, using the FAM and HCR-20 Version-3 (HCR-20 V3; Douglas, Hart, Webster, & Belfrage, 2013); the FAM has not yet been validated for use with this population. In New York, hospitalized insanity acquittees are evaluated at least once every two years to determine whether they remain dangerous and mentally ill, thus requiring retention in a secure facility. The current sample consists of female insanity acquittees hospitalized between 1997-2014. FAM and HCR-20V3 ratings were completed for two of the three most recent dangerousness evaluations for each acquittee. Data collection is ongoing. The goals of the current study include (1) investigating static and dynamic risk factors that comprise the FAM and HCR-20V3 and their contribution to institutional violence and (2) to assess the incremental validity of the FAM for predicting institutional violence.

Structural Analysis of Gender Differences on the Historical-Clinical-Risk-20, Version 3 (HCR-20V3)

Wijetunga, Charity, Fordham University
Foellmi, Melodie, Fordham University
Nijdam-Jones, Alicia, Fordham University
Grover, Shana, The New School
Rosenfeld, Barry, Fordham University
Khadivi, Ali, Bronx-Lebanon Hospital Center

Abstract: Research has generally supported the predictive accuracy and clinical utility of the structured professional judgment (SPJ) approach to violence risk assessment. However, most of this research has focused on men, and the few studies that have examined the SPJ approach in women have yielded mixed results. This study examined gender differences in ratings on the HCR-20V3, an SPJ instrument, in a civil psychiatric sample (N = 156; 61 women, 94 men). Although HCR-20V3 total and scale scores did not differ significantly between women and men, women were significantly more likely to be rated as low risk on all three HCR-20V3 Summary Risk Ratings (SRRs). However, when HCR-20V3 scores were calculated by summing the product of item presence and relevance ratings, women's scores were significantly lower than men's scores. This finding indicates that clinicians were less likely to rate risk factors as relevant to women's violence risk, and that relevance ratings may account for gender differences in SRRs. Examination of the association between HCR-20V3 item scores and SRRs also revealed gender differences. For women, fewer items significantly correlated with the SRRs than for men, and many of these correlations were significantly weaker. When relevance was considered, the number and strength of significant item-SRR correlations increased less for women than for men. Moreover, the items most strongly associated with SRRs differed between women and men. Taken together, these results suggest that clinicians evaluate the salience of certain violence risk factors based on gender, and that item ratings influence their final risk judgments for women less than they do for men.

Gender Differences in Perceptions of Psychopathy: Psychopathic Men Verses Emotionally Unstable Women?

Pauli, Malin, Karolinska Institutet
Essemyr, Klara
Sörman, Karolina, Karolinska Institutet
Howner, Katarina, Karolinska Institutet; National Board of Forensic Medicine
Gustavsson, Petter, Karolinska Institutet
Liljeberg, Jenny, Karolinska Institutet; National Board of Forensic Medicine

Abstract: Research on psychopathy in women is sparse and is based on the assumption that criteria developed for men can be applied to women. It has been suggested that psychopathy and borderline personality disorder (BPD), both characterized by impulsivity, emotional disturbances and behavior problems, could be differently gendered variants of the same underlying phenotype. This study investigates to what degree symptoms of psychopathy, as conceptualized by the CAPP model (Cooke, et al., 2012) are perceived as typical of psychopathy and if this differs by gender. Also we investigate the conceptual overlap of the CAPP model, and a model of borderline personality (BPD); the CABP model (Cook et al., 2013). In this survey, prison staff (n=87) were asked to rate to what degree they considered each CAPP and CABP symptom to correspond with their view of psychopathy. Most of the CAPP symptoms were rated as highly or moderately typical of psychopathy in both men and women, though there were some gender differences. Moreover, some CABP symptoms were also perceived as typical of psychopathy. The

results provide preliminary support for the CAPP as a promising conceptualization of psychopathy. Results show few gender differences, indicating that the CAPP is relatively gender neutral. The results are in line with similar international studies, which provides support to the validity of the Swedish translation. The findings lend some support to psychopathy and BPD being overlapping constructs that are not easily distinguished.

Assessing Risk in Justice-Involved Women: Predictive Validity of the Criminal Sentiments Scale-Modified and the Effect of Treatment on Recidivism

Van Horn, Stephanie, Texas Tech University
Morgan, Robert, Texas Tech University
Wang, Eugene, Texas Tech University

Abstract: The widespread lack of gender specific assessment and treatment planning for justice-involved women has been referred to as a type of "benign neglect" (Davidson, 2009). Research examining the predictive validity of gender neutral risk assessments varies by instrument (Gendreau, Goggin, & Smith, 1999; Richards, Casey, & Lucente, 2003; Salekin, Rogers, Usted, & Sewell 1998), and to date, only one study has examined the predictive validity of a measure of antisocial cognitions in a sample of justice-involved women (Walters & Elliott, 1999). In addition, little is known about the mechanisms of change involved in reducing criminal behavior in general (Kroner & Yessine, 2013), and no known studies have examined this in a robust sample of female offenders. The current study will examine data from a statewide sample of justice-involved individuals who completed the CSS before and after a cognitive intervention (*n*women = 281; *n*men = 1152). Logistic regression analyses will be conducted to explore the relation between gender, CSS-M scores, and recidivism (re-arrest as well as re-incarceration). Residualized CSS-M change scores will be used to predict both re-arrest and recidivism, and differences between re-arrest and re-incarceration will be explored. It is predicted that the CSS-M will significantly predict re-arrest and re-incarceration in the female sample at comparable rates as the male sample. It is also predicted that reduction in antisocial cognitions (e.g., lower residualized change scores) will be related to reductions in both re-arrest and re-incarceration. Finally, we expect these relationships to be stronger for re-incarceration than re-arrest.

3.25 – Symposium

Implementation of an Evidence-Based Rehabilitation Practice for Persons Suffering from Schizophrenia in Forensic and Correctional Settings: Integrated Psychological Therapy

Briand Catherine, University of Montreal
Dumais Alexandre, Institut Philippe-Pinel de Montréal
Dumont Mathieu, Research Center of IUSMM, Montréal
Renaud Patrice, Institut Philippe-Pinel de Montréal
Côté Gilles, Institut Philippe-Pinel de Montréal

Abstract: Literature is scarce regarding identification of specialized rehabilitation practices necessary to intervene with people suffering from schizophrenia in forensic psychiatric and correctional settings. This is also true for the identification of the specific characteristics of this clientele regarding, for example, the presence of impulsive traits and violent behaviours. The Integrated Psychological Therapy (IPT) is an approach with cognitive-behavioural orientation that integrates different components within its modules: cognitive remediation, cognitive restructuring, social skills training, emotions management training, problem solving. Designed specifically for people with schizophrenia, the IPT has been the subject of several efficacy trials

in general psychiatry settings (meta-analysis of 28 independent studies). This presentation aims to present the results of a pilot study of the application of the IPT to a first group of patients followed in forensic psychiatric setting. The results of a pilot study suggest positive effects on symptomatology, cognitive and social skills, as well as on the daily functioning (same results of efficacy studies than in general psychiatric settings). These results lead our team i) to think about a broader implementation of the IPT in forensic psychiatric and correctional settings, and ii) to innovate towards interventions that integrate virtual reality and IPT in the evaluation and also in the treatment of disruptive behaviours.

Understanding Low Secure Forensic Mental Health Populations and Settings

Pasupuleti, Pradeep, Medical Director, Ayr Clinic, Scotland
Gilchrist, Liz, Glasgow Caledonia University and Ayr Clinic, Scotland
Gilluley, Michele, Glasgow Caledonia University and Ayr Clinic,
Scott, Matt, Glasgow Caledonia University and Ayr Clinic

Abstract: This symposium will present data from four studies exploring data from low secure and community groups applied to theories of risk assessment and management, and consider whether traditional theories and approaches need to be reconsidered in the light of a evidence based critique of these models. The data in the first two studies explores two different approaches to assessing situational risk, and links this with CCTV data to explore how these tools can help inform not only risk assessment but risk management using environmental strategies. Specifically the first study presents CCTV data and links this with situational risk assessment based on the DASA to explore whether introducing the DASA on wards improve risk management in a low secure mental health facility? The study will investigate whether the use of the DASA impacts on the risk management within a low secure environment and where and how CCTV enhances patient and staff safety. If so what does this mean theoretically and what recommendations are relevant from the outcomes of the study. The second study compares the DASA and PRISM to explore whether different approaches to situational risk assessment appear more or less helpful in informing the low secure environment. The third and fourth papers seek challenge traditional theories of male and female offending and victim behavior in patients and offenders, and the two presentations use evidence from patient histories and offender and victim accounts, particularly linked with substance misuse and mental health issues, to highlight similarities and differences in these histories and accounts, and links back to dominant theories of offending behavior to ask what challenges these account present for these models. Specifically, the third study explores the abuse histories of inpatients of a low secure clinic by gender to explore the question as to whether the histories of low secure patients challenge our victim dominant or offender dominant, models of male and female offenders? The four papers are drawn together by the clinic director who will identify the key findings and discuss them in relation to the needs of the clinic and its patients.

Thursday 6/22/2016, 11:00 am – 12:15 pm

Keynote Address

Thomas Grisso, Ph.D., University of Massachusetts Medical School

***Miller v. Alabama*, Juvenile Sentencing and What Forensic Clinicians Can Provide**

Thomas Grisso, PhD, is a Professor Emeritus in Psychiatry at the University of Massachusetts Medical School. In addition to engaging in research and teaching in the University's Law and Psychiatry Program, he consults to federal and state programs on policy and forensic practice in the juvenile justice system. His work focused on improving forensic evaluation for the courts and informing policy and law for youths in the juvenile justice system and for persons with mental disorder. Several of his fifteen books have been influential in setting standards for forensic mental health evaluations. He pioneered concepts on which forensic evaluations of several legal competencies have been developed, especially competence to stand trial and (with Paul Appelbaum) competence to consent to treatment. His contributions to juvenile justice policy and practice have included his studied of juveniles' capacities to waive Miranda rights and their competence to stand trial, as well as developed (with Richard Barnum) of a mental health screening tool now used statewide in juvenile detentions and corrections in over 40 states. Research performed with his colleagues in the MacArthur Foundation's Research Network on Adolescent Development and Juvenile Justice was relied upon by the US Supreme Court in its recent decisions against the death penalty and limiting the sentence of life without parole for crimes committed during adolescence. His work has been recognized with awards from the American Psychological Association, the American Psychiatric Association, the Royal College of Psychiatrists (U.K.), the American Psychology-Law Society, and honorary Doctor of Laws degree from John Jay College of Criminal Justice, and the Chancellor's Medal for Distinguished Scholarship at the University of Massachusetts Medical School.

Abstract: The U.S. Supreme Court's decision in *Miller v. Alabama* (2012) abolished mandatory life without parole sentences for persons convicted of homicide committed in their juvenile years. It required a judicial consideration of mitigating circumstances associated with adolescent immaturity. How can we best conceptualize the relevant developmental factors with which courts are concerned in these sentencing cases? What can forensic mental health examiners provide the courts to assist them in weighing those factors?

Thursday 6/23/2016, 12:30 pm – 1:00 pm

Rüdiger Müller-Isberner Award Presentation

Invitation to 2017 Conference (Split, Croatia)

Thursday 6/23/2016, 2:00 pm – 3:10 pm

3.31 – Symposium

Quality of Risk Formulations, and Their Contribution to Risk Management in a Large Forensic Mental Health Service in UK

Jones, Roland, Partnerships in Care
Cree, Adrian, Partnerships in Care
Hopton, Jenny, Partnerships in Care
Haque, Quazi, Partnerships in Care

Abstract: Approaches to risk assessment have evolved through actuarial methods and structured professional judgement, to the recognition of the importance and centrality of the risk formulation. The purpose of a formulation is to distil relevant and important information, to produce a shared understanding of the person, to make predictions about future behaviour, and to inform treatment. Despite the prominence of the formulation in forensic mental health risk assessment, very little research has been carried out as to the quality or utility of formulations in clinical services, including how teams use the formulation in practice, or the extent to which the formulation translates to clinical management. We present new research findings as to the quality of formulations, their utility, and their effectiveness following the implementation of the HCR-20 Version 3 in a large forensic mental health service in the UK.

3.32 - Papers: Diversion

Evaluation of an Enhanced Re-Entry Program Designed to Intervene on Criminogenic Needs and Variables that Contributed to Low Graduation Rates

Bopp, Lillian, EAC NYC Mental Health Diversion Programs
Barber-Rioja, Virginia, EAC NYC Mental Health Diversion Programs
Rotter, Merrill, Albert Einstein College of Medicine

Abstract: In this presentation we introduce an enhanced re-entry program that was designed to assess and address the criminogenic needs of offenders with COD disorders with the purpose of helping them transition back into society and reducing their risk for relapse and recidivism. Utilizing a sample of 115 male participants with SMI and COD serviced through the enhanced re-entry program, the first part of this presentation will examine the various factors that contributed to low graduation rates; and will explore the different variables (demographic, substance use, mental health, and criminogenic needs) that predicted completion and recidivism rates. This data will be used to describe and evaluate the effectiveness of the enhanced re-entry program for these offenders with SMI and COD released from prison after having served a minimum sentence of one year. The evidence-based interventions (including Mapping Enhanced Counseling, trauma-informed case management, Interactive Journaling, and Consumer-Centered Family Consultation), which constituted the program's specific enhancements will be described and their particular contributions to participant outcomes will be discussed. This paper will help gain a better understanding of the factors that contribute to successful completion of reentry programs for individuals with severe mental illness and will provide suggestions to improve the implementation of similar programs in the future.

Capacity of a Mental Health Court to Influence Change in Criminogenic Needs

Campbell, Mary Ann, University of New Brunswick
Adams-Quackenbush, Nicole, Maastricht University
Ennis, Andrea, Correctional Service of Canada & Acadia University

Abstract: Most mental health court (MHC) evaluations focus on criminal justice outcomes (Hiday, Wales, & Ray, 2013; Steadman et al, 2011), but few prospectively assess the degree of change in criminogenic needs that potentially occur as a function of MHC involvement and which should theoretically contribute to reduced criminal behaviour (Andrews & Bonta, 2010). To assess change in criminogenic needs, 22 Canadian MHC participants were prospectively followed from the time of admission for approximately 1 year. Changes in criminogenic needs were compared to that achieved by a matched sample of 22 adults under traditional correctional supervision. Cases were matched on such variables as age, gender, mental health severity, and recidivism risk as measured by the Level of Service/Risk-Need-Responsivity Inventory (LS/RNR; Andrews, Bonta, & Wormith, 2008). The LS/RNR was also used to identify specific criminogenic needs at baseline and approximately 12 months later. Results indicated that there was no significant change in LS/RNR recidivism total risk scores for either MHC or traditionally supervised clients during the follow-up period. Seven of the eight criminogenic needs assessed by the LS/RNR demonstrated no significant change over time for MHC clients. However, MHC clients showed significant improvement in the antisocial pattern domain, whereas traditional correctional supervision cases showed no real change in this domain. These findings speak to the need for MHCs to deliberately target criminogenic needs within MHC contexts to maximize opportunities for risk reduction in justice-involved persons with mental health needs.

Mental Health Courts

Risoli, Andrea, New York Law School

Abstract: This presentation will explore the New York State and New York City Mental Health Court system in practical terms. In addition, it is meant to facilitate a thorough discussion of the pros and cons and where these courts stand today. Lastly it will pose the issues surrounding these courts encompassing success rates as well as efficiency. By default, correctional systems have become the greatest providers of treatment for the mentally ill. But correctional systems are poorly designed to be treatment providers. Mental health courts link offenders who would ordinarily be prison-bound to long-term community-based treatment. They rely on mental health assessments, individualized treatment plans, and ongoing judicial monitoring to address both the mental health needs of offenders and public safety concerns of communities. Like other problem-solving courts such as drug courts, domestic violence courts, and community courts, mental health courts seek to address the underlying problems that contribute to criminal behavior. A well-designed mental health court could reduce recidivism among participants, improve mental health outcomes, and reduce the rate of incarceration for persons suffering from mental illness.

Diversion of People in Mental Health Crisis Away from the Emergency Department: A Less Restrictive Alternative

McKenna, Brian, Auckland University of Technology
Furness, Trentham, Australian Catholic University
Brown, Steve, North Western Mental Health

Abstract: For people requiring emergency mental health assistance in Victoria, Australia, the default option is transportation by the police to the emergency department (ED) under Section 10 of the Mental Health Act. ED presentation for people in such distress is associated with delays in time to assessment and the use of restrictive interventions. A more appropriate response is to divert people to community options when appropriate and transportation of those

people with acute needs to inpatient mental health services. The Northern Police and Clinician Emergency Response (NPACER) unit was created to initiate such diversion. The NPACER involves a partnered response of a police officer and a mental health nurse to the crisis. The goal is to reduce the potential for violence, prevent unnecessary custodial incarceration and initiate alternate service utilization than the ED. The aim of this study was to describe the pathway to appropriate mental health care for people experiencing mental health crisis in a community setting. A retro-spective analysis of ED electronic records was undertaken at a metropolitan area mental health service (May-October 2012 and February-July 2013), comparing the pathway when NPACER was operational and when it was not. Differences in the patterns of diversion away from ED between usual Section 10 procedures and the NPACER involvement were marked. People engaged with the NPACER were more likely to be kept in the community, or bypassed the ED with admission directly to acute in-patient units. The implications of these findings for service delivery will be discussed.

3.33 – Papers: Juvenile Offenders

The Safety Net Collaborative: Examining Mental Health Needs of Juvenile Offenders Targeted for Diversion

Barese, Trevor, Harvard Medical School
Barrett, James, Harvard Medical School

Abstract: An estimated 70% of youth in juvenile justice settings meet criteria for at least one mental health disorder (Skowrya & Coccozza, 2006). Yet, few communities have effectively integrated mental health resources with law enforcement (Myers & Farrell, 2008). Improved communication and collaboration across services and providers in effective treatment of juvenile conduct problems may reduce future offending (Mackinnon-Lewis, et al., 2002; Schwalbe & Maschi, 2012). The current study examines a sample of juveniles diverted through Safety Net, a collaborative partnership among police, mental health providers, schools and human services that works to prevent youth incarceration and improve access to mental health services. Youth police officers are actively involved in the follow-up and outreach to at-risk youth. Since implementing the model in 2008, juvenile arrests have decreased by greater than 50% and over 550 mental health referrals have been made for involved youth and families. The catchment area is a midsized northeastern city within a major metropolitan area. Approximately 6,000 students are eligible for intervention, referrals are restricted to highest-risk cases (about 30 per year). Preliminary treatment outcomes will be presented for a sub-sample of juveniles (n =55; 76% male;44% Black,44% White,10% Hispanic,2% Asian) who received mental health treatment as part of their intervention. Common diagnoses include: ADHD (n=10), Adjustment Disorders (n=12), Depression (n=12), Anxiety Disorders (n=16), PTSD (n=9) and Conduct Disorder (n=16). Associations between mental health needs, patient characteristics, and offending behaviors will be examined between participants and in comparison to the larger sample (n=367) of Safety Net involved youth.

Collateral Consequences of Juvenile Justice Involvement Survey

Janssen, Jennica, Drexel University

Abstract: Beyond the sanctions imposed by juvenile courts, justice-involved youth may experience negative collateral consequences as a result of their delinquency adjudications. Collateral consequences are civil or non-civil penalties (e.g., potential loss of public housing, disclosure of legal history on college applications) that affect individuals long after their court involvement. This presentation will

describe a study assessing the public's knowledge of the collateral consequences stemming from a juvenile court finding of delinquency and perceptions of the impacts of these consequences on the lives of court-involved youth and their families. Four hundred participants are completing the Collateral Consequences Survey (CCS) through the Amazon MTurk online platform. The CCS is a questionnaire that asks participants to 1) correctly identify the consequences of a delinquency adjudication, 2) indicate their perceptions of the degree of impact a delinquency finding on a young person's life, and 3) provide demographic information and personal or professional familiarity with the justice system. Descriptive data will be presented on participants' knowledge of the collateral consequences of a delinquency findings and perceptions of the effects of these consequences on youths' lives. Inferential statistics (linear and logistic regression) will be presented to describe associations between demographic characteristics and outcome variables. Implications for policy and practice, as well as education and reform will be considered.

The Victorian Youth Justice Mental Health Program (YJMHP)

Reid, David, Victorian Institute of Forensic Mental Health
Wright, Angela, Eastern Health
Bond, Amanda, Monash Health
Bryant, Linda, Goulburn Valley Health
Hancox, Susie, Orygen Youth Health

Abstract: Introduction to Victorian Youth Justice: We will briefly explain the structure of the Victorian Youth Justice Program, detailing the number of young people in the system and explore a national comparison of rates. Aims of the Program: The YJMHP is part of a multi-service commitment to improving mental health services for young people involved with the Youth Justice program. The two broad aims of the program are to improve access to mental health services for young people involved with the Youth Justice program and enhance capacity of youth justice staff and mental health staff to effectively respond to the needs of young people involved with the Youth Justice program requiring mental health services. The Role of YJMHP Clinicians presentation will describe the practical application of the clinicians' role in providing primary and secondary consultations, delivering education and training sessions, as well as facilitating system and network development to improve mental health service involvement for young people involved with the Youth Justice program. The Progress of the Program presentation will report on how the program is progressing toward meeting its aims and our plan for evaluating the outcomes regarding enabling earlier intervention of mental health problems for young people involved with the Youth Justice program, improving access to appropriate supports, and enhancing capacity of the youth justice and mental health staff to respond effectively to young people involved with the Youth Justice program requiring mental health support.

Risk Assessment and Case Planning by Juvenile Probation Officers: Investigating the Role of Trauma as a Responsivity Factor

Holloway, Evan, Fordham University
Cruise, Keith, Fordham University
Morin, Samantha, Fordham University
Hinz, Holly, Fordham University
Steele, Richard, Pennsylvania Juvenile Court Judges' Commission

Abstract: Probation is the most common disposition for justice-involved youth in the United States. Juvenile probation officers (JPOs) are responsible for developing a case plan that structures the supervision process. Most research on case planning has focused on evaluating decision-making and consistency with the Risk and Needs

principles of the Risk-Needs-Responsivity (RNR) model, with little attention to the Responsivity principle. Given the high prevalence of traumatic event exposure and PTSD diagnoses among justice-involved youth, determining if this information impacts how JPOs score a risk/needs assessment (YLS/CMI) and develop a case plan is important. In the current study, 147 JPOs were assigned to one of 8 different vignettes that systematically varied by gender (male/female), the presence of traumatic event exposures (TEE; presence/absence) and traumatic stress symptoms (TSS; presence/absence). Based on vignette condition, JPOs rated the YLS/CMI and developed a case plan. One-way ANOVAs tested differences on adherence to RNR principles. No YLS/CMI scoring differences were identified based on the gender manipulation. Total risk scores did not vary by TEE or TSS condition. No between-group differences were detected when examining the number of criminogenic needs rated as high risk on the YLS/CMI, or the needs match ratio (e.g., high-risk needs targeted for intervention on the case plan). In contrast, JPOs in the TEE and TSS (present) condition rated more trauma-based responsivity factors on the YLS/CMI. However, only 3% of case plans addressed trauma-related responsivity items indicating poor trauma-based responsivity/case plan match. Implications for JPO case planning are discussed.

3.34 – Papers: New Developments

Modern In-Patient Healthcare in Correctional Institutions - Possibility or Pipe-Dream?

Senior Jane, Offender Health Research Network

Abstract: This paper describes the first large-scale examination of the clinical and custodial utility of in-patient units. In 1999, HM Prison Service and the National Health Service in England formed a clinical improvement partnership to modernise prison-based health care. Whilst many areas of practice have undergone dramatic modernisation, prison-based inpatient healthcare remain relatively unchanged. The limited literature available focuses on the diverse populations and needs served in such units; limited availability of therapeutic activity; non-clinical admissions; low staffing levels; and scarce multi-disciplinary working. Conducted across approximately one third of prisons in England. All operational in-patient units in the sample were visited and interviews with prison and healthcare staff conducted. We consulted with a similar range of staff in prisons without in-patient beds. Topics explored included what purpose inpatient beds served; barriers and facilitators to high quality care; non-clinical use of beds; and their role in the management of suicide and self-harm and the growing older prisoner population. We examined 500 discrete admissions, determining whether they were for clinical or non-clinical reasons; what care was delivered; and what alternative management could have been used. Two possible courses of action were identified: closure of all in-patient units or a hybrid model of assertive wing-based care supported, in some prisons, by very specialist inpatient units servicing one type of health care problem only—either those seriously mentally ill, or those requiring ongoing physical care. Both options will be critically appraised and implications for clinicians working collaboratively with custodial partners discussed to inform service development and future learning.

Regional and National Recovery Initiatives in the UK

Callaghan, Ian, Rethink Mental Illness

Burns, Mick, NHS England Supplier Manager

Mckeown, Mick, Principal Lecturer, University of Central Lancashire

Jones, Fiona, Researcher, University of Central Lancashire

Moore, Hannah, Expert by Experience

Masilela, Lindi, Clinical Manager, Cygnet Hospital Kewstoke

Parker, Michelle, Recovery Lead, The Spinney

Abstract: This paper presents updates about a recovery-focused initiative in forensic services across the UK, including details of the output from a national conference and an evaluation study of the programme. Building upon earlier work presented in 2014 and 2015, this paper describes the continued impact of the network of nine regional Recovery and Outcomes Groups throughout the UK. This network was established to bring together commissioners, managers, practitioner staff and, crucially, service users to reflect upon local progress and share best practice and is facilitated by Ian Callaghan, himself and ex-user of secure services. Discussing themes such as communication, relationships and happiness and hope, the groups are strongly influencing practice in the delivery of forensic services. The groups and national conference also feed into nationally important work, including procurement processes, improvements in the way secure services are commissioned and funded, and the work of the national Mental Health Taskforce. We report on a mixed methodology research evaluation of the impact of the network that explores variation in services' engagement with the network across and within the difference regions. Findings demonstrate service level outcomes, co-operation between participating secure units, personal growth amongst participating service users, the effects of the initiatives on service provision, and enhanced quality of communication locally and nationally.

Coercive Treatment in Forensic Care: Ethical, Human and Financial Aspects

Krimmer, Sven, Vitos Forensic Psychiatric Hospital, Haina, Germany

Abstract: In 2011, the Constitutional Court of Germany ruled that the existing state laws on coercive pharmacological treatment in forensic hospitals were unconstitutional. In the state of Hessen, this led to a significant increase in the number of patients that had to be constantly in seclusion. This soon exhausted the hospitals resources. There were neither enough seclusion rooms nor sufficient staff. Furthermore, the non-treatment of severely psychotic patients in many cases had a tragic impact. In some cases special police squads were required to support the clinical staff. In May 2015 the Hessen state law on forensic treatment was revised. Coercive pharmacological treatment is now possible in a way that does not violate the constitutional rights of the patients. The wards have become calmer. The number of days in seclusion continuously decreases. Careful coercive treatment that is applied under a law that takes into account the patients' constitutional rights leads to a more humane treatment regime even in those patients who have no insight into their mental illness.

3.35 – Symposium

Sex Offender Risk Assessment, Treatment and Management of Mentally Disordered and Intellectually Disabled Offenders

Sakdalan, Joseph, Regional Forensic Psychiatry Service

Visser, Sabine, Regional Forensic Psychiatry Service

Abstract: Fitness to stand trial is one of the most pertinent issues encountered at the interface of the criminal and mental health systems. Competency to stand trial evaluations have far reaching implications and ramifications for a defendant, and require a forensic evaluation by a qualified mental health professional such as a psychiatrist or psychologist. The concept of competence to stand trial in a criminal court acknowledges a defendant's cognitive, emotional and psychological 'disabilities' may conflict with the defendant's right to a fair trial. This symposium will focus on the evolving prac-

tice of assessing fitness to stand trial, issues around decisional competence, changing legal standards with recent case laws in New Zealand its impact on mentally disordered and ID defendants.

3.36 – Symposium

Neurodevelopmental Disorders in Prisons and Immigration Detention Centres

Sen, Piyal, FRCPSych, St Andrew's
Forrester, Andrew, King's College, London
McCarthy, Jane, King's College, London

Abstract: Neurodevelopmental disorders (NDD-s) are not routinely screened for in detained populations. Yet, available studies suggest significant prevalence of these conditions in such populations. This symposium highlights the importance of these issues and presents new research on prevalence of NDD-s within prisons and immigration detention centres in the UK. Paper one presents an overview of neurodevelopmental disorders in UK prisons with public health and medico-legal implications. Paper two describes characteristics of prisoners with neurodevelopmental disorders and difficulties. Paper three describes characteristics of immigration detainees with neurodevelopmental disorders and difficulties. These papers highlight the need to develop appropriate screening tools for such conditions within prisons and immigration detention centres.

Thursday 6/23/2016, 3:20 pm – 4:30 pm

3.41 – Papers: Intimate Partner Violence

Differentiating Male and Female Intimate Partner Homicide Perpetrators: A Study of Social, Criminological and Clinical Factors

Caman, Shilan, Karolinska Institutet
Howner, Katarina, Karolinska Institutet & Swedish Board of Forensic Medicine
Kristiansson, Marianne, Karolinska Institutet & Swedish Board of Forensic Medicine
Sturup, Joakim, Karolinska Institutet & Swedish Board of Forensic Medicine

Abstract: It is recognized that the majority of intimate partner homicide (IPH) victims are female, simultaneously; when females do commit homicide, they are more likely to perpetrate against an intimate partner. To date, there are only a few studies that discuss IPH across gender, leading to a gap of knowledge with regard to gender aspects of perpetration. The present nationwide study has a retrospective design, based on registries of all female and stratified male IPH committed in Sweden between 2007 and 2009. Social, criminological and psychiatric characteristics in male and female perpetrators are identified and compared. Our study suggests that female perpetrators are more likely to be unemployed, to have suffered from a substance abuse disorder at some point in life and to have been victimized by the victim. Scrutiny of these characteristics reveals that females who commit partner related homicides are qualitatively and clinically different from their male counter-parts. Furthermore, the prevailing feature of intoxication in connection to the crime, both in male and female perpetrators, indicates that perpetrators might benefit from elements of substance abuse treatment in interventions targeting partner violence.

Intimate Partner Violence Perpetrators: Uniquely Violent Towards Intimate Partners or Generally Violent People?

Davoren, Mary, Queen Mary University of London
Kallis, Costas, Queen Mary University of London
Coid, Jeremy, Queen Mary University of London

Abstract: The WHO have published a resolution on violence towards women and girls and stated the major perpetrators of this violence are men. However more representative national surveys suggest that somewhat more violence towards intimate partners, in self-report surveys, is perpetrated by women than men. We reanalysed data in two National Household surveys of Great Britain ($n=15,973$), to compare the prevalence of men and women reporting violence to their partners. We also investigated whether perpetrators of IPV are uniquely violent towards their intimate partners. 1,596 (10.1%) of people admitted to having perpetrated any violence of which 1,190 were men and 406 were women. More women reported perpetrating IPV than men (OR 0.56, 95% CI 0.40–0.79, $p<0.001$). The majority (92.8%) of men who engaged in violence were not violent towards their intimate partner and only 25 (1.6%) men were uniquely violent towards their intimate partner. Whereas 166 (40%) violent women were violent towards their intimate partners and 104 (25.7%) violent women were exclusively violent towards their intimate partners. The most substantial public health problem of violence is male-on-male violence involving younger men. Contrary to the feminist view of male violence towards women, men who are violent towards their partners are generally violent men. Interventions that focus narrowly on IPV are unlikely to achieve a substantial reduction in violence perpetrated by men, although a more targeted approach may achieve a moderate decrease in violence perpetrated by women.

Intimate Partner Homicide (IPH) in Norway 1990-2012: A Mixed Methods Study of Risk Factors.

Vatnar, Solveig K B, Centre for Forensic Psychiatry, Oslo University Hospital
Friestad, Christine, Centre for Forensic Psychiatry, University of Oslo
Bjørkly, Stål, Oslo University Hospital and Molde University College

Abstract: Even though women are far more likely to be killed by an intimate partner than by anyone else, IPH is rare even in at-risk populations. However, the tragedies involved in each case call for intensified preventive efforts. Identifying valid risk factors for IPH is fundamental to enhance awareness and inform risk management. The main aim of the study was to scrutinize IPH situations and interactions within a retrospective mixed methods design (convergent parallel design) in order to identify risk factors. All IPHs in Norway from 1990 to 2012 ($N = 177$) were included. Quantitative data was obtained from a structured investigation of court documents, including expert witness reports, for each IPH case. Information concerning risk factors was gathered by use of the Danger Assessment R20 (DA-R20), the Spousal Assault Risk Assessment (SARA), and the Severe Intimate Violence Partner Risk Prediction Scale (SIVIPAS). Qualitative data was retrieved from interviews with a stratified sample of bereaved ($n = 12$). There were 867 homicides in Norway in the actual time period. Of these, 24% were classified as IPH. The IPH distribution was biased concerning social class. Prior intimate partner violence was identified in 7 out of 10 IPHs. In 5 out of 10 IPHs, more than five previous episodes of intimate partner violence had occurred. Accordingly, these intimate partner homicides did not occur without warning signs. Observed risks by bereaved were infrequently communicated to healthcare, police, or support services. Individuals who did communicate risk perceived that these professionals underrated their risk warnings.

Intimate Partner Violence Exposure Among Adult Women: Changes in Mental Health with Regard to Previous Experience of Childhood Violence

Dufort, Mariana, Karolinska Institutet

Abstract: Previous experiences of childhood violence (CV) have been associated with higher risk of exposure to intimate partner violence (IPV) in adulthood, and may impact the consequences of such recurrent exposure. This study aims to explore changes in mental health over a 12-month period among women exposed to IPV with regard to previous CV exposure. A cohort of 551 women was recruited through ads, social service sites and women's shelters. Participants filled out questionnaires regarding socio-demographics, violence exposure (CV & IPV), mental health, alcohol consumption, and social support at baseline and 12-month follow-up. Results show that the majority of women had experienced violence during childhood (67%). Both CV exposed and non-exposed women reported exposure to severe IPV and high levels of psychological distress. On a group level, all women reported improved mental health at follow-up although some differences were found regarding CV exposure. Results are discussed in relation to their clinical relevance.

3.42 – Symposium

International Research on the Working Alliance and Treatment Engagement in Violent Offender Group Treatment: Implications for Correctional Program Providers

Kozar, Christina, Private practice

Holdsworth, Emma, Coventry University

Rutland, Sophie, Coventry University

Abstract: Significant advances have been made in offender rehabilitation over the past several decades. In particular, correctional providers have embraced practices to ensure offenders are assessed for their risk of re-offending, and those deemed as posing an unacceptably high risk to the community are selected to undertake offending behaviour programs. Less attention has been paid, however, towards how these programs are delivered resulting in variable treatment efficacy. This symposium presents current research from the United Kingdom and Australia on an important but largely neglected feature of treatment delivery; the ability of treatment providers to create a collaborative therapeutic relationship to facilitate treatment engagement within offending behaviour programs. Based on observation and analysis of actual program sessions, a range of findings will be presented relating to the development of a working alliance with violent offenders more broadly, as well as a focus on the treatment of intimate partner violent offenders and sex offenders. Recommendations will be made to assist treatment providers to implement program improvements, along with the training of facilitators to develop strong working alliances and maximise offender engagement.

3.43 – Papers: Drug Use

A Substance Misuse and Mental Health Needs Assessment Across Three Scottish Prisons

Kreis, Mette K. F., NHS Forth Valley Prison

Lowe, Samantha, NHS Forth Valley Prison

Connor, Ian, NHS Forth Valley Prison

Ogilvie, Claire, NHS Forth Valley Prison

Abstract: Since November 2011, the National Health Service (NHS) in Scotland has been responsible for providing healthcare services in Scottish prisons under the equivalence of care principle. This entitles

prisoners to access the same quality and range of healthcare services as general populations, including increased access to psychological therapies in line with Scottish Government policy. Consequently, Clinical Psychology services are now being established as part of the mental health and substance misuse services in a number of prisons. This presentation describes the process and results of a substance misuse and mental health needs assessment across 3 Scottish prisons (holding adult male, female and young male offenders) as part of the development of a new Clinical Psychology Service. A toolkit for conducting Health Needs Assessments in prisons was employed. This systematic and stepped approach involved: 1) describing the prisons, 2) corporate and comparative needs assessment, 3) epidemiological needs assessment, and 4) mapping of current service provision. The practical implications of the findings for service development within national policy standards will be discussed.

Substance Abuse among Male Forensic Psychiatric Inpatients

Thomkapanich, Wanatda, Galya Rajanagarindra Institute, Ministry of Public Health

Nakcharoen, Utaya, Galya Rajanagarindra Institute,

Buthsaen, Phawinee, Galya Rajanagarindra Institute

Abstract: Most criminal offenders that are suspected of having psychiatric problems are male. They are referred to the institute in order to be assessed for a possible psychiatric illness, and to determine if they are competent to stand trial and are criminally responsible. They are also provided with treatment until they can defend themselves in court or they are not dangerous to society. To date, no Thai study has looked into this topic with forensic psychiatric inpatients. A chart review of 296 forensic psychiatric inpatients admitted to the forensic psychiatric hospital between October 2010 and September 2013 was carried out. Data collected included the socio-demographic, clinical, and legal characteristics of the forensic psychiatric inpatients. More than half of the samples were diagnosed with schizophrenia. The age at the time of the index offence of the samples ranged from 5-76 years ($\bar{x}=29.07$, $SD=11.83$). The results highlight the importance of understanding the prevalence of substance abuse among forensic psychiatric patients before the offense. Regarding substance use history, most of the samples (89.1%) had used alcohol (78.6%), amphetamines (58.0%), inhalers (23.3%), and marijuana (11.8%). Additionally, most of them (34.8%) had abused a substance within 24 hours of committing an offense: amphetamines at 52.0%, alcohol at 45.1%, and marijuana at 11.8%. Furthermore, 78.2% of the samples were intoxicated by substances at the moment they committed the offense (48.5). As there is a clear association between substance abuse and criminal behavior, substance abuse in offenders should be assessed and, if present, treated.

The Successful Integration of Substance Use Treatment into Forensic Secure Services for Mentally Disordered Offenders.

Miles, Helen, Kent & Medway NHS & Social Care Partnership Trust

Abstract: The treatment of substance use amongst mentally disordered offenders (MDOs) remains a challenge for secure forensic mental health services. A preliminary evaluation of a male and a female pilot study of an integrated 3-stage substance use treatment programme (SUTP) for MDO's in medium security are presented. 45 (72.6%) MDO's were referred (39 males / 6 females). Standardised outcome measures were administered pre-SUTP, post-SUTP and at 1 year follow-up. Abstinence rates and location was determined via case notes at 3 year follow-up. All MDOs had a past history of substance use, approximately three quarters reporting problematic use

prior to admission. Over half completed all 3 SUTP stages, less than 5% dropping out during active treatment. The SUTP supported abstinence throughout the 1 year follow-up period and significantly improved MDOs adaptive beliefs about substances and craving by 1 year follow-up amongst attendees. At 3 years, most MDOs were in the community and almost three quarters were abstinent. There was no significant difference in abstinent rates between community and hospital. There was a non-significant trend suggesting SUTP attendance supported abstinence. Both male and female participants appear to have benefited from treatment and satisfaction was high, reflecting the specific aims and objectives of treatment. Despite the limitations of this study, findings indicate further support for the limited evidence base that small but clinically meaningful and maintained changes to problematic substance use are possible following integrated substance use treatment for male and female MDOs.

Does Drug Treatment Court Involvement Stimulate Increased Engagement with Community Health and Social Welfare Services? Results from Vancouver, Canada

Rezanoff, Stefanie, Simon Fraser University
Somers, Julian, Simon Fraser University
Moniruzzaman, Akm, Simon Fraser University

Abstract: Most Drug Treatment Court (DTC) literature examines the impact of DTCs on criminal recidivism. Despite the often complex psychiatric and social needs of DTC participants, little research has investigated links between DTC involvement and engagement with community-based health and social services. We hypothesized that rates of outpatient care and income assistance would increase post-DTC, and that service levels would be higher among offenders with co-occurring mental and substance use disorders (COD). Participants were 631 offenders at the DTC in Vancouver, Canada (DTCV). Administrative data representing hospital, outpatient care, and income assistance were examined one-year pre/post program. Generalized estimating equations were used to investigate the association between individual-level variables and changes in service use. Participants were disproportionately Aboriginal (33%), had 2.7 sentences in the 2 years preceding index offence, and 50% had been diagnosed with a non substance-related mental disorder. Post-program, outpatient service use increased significantly among those with COD, women and program graduates. Income assistance also increased significantly in those with COD and women. Hospital admissions did not increase post-DTCV. These findings suggest that the DTCV was a catalyst for increased participant engagement with community health and social supports, and that rates of service use were significantly higher among women and individuals with COD. Results will be presented in the context of previous research concerning the impact of DTCs on recidivism, underscoring the potential importance of health and social welfare as contributors to reduced risk of crime, particularly among those with COD and female offenders.

3.44 – Papers: Intellectual Disability

Comparing the Prevalence of Sexual Offending and Victimization in People with Intellectual Disability and the Community

Nixon, Margaret, Monash University, Melbourne Victoria
Thomas, Stuart, RMIT, Melbourne Victoria
Daffern, Michael, Centre for Forensic Behavioural Science, Swinburne University, Melbourne Victoria

Abstract: There is considerable concern that people with intellectual disability (PWID) are more likely to engage in offending behaviour, and more likely to have been victims of crime, when compared to

the general population. In particular, the existing evidence indicates PWID are overrepresented as both victims and perpetrators of sexual offences. To date this has been challenging to quantify, with many studies reliant upon small, convenience samples, and lacking community control groups for comparison. This study examines the risk of sexual offending and victimisation in people with intellectual disability when compared to the general population. This data linkage study drew a large sample of people diagnosed with intellectual disability (n=2220), and a representative sample from the general community (n=2085). These samples were linked to data from police, mental health and coronial databases. This paper will discuss the nature and prevalence of sexual offending and victimisation in each sample, highlighting the contributing roles of intellectual disability, mental illness and gender.

Access to Justice for People With Intellectual Disabilities and Mental Disabilities in Mexico

Ordonez, Guadalupe, Clinica en Justicia Terapeutica de Yucatan
Dzib, Jose, Clinica de Justicia Terapeutica de Yucatan

Abstract: In Mexico there are protocols for evaluating people with intellectual disabilities and mental disabilities to ensure their access to justice. However, such protocols do not take into consideration the characteristics of each disorder, much less the characteristics of each particular person is unaware that the same disorder may be expressed differently in different people. In the case of people with intellectual and mental disabilities often use the same assessments used for people with an average performance, it is clear that with such errors individuals with disabilities to obtain an undesirable performance if they are offenders or not follow proper care to avoid victimization of the offended. In this paper a proposal on the basic criteria to be taken into account not only the judges but all personnel involved in the process of access to justice to ensure that people with intellectual disabilities and mental disabilities are equal in takes place compared with others.

Intellectual Deficits Among Men and Women Offenders: Profile and Outcomes

Stewart, Lynn, Correctional Service of Canada
Derkzen, Dena, Correctional Service of Canada

Abstract: This study estimated the prevalence of intellectual disability among 292 women offenders entering Canadian federal custody over one year and examined the association between IQ and offender characteristics and key outcomes and compared them to the rates for 4,396 male offenders. Among the women we found a rate of impaired function almost twice as high as would be found in the general population while the rates for men were closer to that in the general population. For women, lower IQ was linked to lower educational achievement, unstable employment, substance abuse, and symptoms of ADHD. Women with lower IQ had higher rates of admission to segregation and prison misconducts. Those involved in institutional security incidents were both more likely to be victims and instigators than those without impairment. On release, revocation rates were low for all women, but the pattern linked low IQ to higher rates of revocations, whereas higher IQ appeared to be a protective factor -- none of the women in the above average range returned to custody during the follow-up period. Women with lower IQs are more likely to require assistance with all aspects of their functioning. This is especially true for some aboriginal women whose rates of impairment were significantly higher. Correctional programs that focus on self-regulation skills and substance abuse are appropriate to the needs of women offenders with lower IQ identified in this research.

Risk Assessment in Offenders with an Intellectual Disability: Study in a Belgian Forensic Hospital

Vicenzutto, Audrey, University of Mons, Belgium
Ducro, Claire, Centre de Recherche en Défense Sociale
Pham, Thierry, University of Mons and Centre de Recherche en Défense Sociale, COPIL Comité, CRP Les Marronniers

Abstract: Society has an interest in knowing which adjudicated offenders are likely to commit further offenses. A great number of risk assessment tools have been developed and validated among offender's populations. The interest for the risk assessment is clearly established; however there is still few studies among offenders with intellectual disability (ID). The present study evaluates the different dimensions of risks among offenders with ID. The sample is composed of male adults forensic patients (N = 304) from a Belgium Forensic hospital. Each patient was assessed with the SORAG (Sex Offender Appraisal Guides, Quinsey et al, 1998) and the RSVP (Risk for Sexual Violence Protocol, Hart et al., 2003) for the sex offenders and the Violent Risk appraisal Guide (Harris, Rice, and Cormier, 1993) and the HCR-20 (Historical Clinical Risk; Douglas and al., 2014) for non-sex offenders. We assessed the IQ with WAIS-IV. In order to identify ID offenders specificities, we compared mean scores of a group of offenders with total IQ<70 (N=75 sex offenders and N = 71 non sex offenders) to a group of offenders with total IQ>70 (N=56 sex offenders and N = 102 non sex offenders). The results are discussed in light of the literature on risk assessment among offenders with ID (Boer et al, 2007; Lindsay et al, 2014). Finally, we will discuss the need to implement the Andrews and Bonta (2003) model for the treatment of offenders with ID (Keeling et al., 2007).

3.45 – Symposium

How do you Obtain a False Confession? Suggestibility and Issues Around Psychological and Cognitive Vulnerability Within the Criminal Justice System

Visser, Sabine, Regional Forensic Psychiatry Service
Sakdalan, Joseph, Regional Forensic Psychiatry Service

Abstract: Interrogative Suggestibility (IS) is the acceptance of misleading information and/or response change following inter-rogative pressure (IP). IP is any form of communication from an interviewer that may convey a negative or critical attitude either towards the interviewee, their answers or both. Negative feedback can be explicit or implicit in the repetition of questions or in a generally unsupportive or disapproving interviewer manner (McMurtie et al., 2012). Individuals who are considered to be 'psychologically vulnerable' are generally at a higher risk of being suggestible. Gudjonsson (2006) as cited in Gudjonsson and Young (2011) defines psychological vulnerabilities as "psychological characteristics or mental states that render a witness prone, in certain circumstances to providing information which is inaccurate, unreliable, or misleading." He argues that personality traits (e.g. suggestibility, compliance, low self-esteem, acquiescence) can be considered psychological vulnerabilities. With respect to psychological vulnerabilities, some groups of individuals are considered particularly vulnerable to giving a false confession during interrogation, including suspects with learning and/or intellectual disabilities, ADHD, persons actively involved in delinquency and criminal offending and history of life adversity (Gudjonsson et al., 2012). In New Zealand, there are numerous court cases where issues around suggestibility and cognitive and psychological vulnerabilities were highlighted and where the courts have carefully considered these issues. The symposium aims to present three papers that will cover issues around suggestibility and psycho-

logical and cognitive vulnerabilities and discuss interesting and complex cases to highlight these issues particularly for suspects, defendants and prisoners within the criminal justice system.

3.46 – Symposium

Innovations in Mental Health Care for Prison Inmates: Cross National Examples

Simpson, Sandy, Centre for Addiction and Mental Health
Thomson, Lindsay, University of Edinburgh
Ogunwale, Adegboyega, Neuropsychiatric Hospital, Aro, Nigeria
Patel, Kiran, Centre for Addiction and Mental Health
Sandhu, Kiren, Centre for Addiction and Mental Health
Howitt, Sheila, University of Edinburgh
Flora, Nina, Centre for Addiction and Mental Health

Abstract: Mental health service delivery to prison inmates is a major focus for FMHS. This symposium will describe new models, approaches and challenges in 3 settings: Toronto, Scotland and Nigeria. There will be 4 presentations. 1. The STAIR Model for Prison Mental Health Services I: Results of Screening and Triage. The STAIR model for prison mental health services stands for Screening, Triage, Assessment, Intervention and Reintegration/Recovery. 2. The STAIR Model II: Needs Profiles and Interventions. 3. Initiatives in Prisoner Healthcare: Screening for ADHD in Young Offenders, and 4. Correctional Psychiatry in Nigeria: Current Challenges and Future Prospects.

Thursday 6/23/2016, 5:00 pm – 6:00 pm

3.51 – Papers: Psychopathy

A 99mTc-HMPAO SPECT Study of Psychopathic Traits in Forensic Psychiatric Patients

Carl Delfin, Regional Forensic Psychiatric Clinic, Växjö, Sweden
Krona Hedvig, Lund University, Sweden
Hofvander Björn, Lund University, Sweden
Wallinius Märta, Lund University, Sweden
Andiné Peter, University of Gothenburg

Abstract: The neurobiological basis of psychopathy is not completely understood. Studies have found functional and structural abnormalities predominantly in frontal and limbic regions. Other regions, such as the cerebellum, may also be relevant. In this study, we wanted to investigate associations between neural activity and degree of psychopathic traits in forensic psychiatric patients. Subjects were patients aged 17-79 years ($M=38$, $SD=15$) within the Malmö University Hospital's catchment area that were sentenced to forensic psychiatric care between 1999 and 2005. The final study group ($N=49$; 43 males, 6 females) consisted of subjects who underwent both 99mTc-HMPAO SPECT imaging and assessment of psychopathic traits using the Psychopathy Checklist: Screening Version (PCL:SV) at the forensic psychiatric evaluation. Preliminary analyses with Spearman correlations found that relative regional cerebral blood flow (rCBF) in the pons, bilateral cerebellum, and the right inferior parietal lobule was negatively associated with the degree of psychopathic traits, while rCBF in the medial frontal lobe showed a positive association with the degree of psychopathic traits. The results provide further understanding of the neurobiological underpinnings of psychopathic traits, and suggest that hypofunction in the cerebellum might be implicated in the disinhibitory aspects of psychopathy, and that increased medial frontal activity covaries with a higher degree of psychopathic traits.

Psychopathic Traits are Associated With Empathy Indexed by Mu Suppression

van Dongen, Josanne, Erasmus University Rotterdam
Brazil, Inti, Radboud University Nijmegen
Franken, Ingmar, Erasmus University Rotterdam

Abstract: Psychopathy is associated with a lack of empathic concern for others. Recent studies have demonstrated that empathy for pain in others recruits brain areas involved in affective and motivational processing. Additionally, research points towards the involvement of the somatosensory system (perceptual processing) when we vicariously experience emotional states of others. Studies using electroencephalography (EEG) have demonstrated that mu rhythms index the involvement of somatosensory areas in empathy. Mu rhythms are found to be suppressed when perceiving a social interaction between individuals and during empathy for pain. In the current study, we tested 70 healthy, right-handed volunteers (36 males; 34 females) from the general population to examine whether psychopathic traits are related to less mu suppression when seeing victims of aggression. Psychopathic traits were measured with the Dutch version of the Triarchic Psychopathy Measure (TriPM) and the Self-Report Psychopathy scale Short-Form (SRP-SF) and empathy was assessed with the Interpersonal Reactivity Index (IRI). Electroencephalography (EEG) was measured while passively viewing pictures of victims of aggression. A positive relation between empathy and mu suppression was found, showing that empathy can be measured by means of mu suppression. Also, different associations between mu suppression, empathy and different facets of psychopathy (within the TriPM and SRP-SF) were found. The current findings add to a neurobiological understanding of psychopathic personality and behavior that is associated with it, thereby contributing to the development of new neurophysiological based interventions for this personality pathology.

Psychopathy Affects Decision Making in Male Incarcerated Populations.

Igoumenou, Artemis, Queen Mary, University of London, Barts and The London School of Medicine and Dentistry
Coid Jeremy, Professor
Rogers Robert, Professor

Abstract: We aimed to investigate possible associations between PCL-R psychopathy and performance on the Iowa Gambling Task (IGT) in male prison populations. The IGT was developed to study the decision making behaviour of clinical populations under controlled conditions. Research in prison populations has been contradictory. Some findings suggest that psychopathy does not predict task performance, while others that prisoners in general become more risk-averse over time and that non-psychopathic inmates learn to avoid the disadvantageous decks (A and B) quicker than psychopathic ones. Our sample consisted of 761 prisoners. Data were collected as part of the Prisoner Cohort Study; including demographic, clinical and criminological information. We used multivariate regression to test associations between the four IGT decks and PCL-R psychopathy. Prisoners with higher PCL-R scores were more likely to choose cards from B-Deck (beta=0.09, 95% CI = 0.00,0.19) and less likely to choose cards from D-Deck (beta=-0.11, 95% CI =-0.21,-0.02). The association between B-Deck and PCL-R score remained significant after adjusting for demographic and clinical variables (beta=0.08, 95% CI = 0.03,0.14). Prisoners with high PCL-R scores were more likely to repeatedly choose cards from the B-Deck (beta=0.03, 95% CI= 0.00,0.05) and less likely to do so from D-Deck (beta=-0.03, 95%CI = -0.05,-0.00). Our findings suggest that prisoners with psy-

chopathy demonstrated not only a tendency to choose from disadvantageous decks more often than those without psychopathy, but also the inability to learn over the course of the task and modify their choices to more advantageous cards. This finding has implications for treatment and rehabilitation of prisoners with psychopathy that do not seem to base their decision making on the experience of big infrequent punishments.

Factor 2 Psychopathy and Distress Disorders: The Mediating Role of Personality in a Sample of Incarcerated Canadian Men

Gallagher, Catherine, University of New Brunswick
Brunnelle, Caroline, University of New Brunswick-Saint John
Hopley, Anthony, Kaplan Psychologists

Abstract: The relationship between psychopathy and anxiety is still a matter of debate. Whereas Factor 1 negatively relates to anxiety, Factor 2 positively relates to anxiety (Derefinko, 2015); others have found no such relationship (Sanvik et al., 2015). Factor 2 (vs. Factor 1) is associated with internalizing syndromes (anxiety, depression; Blonigen et al., 2010). Hale et al. (2004) also found that negative affect was associated with Factor 2 scores. Watson (2005) suggests that two domains underlie internalizing disorders: distress and fear. It is possible that Factor 2 is associated with distress but not fear. To clarify this relationship, the present study examined the effect of Factor 2 scores on clinical syndromes through personality traits in a sample of incarcerated Canadian men (N=118). Participants completed the Levenson Self-Report Psychopathy Scale, the Millon Clinical Multiaxial Inventory (MCMI-III), and the Substance Use Risk Profile Scale (assessing hopelessness, impulsivity, sensation seeking, anxiety sensitivity). Results indicated that Factor 2 was positively correlated with all MCMI-III clinical syndromes, $ps < .001$; Factor 1 positively correlated only with drug dependence, $p < .001$. Factor 2 positively correlated with hopelessness, impulsivity, and sensation seeking, $ps < .001$. The effect of Factor 2 scores on internalizing syndromes (anxiety, major depression, posttraumatic stress) was significantly mediated by hopelessness, but not impulsivity, sensation seeking, or anxiety sensitivity. These results suggest that high levels of hopelessness (vs. anxiety sensitivity) may partly explain why Factor 2 is more strongly associated with distress (vs. fear) disorders, a finding which carries important implications for clinical practice.

3.52 – Papers: Diversity

Are Violence Risk Instruments Applicable to Minority Populations?

Shepherd, Stephane, Swinburne University, Centre for Forensic Behavioural Science

Abstract: The applicability of violence risk instruments to populations not widely represented in construction samples (such as ethnic minorities) is equivocal. Several key studies have found that predictive validity estimates for minority offenders are weaker compared with white male offenders. Tools that do not accommodate such populations may be unsuitable for those groups. These illustrations place the present-day estimation of risk, for those who do not conform to instrument norms, in a void: we are bereft of scientific instruction, yet assessment continues. The question is, how much does this matter and what are we willing to do about it?

Construct Validity of AAPI-2 with Latin American Populations

Byrnes, Kirsten, Hackensack University Medical Center
Lee, Katherine, Hackensack University Medical Center
Vargas, Angela P., Hackensack University Medical Center

Abstract: The Adult Adolescent Parenting Inventory (AAPI; Bavolek, 1984) and its later revision (AAPI-2; Bavolek & Keene, 1991) was

developed to assess parenting skills and child rearing attitudes deemed integral to child abuse risk assessment, treatment and prevention. Bavolek and Keene's (2001) factor structure and normative scores for the relevant subscales were explored with Mexican parents (Meza-Lehman, 1983), proving consistent with initial validation studies. However, the current authors have noted anecdotally that immigrants from Latin and South American countries tend to generate profiles with significant deficits as compared to Caucasian counterparts, independent of whether the parents were abusive. Inaccurately identified deficits may be incorporated into appraisals of risk inappropriately inflating concerns within the Latino community. We have examined the factor structure of the AAPI-2's five scales to determine if the constructs defined by each scale hold up in a sample of Latino parents. Also examined for each scale was the wording of the items via a statistical procedure known as differential item functioning (DIF), employing the Mantel-Haenszel statistic to match groups on levels of the constructs (e.g., parenting knowledge), determining if any ethnic group differences exist in how respondents interpret the meaning of the items. Items flagged were then subjected to judgmental review. Results indicate that the second extracted factor in principal components factor analysis differed from the original AAPI instrument and that several items exhibited DIF for an Latino versus non-Latino comparison. These results will inform changes in interpretation or perhaps the development of a new, more culturally sensitive measure.

Ewart c. Canada: Retrospective Application to a Sample of Native Offenders Assessments

Costi, Tiziana, Institut Philippe Pinel de Montréal

Abstract: The recent Court decision in the Ewart c. Canada cause, oblige the forensic experts to be more than cautious using some risk assessment tools with native offenders. This paper will briefly discuss the decision, will summarize some points of view on the question and will illustrate the topic by a retrospective study of a sample of dangerous native offenders. What would the Ewart decision have changed in the assessment and conclusions? What are the limitations we encounter when assessing native people, what instruments can we use, and how? Is it better not to use the instruments or to use them with some caveats. A discussion on the topic of risk assessment in special populations and the limits of our tools will complete the presentation.

Racial Differences in Jacksoned Defendants

Einzig, Shanah, University of Hartford
Green, Debbie, Fairleigh Dickinson University
Belfi, Brian, Kirby Forensic Psychiatric Center
Cheng, Alice, University of Hartford
Kunz, Michal, Kirby Forensic Psychiatric Center

Abstract: One way the criminal justice and mental health systems converge is through competency evaluations and treatment of pre-trial defendants. The United States Supreme Court case Jackson v. Indiana (1972) declared that indefinite confinement of incompetent to stand trial defendants is a violation of constitutional rights. Besides the inherent difficulty in making a prediction of nonrestorability, evaluators must also be aware of the biases affecting their decisions. Caldwell, Mandraccia, Ross, and Silver (2003) reported that there is a longstanding history of racial differences in the psychiatric and criminal justice settings, and other research supports that race affects length of stay of inpatient hospitalizations (Chung, Mahler, & Kakuma, 1995). This research fuels the question of whether and how race influences determinations of nonrestorability. The current archival study evaluated records of 44 pre-trial defendants; 22 Jack-

soned, and 22 who were restored to competency within six months of admission. The full sample's mean age was 44.93 years (SD=14.43; Range 17-74). There were 11 females, and the majority were ethnic minorities (N=36; 79.5%). A logistical regression was performed with gender, age and race as independent variables. Results indicated that race (p=.045) and age (p=.002) contributed significantly to the model. Older defendants were more likely to be found nonrestorable, and minority defendants were nine times more likely to be Jacksoned than Caucasian defendants. These results suggest that along with age as a predictor, evaluator biases related to race influence nonrestorability decisions. One limitation of this study is the small sample size, which may affect significance findings.

3.53 – Symposium

Neurocognition, Cognitive Remediation and Routine Outcome Measurement

Harry Kennedy, National Forensic Mental Health Service, Dublin, and Trinity College Dublin

Ken O'Reilly, National Forensic Mental Health Service, Dublin, and Trinity College Dublin

Ronan Mullaney, National Forensic Mental Health Service, Dublin, and Trinity College Dublin

Abstract: This symposium will describe rigorous therapeutic trials of interventions for cognitive and metacognitive remediation in patients with schizophrenia in a secure forensic hospital. The more general effects of cognitive impairment on responsiveness to general and specific treatment programmes and a recovery orientation will also be described. Implications for legal structures and protections, service needs and planning will also be discussed.

3.54 – Symposium

People With Intellectual Disability - Pathways Into and Out the Forensic Psychiatric System in Europe

Eusterschulte, Beate, Vitos Haina Forensic Psychiatric Hospital
Tort Herrando, Vincenc, Parc Sanitari Sant Joan de Deu, Barcelona, Spain

Morris, Deborah, St. Andrews Healthcare, Northampton, UK
Beber, Liz, St. Andrews Healthcare, Northampton, UK

Abstract: The four speakers provide a critical look at pathways of intellectually disabled offenders in the forensic psychiatric system in Germany, Spain and England. Paper one, People with Intellectual Disability – Pathways Into and Out the Forensic Psychiatric System in Germany. Paper two, Managing Mentally Ill Offenders in Prison (Barcelona- Spain), and Paper three – Pathways Into and Out the Forensic Psychiatric System in England. The management of adults with learning disabilities remains a complex problem, though increasingly evidence is emerging of treatments that can successfully address reasons for admission and reductions in aggression and risk in the context of increasing wellbeing.

3.55 – Symposium

The NSW Forensic Patient Needs & Services Project

Adams, Jonathon, Justice Health & Forensic Mental Health Network, Sydney, Australia

Mackinnon, Tobias, Justice Health & Forensic Mental Health Network, Sydney, Australia

NSW Forensic Patient Needs & Services Project

Abstract: This symposium will present: The history, structure and challenges of the NSW Forensic Mental Health Network; the background and methodology of the NSW Forensic Patient Needs and Services Project; the results of the project; and the future in terms of service development.

3.56 – Papers: Legal Outcomes

Pattern of Utilization of the Insanity Plea in Nigeria: A Systematic Review of Reported Cases Since 1948

Ogunwale, Adegboyega, Neuropsychiatric Hospital, Aro, Abeokuta, Nigeria

Adegboya, Ogunlesi, Forensic Unit, Neuropsychiatric Hospital, Aro
Oluyinka, Majekodunmi, Neuropsychiatric Hospital, Aro
Oluwaseun, Oluwaranti, Neuropsychiatric Hospital, Aro

Abstract: In Nigeria, a former British Colony, the simple but critical deviation from the McNaughten's rules was the addition of a volition criterion into the insanity plea established in section 28 of the Criminal Code. This study aimed to examine important defendant, victim and plea characteristics associated with this version of the insanity defence. A manual search of all reported (appeal) cases since 1948 was conducted. This was achieved by using a hard copy case index to locate initial cases and then using cases cited within cases to trace other relevant reports. A content analysis of the cases was performed. Twenty-four cases were identified all involving a charge of murder. Over 90% of the defendants were males. Most victims were adults but close to 30% were children. Most defendants (62.5%) used limb 1 or both limbs of the plea. Only 25% of pleas succeeded. Psychotic disorders were most commonly diagnosed. The main ingredient of success was either loss of capacity to control action or lack of understanding of conduct. Limb 1 was associated with an NGBRI verdict (Cramer's $V = 0.61$, $p < 0.05$) while unfamiliarity with the victim showed a trend ($p = 0.06$). In Nigeria, it seems the insanity plea is used almost exclusively in murder cases with limb 1 being its predominant mode for success.

Admission, Discharge, and Recidivism Patterns of Dually-Diagnosed Individuals Involved in a Canadian Mental Health Court

Canales, Donaldo, University of New Brunswick-Saint John
Campbell, Mary Ann, University of New Brunswick-Saint John & Centre for Criminal Justice Studies

Abstract: Dually-diagnosis individuals (i.e., mental health diagnosis with co-occurring substance use) can be a challenging group to manage within the context of mental health courts (MHCs). MHC evaluation research has documented higher rates of sanctions, more withdrawals from MHC programs, and greater recidivism rates among this group when compared to individuals with no substance use diagnosis. The purpose of this study was to examine the admission, discharge, and recidivism outcomes of dually-diagnosed individuals involved in a Canadian MHC. The sample consisted of 196 MHC cases (Mean age = 34.89; female = 27%; Caucasian = 97%). Just under half the sample was identified as dually-diagnosed ($n = 87$; 45%) and psychotic-related disorders were the most common co-occurring mental health diagnosis (38%). Compared to cases with no substance use diagnosis, dually-diagnosed individuals were equally as likely to be admitted to the MHC (68% vs 59%, respectively; Chi-square = 1.59, $p = .21$, $V = .09$) but less likely to graduate from the program (63% vs 45%, respectively; Chi-square = 6.37, $p = .01$; $V = .19$). They also did not differ in general recidivism (i.e., charges) rates post-MHC discharge (28% vs 37%; Chi-square = 1.87; $p = .17$, $V = .10$). Thus, MHCs should focus on strategies to maximize retention

for these individuals within MHC contexts, which may achieve reduced recidivism outcomes.

Humanizing Your Clients in Court: Collaborating with Filmmakers to Create Social Biography Films

Ratkalkar, Mina, Drexel University
Klein, Andrew

Abstract: This presentation will introduce forensic professionals and attorneys to an innovative method of advocacy. Moving beyond traditional written reports, social biography films can humanize clients by presenting them within the context of their familial relationships and environments. Prior knowledge of filmmaking is not necessary to produce effective videos for court. Through film, it is possible to communicate clients' stories in a compelling and concise way. Written mitigation reports provide social history, expert opinions, and information obtained through collateral sources. Video footage presents these same concepts while preserving the voices of primary sources, such as family and friends. Most importantly, film captures genuine and spontaneous emotional reactions including tears, change in affect and tone, and hope about a client's potential. These aspects are often lost in written form. Film can elicit empathetic responses from viewers and visually document clients' environments. Participants will learn specific techniques for collaborating with filmmakers to create social biography films. Recommendations will be given about choosing content, formatting, and an editorial approach to portray clients beyond the context of their legal circumstances. Strategies for including expert witnesses and opinions in films are presented. This presentation will also discuss concerns that audiences and experts may have in considering videos as part of the legal process. Suggestions will be given for both adult and juvenile clients.

The Role of Mental Health Providers in Immigration

Madrid, Paula, Private Practice
Scigliano, Maria, Children's Health Fund

Abstract: Immigration has a significant impact on many aspects of life in the United States. In 2013, approximately 41.3 million immigrants lived in the United States (2013 ACS). In cases that relate to deportation, a citizen of the United States, that can be a spouse, fiancée, parent, or child of an individual can apply for a waiver on the basis that deportation would result in an extreme and exceptional hardship. Mental health professionals are uniquely positioned to conduct these evaluations to prove hardship because of our understanding of individuals and our unique ability to do interviews and psychological testing. Relevant factors in these cases include family relationships that would make it extraordinarily difficult for that person to leave the country, such as, a sick parent or sibling. Other factors are the inability to make a living in the country to which his or her spouse would be deported, emotional trauma on the children, lack of access to adequate educational opportunities, or a medical condition that could not be treated as well outside of the US. Immigration attorneys often seek the help of a forensic and/or clinical psychologist in order to put their case together. The proposed presentation will discuss the various types of evaluations psychologists are often called on upon to conduct and the process involved in each one of them. In addition, this presentation will have an overview of the role of the psychologist in being an expert witness in a trial or testimony.

Thursday 6/23/2016, 6:00 pm – 6:30 pm: Annual General Meeting followed by Farewell Reception (6:30–8)

Poster Session One – Tuesday 6/21/2016

Note: Posters should be hung no later than 10:00 am and removed at 4:00 pm

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|------|---------------------------|---|
| 4.01 | Till, Alex | The Assertive Approach to Clozapine: Nasogastric Tube Administration – An Evaluation of 13 Consecutive Cases |
| 4.02 | Dhillon, Jasbir | Evaluation of a Consultation Clinic Within a UK Community Forensic Mental Health Team |
| 4.03 | Sheppard, Douglas | Specialized Crisis Nurse Team-Psychiatric Assistance at Police Mental Health Crisis Incidents |
| 4.04 | Ryan, Kori | A Culturally-Responsive Cognitive Schema Approach to Assessing and Intervening With Bias-based Law Enforcement: From Recruitment to Retirement |
| 4.05 | Reinhard, Ellen | Empathy and Psychopathic Traits: Does it Affect Helping Behavior? |
| 4.06 | Moreira, Caroline Galli | Prevalence of Factitious Disorders In A General University Brazilian Hospital And Profile Evaluation Of Agents Involved In Diagnosis |
| 4.07 | Ghosh, Sanjib Kumar | An Evidence-Based Evaluation of Blood Borne Virus Screening and Immunisation a Medium and Low Secure Regional Forensic Service's Admissions |
| 4.08 | Ghosh, Sanjib Kumar | An Evidence-Based Evaluation of Substance Habit and Dependence at Admission in 2 Regional, Medium and Low Secure, Forensic Services |
| 4.09 | Joynt, Mark | Homelessness and Mental Illness in Remand Prisoners in Ireland: A 3-year Observational Study |
| 4.10 | Spidel, Alicia | The Connection Between Violence, Childhood Trauma, Psychopathic Traits in Those With a First Episode of Psychosis |
| 4.11 | Curley, Lee | Is the Jury Still Out as to How Jurors Make Decisions? |
| 4.12 | Oberth, Carla | Does Violence Exposure Mediate the Relationship Between Callous-Unemotional Traits and Antisocial Behaviour in Youth? |
| 4.13 | Nova Bethania, Sam Calvin | Ethical and legal issues of involuntary treatment in prison, perspectives from Australia |
| 4.14 | Guite, John | Exploratory Pilot Evaluation of Vocational Participation at Rampton Hospital: A Quantitative Cohort Study |
| 4.15 | Moulden, Heather | Enhancing Motivation for Change in Forensic Mental Health Patients |
| 4.16 | Oliveira, Joao | The Influence of Psychopathic Traits and Sensation Seeking on Criminal Thinking Patterns |
| 4.17 | Dieleman, Crystal | Being Client-Centred: Understanding the Qualities Demonstrated by Occupational Therapy Students That Build Rapport and Promote Engagement With Halfway House Residents |
| 4.18 | Ducro, Claire | Recidivism Rates and Predictive Validity of the Static-99R, BARR-2002R and VRAG-R Evaluations Among Released Sex Offenders in Belgium |
| 4.19 | Ducro, Claire | Recognition of Emotions Expressed Vocally in Psychopaths |
| 4.20 | Delannoy, Denis | Relationship between Comprehensive Assessment of Psychopathic Personality, Interpersonal Measure of Psychopathy and Psychopathy Checklist – Revised among adult forensic patients |
| 4.21 | Kikuchi, Akiko | Risk Factor Change During Forensic Probation in Japan |

4.22	Myers, Casey	The predictive and concurrent validity of the HARM and AIS in a sample of female forensic inpatients
4.23	Sanmontree, Weerapong	The validity and reliability of the Thai START (Short-Term Assessment of Risk and Treatability) in the Thai forensic psychiatric population
4.24	Thomas, Carlo	Comparison of HCR 20 Factors Between Patients With High Functioning ASD and Other ASD
4.25	Waerp, Johnny	Clinical Experiences with Version 3 of the HCR-20, Both From a Forensic Unit and From a General Psychiatric Unit
4.26	Brereton, Alexandra	Applying the Moffitt Taxonomy to Children with Sexually Harmful Behavior
4.27	Lamade, Raina	Climate Factors Associated with Predicting Sexual Aggression on College Campuses
4.28	Sowemimo-Coker, Chantal	Recent Trends in Psychopathy Research
4.29	Jarwson, Stig	Cognitive behaviour group therapy for men voluntary seeking help for intimate partner violence
4.30	Margeotes, Krystyn	Hashtag, Self-Harm: Social Media and the Virtual Distribution of Non-Suicidal Self-Injury (NSSI) Images
4.31	Mineo, Alyssa	Psychopaths: The Unholy Trinity

Poster Session Two – Wednesday 6/22/2016

Note: Posters should be hung no later than 10:00 am and removed at 4:00 pm

5.01	Boyd, Amanda	Opening the Doors to Emergency Departments: The Impact of Collaboration With Police Services
5.02	Furimsky, Ivana	An Evaluation of Patient Engagement in the Forensic Psychiatry Program (FPP)
5.03	Dahl, Bjarne	Simulation Training for the Treatment of Aggression
5.04	Sandy, Peter	Mental Health Recovery: A Journey of Healing and Transformation. Does Technology Have a Role to Play?
5.05	Banford, Megan	Professionals' Opinions on Cultural Competency in Forensic Evaluations: An Exploratory Analysis
5.06	Dufour, Sophie-Anne	Offenders' motivation for mental health programs according to professionals' subjective perceptions
5.07	Ghosh, Sanjib Kumar	A 3 Year Evaluation of Waiting Times of Electronic SOAD Requests in a Medium and Low Secure Regional Forensic Unit
5.08	Ghosh, Sanjib Kumar	An evidence-based evaluation of Clinical Investigations in a Medium and Low secure Regional Forensic Service
5.09	Wellbeloved-Stone, James	Gender Differences in the Use of the HCR and PCL-R in Assessing Risk for Violence Among Inmates
5.10	Laporte, Natalie	Personality Dimensions and Self-Harm Behavior in Male Violent Offenders
5.11	Schneider, Melanie	The Relationship Between PAS Domains and Impairments in Competency in a Sample of IST Pre-Trial Defendants
5.12	Vicenzutto, Audrey	Executive Function Assessment in Psychopathic Forensic Sample Implementation of Miyake Task: An Exploratory Research
5.13	Hansen, Anita	A Long-Term Fatty Fish Intervention Improved Executive Function in Inpatients With Antisocial Traits and a History of Substance Abuse
5.14	Sandvik, Marita	A Cross sectoral work model with children and juveniles with harmful sexual behavior in Norway
5.15	Prpa, Teodora	A Review of Fitness to Stand Trial Under Canadian Criminal Law
5.16	Li, Chun	Disposition of Mentally Ill Offenders After Forensic Psychiatric Assessment in Hunan, China, 2011
5.17	Jennings, Natalie	The Challenges For Integration Of Physical Health And Mental Health In A High Secure Environment.
5.18	Prasad, Brijju	An Evaluation of Post-Discharge Smoking Abstinence From a High Secure Forensic Unit in Scotland
5.19	Fielenbach, Sandra	Neurofeedback as an Innovative Treatment for Impulsivity for Patients Dealing with Substance Use Disorder
5.20	Alfarnes, Svein Atle	Prevention of Violence Against Health Professionals in the Field of Psychiatry
5.21	Godoy Cervera, Verónica	Psychopathy Traits in a Sample of Members of the Police Service Assessed by the PPI-R
5.22	Nesset, Merete Berg	The Police' risk assessment and immediate protective measures in cases of intimate partner violence

- 5.23 Sukhawaha, Supattra Development and Psychometric Properties of the Suicidality of Adolescent Screening Scale Using Multidimensional Item Response Theory
- 5.24 Trønnes, Helene Motivational Dimensions and Diagnostic Categories in Inpatient Aggression
- 5.25 Weizmann-Henelius, Ghitta Guidelines for the Assessment of Impulsivity Related to Violence: Development of the Measure of Impulsivity Related to Violence (IMP-V).
- 5.26 Ducro, Claire Prospective Study Concerning the Criminal, Diagnostic, Social and Treatment Characteristics of Sex Offenders in the Belgium Walloon Community
- 5.27 Noteborn, Mirthe Measuring Implicit Theories of Sex Offenders: Construction and Preliminary Validation of a New Questionnaire
- 5.28 Fenton, Margaret Autism, Personality Disorder, and Risk Management
- 5.29 Jones, David An Overview of the Violent Offender Treatment Programme (VOTP) in a UK High Secure Hospital
- 5.30 Matsubara, Yoichiro Violence in Dementia outpatients and inpatients
- 5.31 Moon Vogels, Heather A New Direction for Community Based Psychological Treatment of a Special Forensic Population of High Risk Offenders With Personality Disorder

Poster Session Three – Thursday 6/23/2016

Note: Posters should be hung no later than 10:00 am and removed at 4:00 pm

6.01	Callaghan, Ian	Innovation in Care and Safety Planning in UK Secure Services: The Rethink Mental Illness Innovation Network Secure Care Programme
6.02	Hill, Emma	Developing the Role of Community Consultation Clinics on the Background of Current UK Community Forensic Team Practice
6.03	Hill, Emma	Community Forensic Teams: An investigation of Current Services Across the UK
6.04	Matthew, Finn	Adlerian Psychology in Forensic Practice
6.05	Speakman, Michelle	Trainees Experiences of Working Within Psychiatry, With a Focus on Their Placements in Forensic Psychiatry
6.06	Elzentani, Othman	Obscure Death and Depression
6.07	Ghosh, Sanjib Kumar	A Comparative Evaluation of Doctor-Led Physical Health Measurements for Admission Assessments at 2 medium and low secure Regional Forensic Services
6.08	Ghosh, Sanjib Kumar	An Evidence-Based Evaluation of Psychiatric Diagnoses Recording for Admission Assessments in Medium and Low Security in Regional Forensic Services
6.09	Ghosh, Sanjib Kumar	Intelligence Levels Among Prisoners in England and Wales: Criminality, Risk Factors, Daily Living, Support and Rehabilitation
6.10	Gross-Benberg, Antje	Short Term Assessment of Risk and Treatability (START) as a measure for group treatment and interventions in a Forensic Hospital
6.11	Leclair, Marichelle	Predictive Validity of the Barratt Impulsiveness Scale for Multiple Social Stability Outcomes in Homeless People Living with Mental Illness
6.12	Schuberth, David	Current Practices in the Evaluation of Psychological Injury in Youth: A Survey of Mental Health Professionals
6.13	Wach, Ewa	The Characteristics of Homicides Committed by Insane Offenders
6.14	Cochrane, Dana	Untangling the Role Anxiety and Depression Plays in Young Offenders' Risk to Reoffend
6.15	Braun, Peter	Towards an EU Research Network on (Long-term) Forensic Psychiatry
6.16	Furimsky, Ivana	Dynamic Appraisal of Situational Aggression (DASA) Tool: Two Years Post Implementation in a Forensic Inpatient Program
6.17	McKeown, Mick	Legitimacy and Coercive Practices in Secure Care Settings
6.18	Marotta, Phillip	Childhood Adversities, Trauma, Substance Abuse and Injecting Drug Use Among the Incarcerated: Evidence From a National Sample
6.19	Sukhawaha, Supattra	Risk factors Associated with Depression in Thai Adolescents who had Attempted Suicide
6.20	Houtepen, Jenny	ADHD Symptoms and Externalizing Behavior in a Sample of Dutch Adolescents: Can Perceived Parenting Increase Resilience?
6.21	Brown, Sarah	Neuropsychological Deficits in Mentally Disordered Offenders Related to Risk: A 10-year Follow-Up Study
6.22	Guszkowski, Karen	Identification and predictive power of key variables in risk assessment for murder-suicide and hostage/barricaded subjects

- 6.23 Lundgren, Morten Experiences on how to build knowledge, implement and conduct risk- assessment by a multi-informant and systemic approach.
- 6.24 Rypdal, Knut Sources of Information for History of Violence at Admission to an Emergency Psychiatric Ward
- 6.25 Tague, Catherine Implementation and Predictive Validity of the Broset Violence Checklist (BVC) in a Forensic Psychiatric Facility
- 6.26 Waerp, Johnny Case Illustration of Forensic Risk Management. Changes in Symptoms of Obstructive Sleep Apnea and Psychotic Symptoms Maintained by Contingency Management
- 6.27 Jennings, Sabrina The Aggravating Effects of Alcohol on Traits From the Dark Triad and Hostile Masculinity in College Males
- 6.28 Schaaf, Sarah Mitigating and Aggravating Factors Associated with Victim Report of Campus Sexual Assault
- 6.29 Iaccino, James Ph.D. Does Gender Influence the Killing Process? A Comparative Analysis of Male and Female Serial Killers
- 6.30 Leonard, Sarah Factors Associated With Length of Stay for Patients Admitted to Medium Secure Services From Prison

Poster Session One
Tuesday 6/21/2016, 10:00 am – 4:00 pm

4.01 – The Assertive Approach to Clozapine: Nasogastric Tube Administration – An Evaluation of 13 Consecutive Cases

Till, Alex, Health Education North West, Mersey
Selwood, James, Health Education North West Mersey
Silva, Ed, Mersey Care NHS Trust

Abstract: Clozapine is the only evidence based antipsychotic for treatment resistant schizophrenia (TRS). Compared to alternative antipsychotics it has increased efficacy and reduced: violence, self-harm, mortality and length of stay. Limited to oral preparation, many patients require care within secure psychiatric services as they refuse Clozapine and/or remain non-compliant. With severe on-going psychosis and violence they often require prolonged detention with restrictive practices such as seclusion/segregation. This case series includes patients diagnosed TRS who are detained under the Mental Health Act in a high secure psychiatric setting within the UK. Persistently refusing oral administration, 13 patients were prescribed Clozapine to be administered via a nasogastric tube (NGT). Considered on an intent to treat basis, the patient profile, therapeutic benefits and adverse outcomes are discussed. Our population had an average: age of 37, 19-year duration of illness, and 6 year length of stay within high secure services. 6 out of 13 patients ultimately accepted oral administration. For the remaining 7, the median frequency of NGT Clozapine administration was 4 before compliance resumed. 8 of 11 patients previously in seclusion/segregation had this terminated following Clozapine administration. 6 patients were transferred or referred to a lesser level of dependency/security. No significant adverse events to NGT insertion were reported. This is the only case series of NGT clozapine administration to date. Our results evidence this assertive approach as a plausible and efficacious treatment option for one of the most challenging psychiatric patient populations.

4.02 – Evaluation of a Consultation Clinic Within a UK Community Forensic Mental Health Team

Dhillon, Jasbir, University of Hertfordshire
Sundaraman, Shalini,
Shortt, Michael
Flury, Sara

Abstract: Community Forensic Mental Health Teams (CFMHT's) are multi-disciplinary teams that work with mentally disordered offenders and those at risk of offending by working in conjunction with community mental health teams and criminal justice agencies. Standards for Community Forensic Mental Health Services (Dr. Jeremy Kenney-Herbert et al. 2013) documents the need for clinicians in community forensic health services to have expertise in assessment, treatment and management of individuals with complex mental health and social needs, who have and/or continue to present a significant risk of serious harm to others. Also community forensic mental health services provide comprehensive management plans, incorporating clear crisis contingency plans and utilizing expertise in risk reducing strategies. In light of such recommendations a clinic was developed to offer consultation to other mental health

professionals and probation services. Two probation and four community mental health teams were offered bookable slots with a CFMHT member of staff. In evaluating this service both an audit of service function and a survey of the views of those professionals using the clinic were performed. Two thirds of staff members reported that the clinic met their needs, helped them to develop care plans and increase their confidence at work. 91% of staff members identified how the clinic influenced their work with service users while 46% commented on how the clinic built their knowledge of mental health-related areas. Overall the clinics are shown to have a positive influence on clinical practice, knowledge base and motivation to work in the best interest of patients

4.03 – Specialized Crisis Nurse Team-Psychiatric Assistance at Police Mental Health Crisis Incident

Sheppard, Douglas, Waterloo Regional Police Service
Abel, Carmen, Canadian Mental Health Association

Abstract: The Waterloo Regional Police Service, located in the Region of Waterloo, Ontario, Canada, has been involved in a partnership with the Canadian Mental Health Association and the Local Health Integration Network (LHIN) since February of 2013 to deliver enhanced mental health crisis services directly to those in need. Police officers attending mental health incidents can now ask for a psychiatric nurse to attend with them, seven days a week. The Specialized Crisis Team (SCT) nurses offer direct assistance to persons in crisis, either with the attending officer or in many cases after they have relieved the officers from the incident itself. The SCT nurse program was chosen for use in the Region of Waterloo as it involved enhanced mental health response education for all front-line police officers while maximizing the LHIN's investment in mental health response. The results over the first two years of the program are very encouraging, with the SCT nurses attending 699 incidents in 2014, resulting in better crisis care in the field and fewer (by frequency) persons being apprehended and taken to local hospitals for enhanced care. This is an excellent example of a very effective partnership among agencies for the betterment of those in mental health need in our community. This new method of mental health crisis response has had many positive results and supports efficient collaborative addressing of community mental health need.

4.04 – A Culturally-Responsive Cognitive Schema Approach to Assessing and Intervening With Bias-based Law Enforcement: From Recruitment to Retirement

Ryan, Kori, Fitchburg State University
Johnson, Ronn, University of San Diego

Abstract: The Charleston police officer shooting in the back of an unarmed citizen and the in-custody death of Freddy Grey in Baltimore, amongst other recent incidents of police misconduct in the US raise questions about the training and education of police recruits as well as seasoned police officers. Police officers possess value orientations that are expected to influence their misperceptions and perceptions of police ethical misconduct. These same dispositions are projected to increase the likelihood of them potentially engaging in ethically questionable behaviors in a profession that requires a strong foundation in ethical behavior (e.g., legitimacy and procedural

justice). In addition, there is a disproportionate involvement of individuals with mental illness that police encounter. For example, police officers are exposed to mental health issues through a variety of citizen contacts (e.g., domestic violence calls, DUIs, routine traffic stops, and civil commitment protective arrests) In terms of cultural responsiveness and myths and misconceptions of mental illness, forensic mental health is underrepresented, but can play an important role in police education and training. It has become clear that simply providing more training is not adequate to make changes to unethical behavior; these value orientations need to be identified and addressed. This paper examines how to identify the myths and misconceptions held by police recruits/officers, along with the history and impact of police culture on making ethical decisions. This paper will then present a cognitive-schema approach in pedagogy to address the integration of culturally-responsive forensic mental health teaching and training for police officers.

4.05 - Empathy and Psychopathic Traits: Does it Affect Helping Behavior?

Reinhard, Ellen, John Jay College of Criminal Justice
Falkenbach, Diana, John Jay College of Criminal Justice

Abstract: Psychopathy is a personality construct characterized by manipulation, impulsivity, and lack of empathy and affect (Hare & Neumann, 2009). Whereas psychopaths are different from non-psychopaths in their capacity for trait empathy (Cleckley, 1976), little research has evaluated their capacity for state empathy. State empathy has been successfully induced in non-psychopathic and psychopathic individuals (Meffert, Gazzola, den Boer, Bartels & Keysers, 2013), and a subsequent increase in helping behavior has been observed in non-psychopathic individuals (Haegrich & Bottoms, 2000; Happ, Melzer & Steffgen, 2011; Toi & Batson, 1982). The current study attempted to induce empathy in psychopathic and non-psychopathic college students through the combination of a violent video clip and video game play, modeled after a previous study using the same empathy induction condition (Happ, et al., 2011). Helping behavior was observed by reaction to a confederate who appears in need of assistance. We hypothesized that individuals who help in the helping scenario will have significantly lower PPI overall scores than those who did not help. Also, individuals in the empathy induction condition will be more likely to help in the helping scenario. Individuals in the empathy induction scenario who score high on psychopathy will help more than those high on psychopathy in the control condition indicating that empathy can be induced in psychopathic individuals and is related to helping behavior. While results are still very preliminary they support these conclusions but a larger sample size is needed for more conclusive results.

4.06 - Prevalence of Factitious Disorders in a General University Brazilian Hospital and Profile Evaluation of Agents Involved in Diagnosis

Galli Moreira, Caroline, Hospital de Clinicas de Porto Alegre
Borba Telles, Lisieux, Hospital de Clinicas de Porto Alegre
Ribeiro de Almeida, Mariana, Hospital de Clínicas de Porto Alegre

Abstract: Factitious disorders, which include the concept established by Asher in 1951 Munchausen Syndrome, and Munchausen Syndrome by Proxy, coined by Meadow in 1971, cause significant morbidity and mortality, consumes a considerable amount of medical resources and produce substantial emotional distress in patients, their caregivers and close third. Data on incidence and prevalence of factitious disorder are difficult to obtain, vary greatly and should be viewed critically. The hidden nature of the disorder may cause failure diagnostics and rates underestimates or, conversely, the same case may be counted twice, increasing then the apparent rates. There are no studies on prevalence of factitious disorders in Brazil. It is unprecedented evaluating the profile of this patient and profile of assistance teams that make diagnosis. In addition, factitious disorder imposed to another is considered a form of abuse and violence against children and, this being considered a serious public health problem, is shown relevant identification of these data for further intervention and prevention in order to reduce these rates of violence. This study aims to evaluate, within a general university hospital, the prevalence of factitious disorders including factitious disorder imposed to another, characterize demographic profile of this population and characterize profile of teams involved in monitoring and diagnosis.

4.07 – An Evidence-Based Evaluation of Blood Borne Virus Screening and Immunization a Medium and Low Secure Regional Forensic Service's Admissions

Ghosh Sanjib, Kumar, Queen Mary University
Samsó, Laura, BEH
Acosto-Armas, Alex, BEH

Abstract: BBV screening at admission informs monitoring and treatment plans – including performing immunizations. This paper comprehensively reviews current literature for Blood Borne Virus (BBV) screening and immunization for psychiatric inpatient admissions. It evaluates their recording and prevalence in North London Forensic Services (NLFS). Using an evidence-based evaluation tool we sampled 25% (n=44) of the total number of patients' notes from NLFS in 2015 in Medium & Low secure services. We sampled the admission, intensive care, established treatment, female, learning disability, personality disorder and rehabilitation wards. Forty-eight percent of Hepatitis B and HIV statuses were noted and 43% Hepatitis C from the history. 25% of the patients had other infection and immunization statuses recorded. In descending order of frequency these were Hepatitis A, Syphilis, Rubella and TB. Of all the patients, Hepatitis B and C blood screening were most offered at 50% and 52% respectively. HIV blood tests were offered in 32%. 16% had other infection and immunization statuses recorded, of which Hepatitis A and Syphilis were most popular. With regards to immunizations given: the highest was Hepatitis B at 7%. HIV and Hepatitis C treatments or follow-up referrals were not noted at all in the sample. Flu vaccine was given to 5% over the course of the year. Improvements can be made in follow up and action, with directives on following-up results, and how to manage them. There is ambiguity in handover and continuity of care between admission and ward teams. The authors produced links with local sexual health clinics; a training schedule; and admission pack and proforma which have been implemented incorporating the standards.

4.08 – An Evidence-Based Evaluation of Substance Habit and Dependence at Admission in 2 Regional, Medium and Low Secure, Forensic Services

Ghosh Sanjib, Kumar, Queen Mary University

Abstract: This paper comprehensively reviews current literature for substance and alcohol habit for psychiatric inpatient admissions. It then comparatively evaluates whether these are being performed and documented in North (NLFS) and East (ELFS) London Forensic Services and highlights areas for improvement. It evaluates them against government targets for monitoring physical health. Using an evidence-based evaluation tool we sampled 44 and 49 patients' notes 25% of the total number of patients notes from NLFS in 2015 (n=44) and ELFS in 2013 (n=49). We sampled the admission, established treatment, female, learning disability, intensive care, personality disorder and rehabilitation wards. Results were similar across the 2 secure units. Between a third and nearly a half of current illicit drug use is not documented at the admission process. Cannabis, followed by alcohol and cocaine (powder) use are the most frequently recorded current parameters, and most used. Smoking is the least recorded. Historically cannabis was used by 77% of service users. It was followed by cocaine (used in 30-39% service users). Amphetamines and "other" drugs had a high use rate when checked. Non-prescribed methadone and solvents had the lowest rates. Injected drugs accounted for 7%. Drug use and dependence patterns were not recorded at a rate of 50-66%. Frequency, effect on daily life and craving were reported the most respectively. Cannabis dominance has been reported previously in forensic mental health populations, but is disproportionately high. Opiate use was lower than expected. Cannabis, followed by alcohol and cocaine, should be focused on by drug and alcohol prevention groups. Specific training in these drugs could be a focus. A training schedule and admission proforma has been implemented incorporating the standards.

4.09 – Homelessness and Mental Illness in Remand Prisoners in Ireland: A 3-year Observational Study

Joynt, Mark, National Forensic Mental Health Service
Smith, Damian, National Forensic Mental Health Service
Azvee, Zetti, National Forensic Mental Health Service
Reynolds, Orla, HAIL housing
Hickey, Philip, National Forensic Mental Health Service
Duffy, Fergal, National Forensic Mental Health Service
Caddow, Martin, National Forensic Mental Health Service
O'Neill, Conor, National Forensic Mental Health Service

Abstract: Major mental illness is over-represented in prison populations. One hypothesis is that with the movement of psychiatric care to the community and reduced availability of psychiatric beds, homeless hostels and prisons have become surrogate institutions. Aim: Firstly, to determine prevalence of homelessness in all detainees in a large Irish remand prison referred to psychiatric inreach services over a 3-year period, and to compare prevalence of psychosis, substance misuse and violent offending between homeless and non-homeless individuals. Secondly, to describe preliminary outcome results following addition of housing support worker to team. Our inreach psychiatric service collected data on all detainees who were committed to a large Irish remand prison between 1st January 2012 and 31st December 2014 and who were referred

for psychiatric assessment. There were 1110 different committal episodes, representing 902 different individuals committed within the study period. 35.0% were homeless. The prevalence of psychosis on committal in the homeless subgroup was twice that of the non-homeless subgroup (32.2% v 17.5%, $p < 0.001$), and similarly, the prevalence of lifetime psychosis in the homeless subgroup was twice that of the non-homeless subgroup (38.6% v 21.9%, $p < 0.001$). The homeless subgroup were also less likely to have committed a violent index offence (26.8% v 38.8%, $p < 0.05$). In comparison to non-homeless detainees, our research shows that homeless persons referred to our prison inreach service had significantly increased rates of psychotic illness, comparable rates of substance misuse and were committed for more minor offences relative to non-homeless persons.

4.10 – The Connection Between Violence, Childhood Trauma, Psychopathic Traits in Those With a First Episode of Psychosis

Spidel, Alicia, Kwantlen Polytechnic
Lecomte, Tania, University of Montreal
Yuille, John, University of British Columbia

Abstract: There is now substantial evidence linking child abuse to a range of mental health problems in adulthood (Spataro et al., 2004). The link with childhood abuse has only recently been investigated in first episode psychosis clients (Fisher et al., 2009). In addition research has found a strong link between childhood trauma and the risk of violence (Ford et al., 2007) but few studies have investigated this link. The current study's objectives were: 1) to investigate the prevalence of childhood abuse, violence, symptom severity and psychopathic traits and 2) to determine the best predictors of violence in a sample of first episodes with psychosis. 118 first episode individuals were assessed using multiple constructs suggested in the literature as potentially linked to violence. The study found that there was a high degree of childhood abuse in this sample ($M=117.3$; $SD=18.1$), which falls in the severe to extreme range. It was found that 42.7% of the sample had a history of physical aggression and 61.5% had a history of verbal aggression. Logistic regression was used to predict violence (both physical and verbal and any violence) since these variables were dichotomous (yes or no). In the males in this study it was found that psychopathic traits (odds ratio=0.237 $p < .05$) and high scores on the BPRS (odds ratio=0.277 $p < .05$) most strongly predicted any violence history. More data will be presented and results will be discussed in light of the existing literature and clinical implications. The importance of these findings for risk assessment will also be highlighted.

4.11 – Is the Jury Still Out as to How Jurors Make Decisions?

Curley, Lee, Edinburgh Napier University
Murray, Jennifer
MacLean, Rory

Abstract: This research aimed to find a model of juror verdict making that could encompass both rational and intuitive decision making (Gigerenzer & Goldstein, 1996). Previous research had highlighted such a model (i.e. a unified threshold model; Lee & Cummins, 2004). Consequently, this study aimed to discover whether a threshold model of decision making can be applied to how legal novices (e.g. jurors) reach verdicts. Additionally, this research wanted to establish how information

allowed thresholds to be reached. This was because threshold theory in perceptual decision making has two distinct models, that is count models (where evidence is counted separately) and diffusion models (where evidence is integrated; Ratcliff & Smith, 2004). To test these aims 60 participants were selected that would be eligible for jury duty in Scotland. These individuals read through nine cases. They rated the evidence of each trial separately by counting their interpretations (i.e. guilty, not guilty and not proven; a verdict type specific to Scotland) and by integrating the evidence through stating likelihood ratings after subsequent pieces of information. Participants were also asked to state *when* a decision could have been made and their verdict response. Results showed that individuals made verdicts using significantly less cues than were presented, threshold points in the diffusion model were significantly different and correlations highlighted that count data was not enough to reach thresholds. Furthermore, it was clear from the results that decisions were reached using thresholds, and information seemed to be integrated throughout the mock juror's decision making process.

4.12 – Does Violence Exposure Mediate the Relationship Between Callous-Unemotional Traits and Antisocial Behavior in Youth?

Oberth, Carla, MA, Simon Fraser University
Zheng, Yao, Simon Fraser University
McMahon, Robert, Simon Fraser University

Abstract: The current study will examine the mediating role of violence exposure on callous-unemotional (CU) traits and later delinquency in youth. The sample ($n = 754$) came from the high-risk control and normative groups of the Fast Track Project. This study will be a replication of Howard et al. (2012), whose findings suggested that exposure to violence mediated the association between CU traits and violent, sexual, and drug delinquency. Howard et al. used a sample of 88 ethnically diverse male adolescents detained in a juvenile detention center. Our study, with a larger sample of males ($n = 437$) and females ($n = 317$) from both normative ($n = 387$) and high-risk control ($n = 446$) groups, will be an important extension of the previous research. The aim of the current study is to employ a mediating model to test whether violence exposure accounts for the association between CU traits and violent forms of delinquency, as well as sexual and drug delinquency. This will be investigated with overall violence exposure, as well as witnessed violence and direct victimization, separately. A structural equation modeling (SEM) framework using *Mplus* will be employed. Very little research has investigated environmental factors (e.g., violence exposure) that help to explain the mechanisms by which this subgroup of youth comes to engage in distinct antisocial behaviors. The study will be an important replication and extension of limited previous research, and will emphasize contextual factors contributing to the development of CU traits and associated delinquency in youth.

4.13 – Ethical and Legal Issues of Involuntary Treatment in Prison: Perspectives from Australia

Nova Bethania, Sam Calvin, Victorian Institute of Forensic Mental Health

Abstract: There is a recent proposal to provide involuntary treatment for people experiencing mental illness within the

Victorian prison setting. The current system, where people are transferred to a forensic hospital is overwhelmed due to increasing numbers of unwell prisoners. This paper explores the ethical and legal implications of implementing such a proposal in the Australian context.

4.14 – Exploratory Pilot Evaluation of Vocational Participation at Rampton Hospital: A Quantitative Cohort Study

Guite, John, University of Nottingham
Callaghan, Patrick, University of Nottingham
Völlm, Birgit, University of Nottingham

Abstract: Work is recognized by governments and mental health researchers to have a positive impact on individuals with mental disorders with UK government drivers confirming the role of work in an individual's recovery (Black, 2008; DoH, 2011). In a forensic setting vocational rehabilitation is used to help individuals develop meaningful roles and self-esteem as part of a wider treatment program, however research into the effectiveness of vocational activities is limited and considered a priority (COT, 2007). This pilot evaluation examined the vocational participation of a cohort of 274 patients at a Rampton Hospital, the largest high secure hospital in the UK. The study utilized data collected as part of everyday practice, examining the participation of patient's over a calendar year. The study used descriptive statistics to identify the current take up of vocational interventions and considered the effectiveness of vocational interventions in relation to participation levels. The study found 38% of patients took part in vocational activities, with personality disordered patients being most likely to participate and female and learning disability patients taking part in fewer sessions. The data was however badly affected by outliers indicating a few patients take part in a large number of sessions. This evaluation was important in establishing the current levels of vocational provision and participation at Rampton hospital however factors which impact on an individual's choices and reasons for vocational participation were not considered. The pilot evaluation therefore provides a basis for future research into the effectiveness of vocational interventions in high secure services.

4.15 – Enhancing Motivation for Change in Forensic Mental Health Patients

Moulden, Heather, St. Joseph's Healthcare Hamilton
Myers, Casey, McMaster University
Scioli, Cassandra, St. Joseph's Healthcare Hamilton
Chaimowitz, Gary, St. Joseph's Healthcare Hamilton

Abstract: It has become apparent that a necessary element of effective forensic rehabilitation lies in enhancing motivation for change. Although motivational techniques have routinely been applied to other populations and interventions, how to engage the forensic client in a process—which s/he often denies, resists, or resents—represents a unique therapeutic and ethical challenge for clinicians working in correctional and forensic settings. Furthermore, the implications of poor motivation for change impact participation and engagement in treatment, thereby depriving clients of the benefits of treatment and the ability to learn new skills to facilitate offence-free living. For this reason, the current pilot study investigates the efficacy of a Motivational Enhancement (ME) Preparatory Program within a forensic patient group ($n=50$). To evaluate the efficacy of the

ME program, individual patients' change scores, pre- and post-treatment were collected on a battery of psychological assessments (i.e., GS, SAQ, URICA, HARM, AIS). We hypothesize that the ME program participants will be more likely to engage in subsequent treatment, exhibit reductions in aggressive incidents, and be associated with increased motivation and hope.

4.16 – The Influence of Psychopathic Traits and Sensation Seeking on Criminal Thinking Patterns

Oliveira, Joao, Universidade Lusofona

Abstract: This research focuses on the study of factors that facilitate criminal thinking by examining the relationship between psychopathy, sensation seeking and thinking styles that support and maintain a criminal lifestyle. The participants were a community sample (n=322) of adult males and females. Data collection included a socio-demographic data questionnaire, the Levenson's Self-Report Psychopathy Scale (LSRP, Levenson, Kiehl & Fitzpatrick, 1995), the Sensation Seeking Scale form V (SSS-V) (Zuckerman, 1994), and the Texas Christian University Criminal Thinking Scales (TCU; Knight, Garner, Simpson, Morey, & Flynn, 2006). Correlational analysis and regression analysis were carried out to determine the extent of the relationship between LSRP scores, SSS-V factors, and the various scales of the TCU. In addition, a Structural Equation Model was proposed in order to better understand the influence of psychopathy dimensions and sensation seeking factors on criminal thinking patterns. Results revealed that psychopathy traits as well as sensation seeking dimensions are positive predictors of several criminal thinking patterns.

4.17 – Being Client-Centered: Understanding the Qualities Demonstrated by Occupational Therapy Students That Build Rapport and Promote Engagement With Halfway House Residents

Dieleman, Crystal, Dalhousie University
Campbell, Robin, Dalhousie University

Abstract: When people making the transition from prison to community life experience difficulties in performing or engaging in daily activities, the transition can be negatively affected and, in turn, negatively affect public safety. It is recognized that individuals cannot manage these challenges on their own and that supports are required to manage the transition. Halfway houses are seen as a positive institutional bridge between prison and community. However, they often have limited resources and staff rapport with residents is significantly impacted by their monitoring and supervision responsibilities. The development of rapport between staff and residents is most effectively done when staff use a client-centered approach. In the occupational therapy literature, client-centeredness has been characterized according to the qualities demonstrated by the therapist, which include 1) striving to reduce power inequities, 2) helping clients to make choices and decisions about their lives, 3) being neither authoritarian nor judgmental, and 4) listening to clients. These qualities lend more to the experience of 'being with' halfway house residents rather than 'doing to' them. The Meeting Halfway project examined the impact of placing occupational therapy students in correctional halfway houses as part of their fieldwork education. This presentation will discuss qualities of

the occupational therapy students, as described by halfway house residents and staff, in relation to qualities of a client-centred therapist and the development of therapeutic relationships. The impact on the level of engagement of halfway house residents with occupational therapy students as well as other halfway house staff will also be explored.

4.18 – Recidivism Rates and Predictive Validity of the Static-99R, BARR-2002R and VRAG-R Evaluations Among Released Sex Offenders in Belgium

Ducro, Claire, Center of Research in Social Defense

Abstract: Assessment of recidivism risk is crucial to the effective management of sexual offenders. Empirical actuarial risk tools have become routine. However, there is an important evolution of actuarial risk scale for assessing general, violent and/or sexual recidivism among male sex offenders. Indeed, the Static-99R (Hanson & Thornton, 2003) emerged from its earlier version, the Static-99. The BARR-2002R (Babchishin, Hanson, & Blais, 2013) was conceptualized to assess the risk of violent recidivism among sex offenders. Finally, the VRAG (Harris, Rice, & Cormier, 1993) and the SORAG (Quinsey, Rice, & Harris, 1995) were revised, becoming the VRAG-R (Harris, Rice, Quinsey, & Cormier, 2015). The first aim of this study was to evaluate the recidivism rate (general, violent non sexual, sexual, non-violent non sexual) of sex offenders: Pedophiles, rapists or mixed sex offenders; and inmate or forensic sex offenders. All offenders (N≈300) were Belgium male participants released into the community and assigned to treatment services in the Belgium Walloon Region. Secondly, the study assessed: The inter-raters reliability of the Static-99, the Static-99R, the BARR-2002R, the SORAG and the VRAG-R (total score and level of risk category); the convergent validity of these instruments; and the predictive validity of these instruments on different recidivisms. The results from this research will be also discussed in the light of the international literature on risk assessment.

4.19 – Recognition of Emotions Expressed Vocally in Psychopaths

Ducro, Claire, Center of Research in Social Defense
D'Alimente, Amelie, University of Mons (BE)
Saloppe, Xavier, CRDS
Pham, Thierry, CRDS

Abstract: The international literature states that psychopaths present an emotional deficit (Rogstad & Rogers, 2008) that could lead to law-breaking and/or violent behavior (Blair 1995; Lykken, 1995). More specifically, psychopaths show a reduced reactivity to emotional stimuli (Levenson, et al. 2000): lower psychophysiological responses and no emotional facilitation effect during lexical decision tasks (Williamson, et al., 1991; Kosson, et al., 2006; Lorenz & Newman, 2002). However, the literature is very limited concerning the decoding of emotions through the voice parameters. This latter suggests either a poorer recognition of fear (Blair et al., 2002) or a reduced physiological responses to fear and to pleasant stimuli (Verona, et al., 2004). These last results are congruent with results on the decoding of facial expressions of fear notably (Blair et al., 2001). The aim of this study was to evaluate the effect of lexicalization-semantic aspect-during an emotion-words recognition computerized task. This task presented sound stimuli

(lexical, non-lexical and neutral). The participant was asked if the displayed emotion on the screen corresponded to the sound stimulus. Psychopathic forensic patients defined with the PCL-R (N=20) were compared to non-psychopaths (N=20) forensic patients. The results will be also discussed in the light of the international literature on fear deficit (Blair et al., 2001) but also the absence of emotion deficits in psychopathy (Kosson et al., 2002; Pham et al, 2010; Pham & Philippot, 2010).

4.20 – Relationship Between Comprehensive Assessment of Psychopathic Personality, Interpersonal Measure of Psychopathy and Psychopathy Checklist: Revised Among Adult Forensic Patients

Delannoy, Denis, Centre de Recherche en Défense Sociale
Saloppé, Xavier, Centre de Recherche en Défense Sociale
Ducro, Claire, Centre de Recherche en Défense Sociale
Pham, Thierry, Centre de Recherche en Défense Sociale

Abstract: The psychopathy as concept is in a constant evolution. The implementation of the CAPP-IRS and the IM-P offer a new perspective in the comprehension of this concept for the research and the clinical practice. The CAPP-IRS (Cooke, 2004) is composed of 33 symptoms regrouped in 6 domains (Attachment, Behavioral, Cognitive, Dominance, Emotional and Self) of psychopathic functioning and don't consider the antisocial part unlike the PCL-R done it (Skeem & Cooke, 2010). The IM-P (Kosson et al., 1997) is composed of 21 items regrouped in 3 factors (Grandiosity, Dominance and Boundary Violation) and it evaluate the verbal and non-verbal interpersonal behaviors. The PCL-R (Hare, 2003) is composed of 20 items regrouped in 2 factors and 4 facets (Interpersonal, Affective, Lifestyle and Antisocial). In our research, we explore the relationship between the CAPP-IRS, as a dynamic model, and the PCL-R, as a static model. The data is based on a sample of male adults inpatients in a Belgian forensic hospital (N=40). The mean age is 51 years and the mean IQ (WAIS) is 79. The length of stay is about 8 years. The long confinement time suggest the importance of a dynamic measurement of psychopathy. We analyze the correlations and the linear regressions between the CAPP-IRS and the PCL-R. But also between the CAPP-IRS, the IM-P and the axis I and axis II of the DSM-IV. The results show links between CAPP-IRS and the others measures and will be discussed on the light of international literature concerning psychopathy and more specifically concerning the CAPP-IRS (Corrado, 2015).

4.21 – Risk Factor Change During Forensic Probation in Japan Kikuchi, Akiko, National Institute of Mental Health

Abstract: The purpose of this study was to examine change in dynamic risk factors during the six months of forensic probation in Japan. Data on 181 forensic outpatients treated under the Medical Treatment and Supervision Act were obtained from the rehabilitation coordinators. Risk of violence and other problematic behaviors were assessed using the Japanese version of Short Term Assessment of Risk and Treatability (Webster et al., 2009) at baseline and 6 months later. Vulnerability and strength scores as well as each items of START before and after the 6 months were compared. Patients' vulnerability and strength score changes were compared according to which stages in treatment (i.e. Stage1 (0-6months), stage2 (7-24months),

stage3 (25-months) they were in at baseline assessment. Significant changes were found in START strength scores but not vulnerability scores after 6 months forensic probation. Analysis revealed that vulnerability scores changed significantly when the patients were in stage 1 (first 6 months of forensic probation) at baseline but not in later stages. In contrast, strength scores changed significantly irrespective of which stage of treatment the patients were in at baseline. The current data suggests the relative importance of the transition period in risk reduction of forensic patients living in the community. Efforts aimed at improving strength may be effective throughout the treatment stages and may precede vulnerability reduction. Further replication using multiple consecutive assessments is required to confirm or refute our findings.

4.22 – The Predictive and Concurrent Validity of the HARM and AIS in a Sample of Female Forensic Inpatients

Myers, Casey, McMaster University
Moulden, Heather, St. Joseph's Hospital
Mamak, Mini, St. Joseph's Hospital
Cook, Alana, St. Joseph's Hospital
Chaimowitz, Gary, St. Joseph's Hospital

Abstract: The accuracy of risk prediction for female forensic inpatients is notably worse compared to males, due to low base rates, and health care professionals' biases in predicting female inpatient violence. Structured clinical judgements, which combine the personal approach of interview and empirically based items, have shown promise in the prediction of female risk. The Hamilton Anatomy of Risk Management is a risk assessment tool recently developed at St. Joseph's Healthcare Hamilton (SJHH) to address several gaps in current risk assessment methodology. Embedded in the HARM is the Aggressive Incidence Scale, which is a standardized violence-reporting tool. The current study sought to examine the predictive and concurrent validity of the HARM and AIS in a small sample of female inpatients at SJHH, as well as compare the rate of inpatient violence between males and females. Violence and risk were assessed and coded using the HCR-20 Version 3 and the HARM from November 2013 to May 2014. The HARM and HCR-20 were retrospectively rated each month, with any violence recorded on the Modified-Overt Aggression Scale (M-OAS) and the AIS. The HARM and HCR-20 Version 3 demonstrated moderate concurrent validity, with the AIS and M-OAS demonstrating excellent concurrent validity. The HARM demonstrated limited predictive validity. Interestingly, females were found to be just as violent as males. These findings support the use of the AIS to monitor inpatient aggression and highlight the complexity of female violence. Possible explanations for the low predictive validity include sample size limitations and treatment interventions.

4.23 – The validity and reliability of the Thai START (Short-Term Assessment of Risk and Treatability) in the Thai forensic psychiatric population

Sanmontree, Weerapong, Galya Institute, Bangkok, Thailand
Fahy, Thomas, Institute of Psychiatry (IOP)
Smith, Shubulade, Institute of Psychiatry (IOP)

Abstract: The Short-Term Assessment of Risk and Treatability (START; Webster, Martin, Brink, Nicholls, & Desmarais, 2009) is a violence risk assessment instrument that is widely used in

forensic mental health care. The aim of the study is to investigate the psychometric properties of the Thai version of the START in the assessment and management of risk posed by forensic mental health inpatients. The study will explore the validity and reliability of the Thai START by examining the instrument's predictive accuracy in relation to dependent variables that are measured on the START Outcomes Scale (SOS) in 115 forensic mental health Thai inpatients. The study will be carried out in the following order. Firstly, the professional translation of the START into Thai will be enhanced by clarification of technical terminology in the English manual of the START by undertaking a Delphi exercise, utilizing a multidisciplinary panel of Thai mental health professionals. Next stage is to determine both of the construct and predictive validity, as well as the reliability of the Thai START in forensic psychiatric Thai patients. Then, this study will examine the utility of using the Thai START to identify forensic psychiatric patients who are at high risk of exhibiting a wide range of challenging behaviors such as aggression and violence, suicide, self-harm, and unauthorized absences. The utility of the Thai START as an indicator of treatment intervention and progress will also be studied.

4.24 – Comparison of HCR 20 Factors Between Patients With High Functioning ASD and Other ASD

Thomas, Carlo, St Andrews Healthcare Nottinghamshire

Abstract: The aim of the study was to observe if there were differences in the risk profile (using the HCR 20 as a template) between the hf ASD group and other ASD group. The clinical and demographic features have also been included which may aid in creating an offender profile of patient. It is also envisaged that the description of the risk profile will aid in the formulation of risk management plans for both groups. Evidence has shown that individuals with high functioning autistic spectrum disorders (hf ASD) are overrepresented in forensic populations compared to the general population, and the presentation of some symptoms can also lend itself to potential criminal actions. The individual groups are defined by a clinical diagnosis of ASD and IQ score of 70 and above for hf ASD and for other ASD -a clinical diagnosis of ASD plus an IQ of 69 and below or a diagnosis of mild or moderate Intellectual Disability. An examination of each patient's HCR-20 document and a tally of relevant factors created in SPSS. (e.g. history of previous violence, early maladjustment, drug and/or alcohol abuse etc.). A Mann-Whitney U test was carried out to examine the differences of the HCR-20 factors between the two groups. No statistically significant differences were found, although further inspection of mean rank differences did highlight certain factors where differences may be found. There are some individual factors with clinically significant differences between the two groups (although not statistically significant).

4.25 – Clinical Experiences with Version 3 of the HCR-20, Both From a Forensic Unit and From a General Psychiatric Unit

Waerp, Johnny, Oslo University Hospital

Bell, Christina

Tanke Gerd, Hilda, MCMH

Abstract: In Norway, except for 2 years in the period between 2005 and- 2014; the number of perpetrators (31-52) in cases of murder, exceeds the number of victims, (27- 45), each year

except for 2 years, even when excluding the Behring Breivik terror attack 22.07.11). Quarrels and jealousy are listed as the most frequent motives, and the influence of alcohol or drugs are present in about half of the cases (Kriplos, 2014). These statistics may indicate a trend of complex tendency to more complex risk due to multiple perpetrators involvement in a substantial number of violent acts to analyze and manage. The focus of this presentation is illustration in 3 case vignettes and a discussion of the following with focus on risk items from HCR-20V3, and sub items. Case vignette from the SAFE-pilot project (Bjørkly, 2004) with multiple perpetrators and victims are explored. Formulated by use of the HCR-20V3 methodology to specify the motivational dynamics relevant to one of the perpetrators, suffering from major mental disorder. Case vignette from general psychiatry, are presented in terms of risk formulation, risk scenarios and risk management. Risk formulation based on: Problems with insight and symptoms of Major mental illness, discussed in relation to future problems with response to treatment and supervision. Case vignette from general psychiatry focus problems with personality disorder and co morbidity. Risk formulation are discussed related to insight, and sub items. Risk management, discussed in relation to future problems with response to treatment and supervision.

4.26 – Applying the Moffitt Taxonomy to Children with Sexually Harmful Behavior

Brereton Alexandra, Fairleigh Dickinson University

Grossi, Laura, Fairleigh Dickinson University

Lee, Austin F., Bentley University

Prentky, Robert A., Fairleigh Dickinson University

Abstract: In the present study, the extensively validated offending taxonomy of Terrie Moffitt was examined in a child welfare sample with a history of sexually harmful behaviors. The majority of the research examining youth sexual reoffending has focused on adolescents involved with the juvenile justice system (e.g., Christiansen & Vincent, 2013; Miner, 2002). As not all juvenile sex offenses are reported, research regarding non-juvenile justice samples is warranted. The current study examined 609 male wards of a Department of Children & Families (DCF), all of whom had been referred for an "Assessment for Safe and Appropriate Placement" (ASAP) evaluation due to a history of sexually harmful behaviors. The sample was trifurcated into groups based on the boys' developmental stage at the time of their first recorded sexually harmful behavior: early childhood (two-seven years-old); middle childhood (eight-11 years-old); preadolescence/adolescence (12-17 years-old). Research assistants reviewed each boys' DCF records and coded detailed information into research abstracts. Sexual reoffense was defined as any new sexually coercive behavior that occurred after the ASAP evaluation. During a seven-year follow-up period, 122 boys reoffended: 31.2% of the early childhood group, 17.8% of the middle childhood group, and 15% of the preadolescence/adolescence group. Results from K-M survival analyses and hazard ratios from Cox models will be presented, comparing three, five, and seven-year follow-up windows. Hazard ratios remained stable across all three follow-up periods. Findings support prior research suggesting earlier-onset offending is more persistent than later-onset offending,

suggesting the applicability of Moffitt's taxonomy to sexually harmful behaviors in this sample.

4.27 – Climate Factors Associated with Predicting Sexual Aggression on College Campuses

Lamade, Raina, Fairleigh Dickinson University
Lopez, Elise, University of Arizona
Jennings, Sabrina, Fairleigh Dickinson University
Schaaf, Sarah, Fairleigh Dickinson University
Wolbert-Burgess, Ann, Boston College
Spencer, Shannon, Fairleigh Dickinson University
Brereton, Alexandra, Fairleigh Dickinson University

Abstract: College is a time of exploration and development. For many individuals, it is the first time they are away from their parents or guardians for any extended period of time. A time that is peer focused and in which peers exert significant influence over their friends. Studies have indicated that campus sexual aggression often occurs in the context of college parties where alcohol is consumed (Abbey & Ortiz, 2008; Thompson, 2014), but relationships between specific campus climate factors and sexual aggression have not been thoroughly studied. The process of data collection is ongoing as part of a project funded by the Department of Justice. Using a sample of over 1500 students from colleges and universities across the country, we will explore the relationships between campus climate factors and sexual aggression. Campus climate factors such as behaviors at college parties, attitudes and practices that promote risky behaviors, frequency of sexual behavior at campus parties, and perceived peer attitudes about sexual behavior, experimentation and inappropriate sexual contact will be examined. This study will also look at gender differences in the experience of climate factors.

4.28 – Recent Trends in Psychopathy Research

Sowemimo-Coker, Chantal, Global Institute of Forensic Research
Singh, Jay, Global Institute of Forensic Research

Abstract: Psychopathy is a major public health and safety issue as well as one of the most widely researched constructs in the field of forensic psychology. Despite the ever-increasing relevance of psychopathy-related research to practitioners and policymakers, little is known about where research is published, how many articles on psychopathy are published each year, and what the focus of these articles is. The present study is a systematic review exploring the psychopathy literature from an epidemiological perspective. A systematic search using the terms *psychopath* *psychopathy* were initially conducted to identify all English language journals that published between January 1, 2000 and July 1, 2015 using PsycINFO, MEDLINE, Scopus, and OVID Full Text. A total of 480 unique journals were identified to have published more than 3,000 articles. To obtain a contemporary view of the field, a cross-section of articles published in 2014 was manually examined to extract thematic elements ($N = 438$). Eight themes were identified; 10% of the journals were randomly selected and coded to test the reliability of this extraction ($k = .90$). Themes extracted included issues pertaining to the psychometric properties of assessment tools, risk assessment in adults and children, recidivism, biological components, treatment outcomes, and special issues related to women. Few studies examined psychopathy

treatment (4.3%), women (5.1%), or offered critical analyses of the psychopathy construct (6.5%). It is anticipated that researchers, practitioners and policymakers will be able to use these findings as a helpful guide to navigating and staying up-to-date on this important evidence base.

4.29 – Cognitive Behavior Group Therapy for Men Voluntary Seeking Help for Intimate Partner Violence

Jarwson, Stig, Project Manager

Abstract: Even though domestic violence is a major problem, there are few studies on the sustainability of treatment for men who voluntarily seek help to stop their violent behavior towards intimate partners. The objective of this study was to evaluate long term outcome in men who went through a structured manualized group therapy, using cognitive therapy techniques aimed at reducing violent behavior. The aim of our study was through self-report identifying the batterer's perspective on what elements from the cognitive-behavioral group treatment (CBT) "Brøsetmodellen" they found useful 4 to 7 years after completed treatment. The treatment components were studied in ten main techniques. The participants in this study consisted of a sample of men who had gone through anger management therapy 4 – 7 years ago. Data on violence were collected before and 4 -7 years after treatment using an extended version of the Conflict Tactic Scale (CTS). An overall persistent decrease in self-reported physical and psychological spousal violence was reported. The studied treatment components were overall still used on a frequent base. This group CBT program showed promising results in maintaining the use of anger management techniques and preventing future violent behavior. However, the most simple and instrumental techniques seemed best integrated. Through the study of 37 former patients, the results showed that a 15-week group-based anger management CBT program significantly reduced self-reported violent behavior. Further analysis showed that a number of anger management techniques emphasized in the program was substantially applied four to seven years after the treatment. Most participants reported applying several anger management techniques on a frequent base. This result may be associated to the general decrease in self-reported spousal violence since pre-treatment.

4.30 – Hashtag, Self-Harm: Social Media and the Virtual Distribution of Non-Suicidal Self-Injury (NSSI) Images

Margeotes, Krystyn, John Jay College of Criminal Justice

Abstract: The development of social media applications for image distribution has led to the publication and propagation of explicit photographic content throughout the Internet (Baker & Lewis, 2013; Lewis et al., 2012). Non-suicidal self-injury (NSSI), the intentional injury of the human body without suicidal intent (Favazza, 1998), is one form of explicit material currently disseminated on the Internet. This study addresses the lack of research regarding the psychopathologies of those who engage in NSSI in conjunction to Internet NSSI image sharing (Baker & Lewis, 2013; Whitlock et al., 2006). The primary sample for data analysis was drawn directly from the social media application, Instagram (IG), and consisted of individuals who have engaged in self-harm behaviors and published NSSI images on social media (SHVP group). They were compared to self-injurers who did not engage in online NSSI image publication (SH group). All

participants were administered the BDI-II (Beck et al., 1996), SCID-II (First et al., 1997), and ISAS (Klonsky & Glenn, 2009). As hypothesized, preliminary results of a one-way between groups ANOVA suggest a significant effect for elevated borderline traits as measured by the SCID-II for the SHVP group, $F(1,95)=8.38$, $p=.005$, compared to traditional self-harm populations. Additionally, factors relating to interpersonal influence were endorsed at higher rates for the SHVP group, $F(1,18.84)=5.38$, $p=.032$, indicative of elevated attention-seeking behavior. Although NSSI research is not foreign to psychological literature, this study can expand upon self-harm behaviors by examining those that exist in a current technology-based society.

4.31 – Psychopaths: The Unholy Trinity

Mineo, Alyssa, Carlos Albizu University
Tartar, Jaime, Nova Southeastern University
Mineo, Amanda, Carlos Albizu University

Abstract: Psychopathy is characterized as the inability to feel typical human emotions. Psychopaths are often remorseless and lack empathy and guilt. Psychopaths can be classified into one of three types: violent, non-violent and "pseudo" psychopaths. Regardless of classification, all psychopaths are identified according to the Psychopathy Checklist Revised (PCL-R). This neurometric assessment is considered the gold standard for the diagnosis of psychopathy. However, according to recent neuroanatomical investigations, the etiology and brain activity in these three types of psychopaths appears to be divergent. For example, while an underachieve amygdala appears to be involved in both violent and non-violent types, involvement of the orbitofrontal cortex, anterior cortices, bilateral lesions, and left inferior frontal gyrus is only shown in violent psychopathic offenders. In non-violent offenders, the damage to prefrontal structures was less severe and only presented lesions on one hemisphere. While "pseudo" psychopaths possess many of the behavioral characteristics of psychopathy, it is associated with dysfunction of the frontal cortex caused by maturational underdevelopment or traumatic brain injury. I will argue that in light of recent findings, the three types of psychopathy should be considered, and classified as, distinct disease processes. As a clinically underserved population, there is a need for clinicians and law enforcement to develop and implement preventative therapeutic interventions for youths who are considered at risk as a result of antisocial behaviors. In addition, the need for the development of treatment and rehabilitation programs for adults that meet PCL-R criteria for psychopathy is exigent.

Poster Session Two

Wednesday 6/22/2016, 10:00 am – 4:00 pm

5.01 – Opening the Doors to Emergency Departments: The Impact of Collaboration With Police Services

Boyd Amanda, Wilfrid Laurier University
Lavoie Jennifer, Wilfrid Laurier University

Abstract: In Canada, 7-30% of the calls for police service involve a person with a mental illness, (Coleman & Cotton, 2010). At times, police officers avoid Mental Health Act apprehensions due to the revolving door phenomenon of the mental health system that places clients back into the community too soon

(Cotton, 2004). Police experience lengthy hospital wait times while awaiting client assessment by the psychiatrist. Wait times for Ontario, Canada police services within emergency departments range from two to eight hours (Human Services and Justice Coordinating Committee, 2013). The ER is an area of increased pressure and tension between the police and emergency personnel. Collaboration between emergency personnel and police is inhibited by a lack of clear communication, issues of privacy, insufficient training, and lengthy hospital wait times. Many police departments and hospitals have begun to implement agreements and mental health screener forms to better define roles and responsibilities and assist with overcoming identified barriers. A content analysis of these service agreements and transfer forms from Ontario jurisdictions was conducted to identify common purposes, procedures and goals/objectives. These documents were critically analyzed to identify overlap between procedures and objectives stated within the documents, as well as reveal potential procedural gaps. Implications of the study's findings will be discussed within the broader context of the need to improve collaboration between police and health care systems.

5.02 – An Evaluation of Patient Engagement in the Forensic Psychiatry Program (FPP)

Furimsky, Ivana, Ms., St. Joseph's Healthcare, Hamilton
Dakers-Hayward, Marilyn, St. Joseph's Healthcare, Hamilton

Abstract: Involving patients in the development and improvement of health care services has emerged as a priority for many health care systems around the world. However, evidence suggesting the best methods to do this are limited and highly contextual. Patient engagement is described as patients, families, their representatives, and health professionals working in active partnership and shared decision making at various levels across the health care system to improve health and health care. Patient engagement shifts the role of the patient from recipient of care to an active role in creating and shaping health care services. Literature suggests that patient engagement may be associated with better health outcomes and improvements in quality and patient safety. Patient engagement frameworks have emerged identifying various levels at which patient engagement can occur, the different forms that engagement can take and key dynamics for patient engagement. Leadership within the FPP at St. Joseph's Healthcare Hamilton has focused on engaging current inpatient representatives on the Quality and Patient Safety Committee, various working groups and quality improvements initiatives. Patients within the FPP are involved in planning, implementing and evaluating the healthcare services they receive. The evaluation will address three key dynamics for patient engagement: (1) recruiting, preparing and supporting patients, (2) encouraging staff and patient collaborations and (3) ensuring leadership support and strategic focus. This evaluation will provide qualitative and quantitative information on the current state of patient engagement in the FPP and highlight opportunities for improvement as well as, showcase where the FPP is doing well.

5.03 – Simulation Training for the Treatment of Aggression

Dahl, Bjarne, High Security Hospital
Fossheim, Geir, Psychiatric Nurse

Garborg, Toril, Training Manager
Holtskog, Thor Egil, Psychiatric Nurse

Abstract: The high security psychiatric department at Oslo university hospital has weekly educational training courses in violence risk management: the educational group is led by a specialist nurse; instructors from each ward has completed a course in role-play facilitation www.simoslo.no; work schedules are adjusted to allow these weekly sessions; training center for simulations located on the ward; educational Action Research Project (Jack Whitehead); all employees participate and is registered; and the participants keep a log for each session. The main focus is interaction training, with emphasis on: communication and de-escalation techniques for dealing with aggression; detection and interpretation of warning signs for risk of violent behavior; early intervention in order to avoid (aggressive/violent) outbursts; the searching of persons and rooms; and the use of compulsion (force) and mechanical restraint. One goal is to develop training in violence risk management through structured development work where the focus is participation. For the personnel, emphasis is placed upon a meaningful and relevant training program in regard to their clinical work with their patients. The scenario training is conducted at the training center and the Sim-Oslo model is used with modification to suit the needs and conditions of the high security department. The instructors prepare a scenario and the instructional goals for the lesson. The participants perform as a ward team at work. The scenario goes on for 5-10 minutes, which usually has a potentially dangerous situation with a patient. After the scenario, the instructor facilitates a structured debriefing where the participants discuss what happened in the scenario. Feedback from participants in their logs show that they consider this type of education/interaction as realistic and instructive.

5.04 – Mental Health Recovery: A Journey of Healing and Transformation. Does Technology Have a Role to Play?

Sandy, Peter, University of South Africa

Abstract: Users with mental problems are often thought to have irreversible illnesses with increasing disabilities. They are usually institutionalized and provided very little treatment with little hope for improvement. This paper reports on a study that explores the meanings and explanations of the term mental health recovery from users in a secure forensic environment in England, and the role of technology in this process. This study adopted a multi-method phenomenological approach. Data were collected using a semi-structured interview schedule. This involved 15 individual interviews ($n=15$) and six focus groups with six participants each ($n=6 \times 6$). The data were analyzed using Interpretative Phenomenological Analysis. The term mental health recovery was viewed as a unique personal process of changing one's attitudes, values, feelings, and roles. It was also perceived as a way of living a satisfying hopeful and contributing life even with the limitations caused by mental illness. The study suggests that users with mental illness can effectively use technology, work, live independently, have meaningful relationships and can contribute to their communities in a variety of ways. Mental health recovery is about empowering, supporting self-management, promoting autonomy and, as a result, decreases the need for users to rely

on formal care service and professional support. Technology has a role to play in this process.

5.05 – Professionals' Opinions on Cultural Competency in Forensic Evaluations: An Exploratory Analysis

Banford, Megan, John Jay College of Criminal Justice
Reed, Amanda L., John Jay College of Criminal Justice
Zapf, Patricia, John Jay College of Criminal Justice

Abstract: Cultural considerations have not received adequate attention in forensic evaluation literature (Aggarwal, 2012). Given that many instruments used in forensic evaluations lack cross-cultural validation, evaluators must consider their own cultural competency prior to evaluating individuals with different cultural backgrounds (Weiss & Rosenfeld, 2012). This study explored the opinions and experiences of forensic evaluators regarding cultural competency. Participants included 45 professionals (15 males, 30 females) in psychology ($n=36$, 80%), social work ($n=3$, 6.7%), and psychiatry ($n=2$, 4.4%), aged 23-65 years old ($M=37.5$), residing mostly in the United States ($n=39$, 86.7%). Independent samples t-tests found that evaluators who had received cultural competence training tended to conduct forensic evaluations with culturally diverse individuals more often than those without training, $t(34)=2.42$, $p=.021$, 95% CI=0.15, 1.74, $d=.90$, and were more familiar with cultural factors that should be considered for commonly used forensic instruments, $t(38)=3.70$, $p=.001$, 95% CI=0.44, 1.62, $d=1.26$. However, both trained evaluators ($M=3.88$, $SD=.65$) and untrained evaluators ($M=3.67$, $SD=.62$) expressed similar ratings of themselves as culturally competent, $t(39)=1.05$, $p=.30$, 95% CI=-0.20, 0.64, $d=.34$. These results indicate that training may give evaluators a feeling of legitimacy in conducting forensic assessments with individuals from diverse cultural backgrounds instead of increasing their overall competence. This may explain why evaluators with training tend to conduct more evaluations with individuals from different cultural backgrounds, yet identify as similarly culturally competent as untrained evaluators. Future research could seek to better understand the threshold that evaluators feel is necessary for conducting culturally competent evaluations and conceptualizations of what it means to be culturally competent.

5.06 – Offenders' motivation for mental health programs according to professionals' subjective perceptions

Dufour, Sophie-Anne, Université de Montréal
Côté, Gilles, Université du Québec à Trois-Rivières

Abstract: Lack of motivation predicts offenders' attrition from correctional treatments linked to their mental health. Despite the importance of inmates' motivation for maintenance in programs, Correctional Service Canada (CSC) does not use any measuring instrument with the specific and unique goal to evaluate their motivation. There are rather subjective and independent evaluations made by different professionals. Is there stability between professionals' subjective assessments? The objective of this study is to see if there is a concordance between the various subjective measures of motivation and see the methodological accuracy of these evaluations. This study includes hundreds of offenders, incarcerated for various crimes, in various prisons, that participated in several treatments. CSC file reviews assessing program participation and motivation in a

two year follow-up were conducted. Various analyzes were performed for each motivation's measurements to see if an overall index of motivation could be created considering their stability (ANOVA factorial design to see the contribution of motivation's levels regarding needs identified and interaction between them, Cronbach alphas to evaluate internal consistency between items of a measure used in treatments). To see the concordance between indices of motivation, a cross-correlation matrix was performed. The current study could reveal the value of the professionals' subjectivity regarding evaluations of offenders' motivation. It could determine which source of information is potentially better to assess motivation and predict treatment attrition. Finally, it could determine if other sources of evaluation should be considered to measure motivation in order to appropriately target interventions leading offenders to complete treatments.

5.07 – A 3 Year Evaluation of Waiting Times of Electronic SOAD Requests in a Medium and Low Secure Regional Forensic Unit

Ghosh Sanjib, Kumar, Queen Mary University, London
Taylor, Brenda, ELFT Forensic Directorate MHA Office

Abstract: Mental health legislation in England & Wales requires review by a Second Opinion Appointed Doctor (SOAD) to safeguard the rights of patients detained in a hospital under this law if they refuse certain treatments or are incapable of consenting. This paper reviews the literature on SOADs and evaluates whether SOAD request time keeping standards are maintained since an electronic request system was introduced. Data was collected from the Mental Health Act administrator on all SOAD requests in 3 years for all in-patients in an English medium and low security service. We retrospectively sampled all forensic patients (n=110) for whom an electronic SOAD had been requested (October 2012-November 2015). So far, missing data accounted for 15% of the cases. 9% of these were cases where it was known that a SOAD request had been made from discussions and/or other documentation, but there was no available record of the exact dates of request and visit. For completed data, the mean number of days between SOAD request to visit was 25. These results suggest improvements can be made ensuring patients and clinicians are adequately protected by legal safeguards on decisions to treat with medication without informed consent. Two areas are: 1) the recording of the data and 2) the actual time taken for the SOAD to arrive. A system has commenced where the Mental Health Act Office team closely records the data, and tracks missing data or delays with CQC. SOADs can now electronically complete a T3 form and forward this to the Mental Health Act Office quicker.

5.08 – An Evidence-Based Evaluation of Clinical Investigations in a Medium and Low Secure Regional Forensic Service

Ghosh Sanjib, Kumar, Queen Mary University, London

Abstract: Specific blood, imaging, and other investigations must be conducted in the initial assessment of a psychiatric inpatient to exclude physical diagnoses for their psychiatric problems, and to monitor and treat physical comorbidities. Using an evidence-based evaluation tool we sampled 25% (n=44) of the total number of patients' notes from in NLFS in 2015 in Medium and Low secure services. We sampled the admission, intensive

care, established treatment, female, learning disability, personality disorder and rehabilitation wards. Most of the patients have some of the investigations conducted and documented within the initial assessment period. The most popular in descending order are FBC, U&E, LFT, TFT and lipids at 59%-77%. ECGs were done in 50%. The rest, including glucose, were below 50%. X-ray and imaging were not ordered in anyone. 20% had no initial bloods recorded, of which only 22% were explicitly recorded as having refused. The core blood investigations (FBC, U+Es) are favored. Glucose and lipid level checking should be prioritized. Reasons for below optimal specific bloods and ECGs include training and cultural issues, lack of availability of functioning items, and time constraints. Nursing staff may be able to perform some of these investigations as currently done in some acute medical wards. A culture needs to be set to include all the mentioned blood tests and ECGs routinely. We produced a universally agreed and distributed investigation electronic proforma across the services. This was agreed by clinicians, and verified at management level with service user input.

5.09 – Gender Differences in the Use of the HCR and PCL-R in Assessing Risk for Violence Among Inmates

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Chauhan, Preeti, John Jay College of Criminal Justice
Warren, Janet L., University of Virginia
Millspaugh, Sara Byrd, Rosalind Franklin University of Medicine and Science

Abstract: Violence in prison is an area of active public concern, especially with regards to sexual victimization and prison rape. This study aims to address violence in prison by applying Receiver Operating Characteristic/Area Under the Curve (AUC) analyses to examine across genders how the HCR-20 and PCL-R relate to both observed/official and self-reported violence by a sample of 471 inmates from two states. When the genders are analyzed together, the PCL-R demonstrates a slightly better ability to predict violence. However, when the measures are examined by gender we find that for men the total scores on the PCL-R have slightly larger AUC than the HCR-20, and for women neither measure is significant. However, when the sub-scales of the two instruments are examined, we find for males all three sub-scales of the HCR-20 are significant, and on the PCL-R the Interpersonal and Affective Facets are not significant. Despite the total scores of the HCR-20 and PCL-R not being significant for women, the Affective Facet of the PCL-R is significant for predicting violence. Subsequent analyses also indicate that these findings are dependent on the types of violence being used in the analyses. When self-reported measures of violence are used, we find that the predictive power of each measure becomes significant for females, while when observed or official reports of violence are used, both measures remain insignificant. These findings underscore the importance of contextualizing risk assessment by gender and integrating different types of violence assessment measures into risk research.

5.10 – Personality Dimensions and Self-Harm Behavior in Male Violent Offenders

Laporte, Natalie, Forensic Psychiatric Clinic
Westling, Sofie, Lund University

Ozolins, Andrejs, Linnaeus University
Westrin, Åsa, Lund University
Hofvander, Björn, Lund University
Billstedt, Eva, University of Gothenburg
Nilsson, Thomas, University of Gothenburg
Wallinius, Märta, Lund University

Abstract: Deliberate self-harm behavior (DSH) has been associated with several psychosocial and clinical characteristics, and an increased prevalence of DSH in offenders has been reported. Yet, there is little information on self-harming individuals' personality characteristics, especially in offender populations. This study aims to describe dimensions of temperament and character in a cohort of male violent offenders, and to compare these dimensions between offenders with and without DSH. Data were collected from a nationally representative cohort of male violent offenders in Sweden, 18-25 years old. Offenders were interviewed and files reviewed regarding psychosocial background, criminal history, mental disorders, lifetime aggressive antisocial behaviors, and DSH. Personality dimensions were measured by the Temperament and Character Inventory (TCI). Valid TCI-protocols were available for 160 offenders. Forty (25%) offenders had engaged in DSH at some point during their lifetime. All temperament and character dimensions measured by the TCI differed significantly ($p < .001$) from the Swedish norms, with higher Novelty Seeking, Harm Avoidance, and Self-Transcendence and lower Reward dependence, Persistence, Cooperativeness, and Self-directedness among the offenders. There were no significant differences in temperament or character between offenders with DSH and offenders without DSH. However, a trend could be seen where offenders with DSH reported lower mean scores on Self-Directedness ($p = .066$) and not significant yet somewhat higher mean scores on Harm Avoidance. Male violent offenders show dysfunctional dimensions of temperament and character, regardless of presence of DSH. The findings suggest that interventions in a prison context could take advantage of considering dysfunctional personality dimensions.

5.11 – The Relationship Between PAS Domains and Impairments in Competency in a Sample of IST Pre-Trial Defendants

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Green, Debbie, Fairleigh Dickinson University

Abstract: To be found incompetent to stand trial (IST), impairments in the domains of competency must be attributable to the presence of a mental disease or defect (*Dusky v. United States*, 1960). The PAS (Morey, 1997) is comprised of a subset of PAI (Morey, 1991) items and screens for clinical issues falling into 10 domains. The PAS total scale has been used as an assessment of psychopathological symptoms (Porcelli et al., 2012); no published studies have explored its use in an inpatient forensic psychiatric sample. The ECST-R (Rogers, Tillbrook, & Sewell, 2004) is a semi-structured interview designed to assess competency to stand trial and feigning. The *Dusky* prongs (i.e., the ability to communicate with an attorney as well as factual and rational understanding of the legal proceedings) are assessed through three competency scales. The current study assesses the relationship between

reported symptoms (measured by the PAS) and impaired competency (measured by the ECST-R). Both measures were administered to hospitalized pre-trial IST defendants. Analyses will explore the relationship between the PAS and the three ECST-R competency scales, including the ability of the PAS total and domain scores to predict impairments on individual competency scales. Preliminary analysis (inclusive of 45 defendants) indicates that self-reported psychotic symptoms are positively associated with greater impairments on the ECST-R Consult with Counsel: $r = .38, p = .01$ scale. Further, self-reported problems with anger control is associated with impairments on all three ECST-R competency scales (Consult with Counsel: $r = .31, p = .04$, Factual Understanding: $r = .43, p = .004$, and Rational Understanding $p = .31, r = .04$ scales).

5.12 – Executive Function Assessment in Psychopathic Forensic Sample Implementation of Miyake Task: An Exploratory Research

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Deviviers, Thomas, University of Mons
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Abstract: Much research has been done on the links between the concept of psychopathy and executive functions (Pham, & al, 2003; Blair & al, 2006; Mol, & al 2009; Bagshaw Gray, & Snowden, 2014). According to Kosson and Newman (1986), Arnett, Smith, and Newman (1997); and Newman, Patterson, Howland, and Nichols (1990), these patients have difficulties on attentional management, behavioral inhibition and planning. However, to our knowledge, study has yet assess the executive function tasks in a psychopathic population using Miyake Task. The Miyake's model evaluates three executive functions, precisely: mental set shifting, information updating and monitoring, and inhibition of prepotent responses (Miyake et al, 2000). Each function is assessed by three subtests. We administered the computer battery to forensic male inpatients (N = 20). Each patient was evaluated to the PCL-R (Hare, 2003). Age, length of stay and IQ total score are control variable. First, we will correlate the different performance scores at subtests of the Miyake Battery with the PCL-R scores. Secondly, we compute multiple regression analysis with PCL-R scores as predictors. We hypothesizes that facets 3 and 4 of the PCL-R is more related to the tasks performances than the two others facets. The results will be discussed on the light of international literature (see above). We will also discuss the implementation of Miyake's tasks among the forensic population, both in terms of their incremental contribution to the evaluation of the cognitive profile, than in practical aspects relating to the administration of the battery.

5.13 – A Long-Term Fatty Fish Intervention Improved Executive Function in Inpatients With Antisocial Traits and a History of Substance Abuse

Hansen, Anita, University of Bergen
Dahl, Lisbeth
Olson, Gina
Thornton, David
Grung, Bjørn
Thayer, Julian

Abstract: The aim of the present study was to investigate the effects of fatty fish consumption on cognitive functioning in a group of inpatients characterized by antisocial behavior. Eighty-three male forensic inpatients participated in this study. Participants were randomly assigned into a Fish or a Control group (e.g., meat, chicken, pork). One decision making task, the Iowa Gambling Task (IGT), and one planning task, the Tower of Hanoi (ToH), were administered before (pre-test) and at the end of the intervention period (post-test). For the IGT the Fish group had improved performance from pre- to post-test. Moreover, the Fish group showed significantly better performance than the Control group on the IGT at post-test. The Fish group also demonstrated improved performance from pre- to post-test on the ToH. However, only participants with a history of substance abuse showed improved performance from pre- to post-test on the ToH task. Further, the improvement was only significant for tasks with high working memory load (5-7 move problems), and not for tasks with low working memory load (1-4 move problems). The Control group showed no improvement on any of the tasks regardless of alcohol or drug abuse history. The present study suggests that regular fatty fish consumption may improve executive functions in forensic inpatients with antisocial traits and a history of substance abuse. Thus, the current results may have important implications with regard to health care interventions.

5.14 – A Cross Sectoral Work Model With Children and Juveniles With Harmful Sexual Behavior in Norway

Sandvik, Marita, St. Olavs Hospital
Lundgren, Morten, St. Olavs Hospital

Abstract: The poster will describe the following project: "Cross sectoral project about children and juveniles with harmful sexual behavior." The project is aimed at promoting collaboration among the services responsible for assessing and treating children and adolescents with harmful sexual behavior in middle Norway. The aim of the Project is preventing sexual offending among children and juveniles with the following goals: Raising knowledge about the theme in general among the participants, raising basic awareness of harmful sexual behavior among children and juveniles through lectures and other types of information. Developing professional evaluations of appropriate interventions and treatment plans to children and juveniles. Implementation of evidence-based risk assessments, treatments and therapies. Establish a multidisciplinary team for Counseling and Support to people involved in the children and adolescents lives: e.g. parents, teachers, social workers, therapists.

5.15 – A Review of Fitness to Stand Trial Under Canadian Criminal Law

Prpa, Teodora, McMaster University
Moulden, Heather, St. Joseph's Healthcare, Hamilton
Ambrosini, Daniel, Joseph's Healthcare, Hamilton

Abstract: The following review of fitness to stand trial under Canadian criminal law aims to provide a critical analysis of the interaction between legal provisions and human rights of Forensic Mental Health Patients (FMHP) from a temporal perspective. The legal concept of fitness to stand trial as outlined in the provisions of the *Criminal Code of Canada* is introduced and the current proceedings for determining fitness

is described. This review directs attention to treatment orders, to *prima facie* inquiries, and to violations of section 7, 9, and 11(d) of the *Canadian Charter of Rights and Freedoms*. Through the use of case law and supporting literature, the effects of these as they concern the time spent in the forensic mental health system by individuals found unfit to stand trial are discussed. Recommendations for administrative and procedural errors within fitness to stand trial proceedings will be suggested upon discussion of rights violations under the *Canadian Charter of Rights and Freedoms*. Questions for further research will be proposed in the areas of fitness to stand trial and human rights to improve processes for determining and managing fitness to stand trial under Canadian criminal law.

5.16 – Disposition of Mentally Ill Offenders After Forensic Psychiatric Assessment in Hunan, China, 2011

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Wang, Xiao-ping, Mental Health Institute of Second Xiangya Hospital
Chen, Chen, Mental Health Institute of Second Xiangya Hospital
Zhang, si-mei, Mental Health Institute of Second Xiangya Hospital
Guo, Ming, Chen Zhou Psychiatric Hospital

Abstract: This study examined the disposition of mentally ill offenders after forensic psychiatric assessment in Hunan, China. 483 mentally ill offenders were investigated by way of telephone inquiries, who had received forensic psychiatric evaluations at 7 forensic psychiatric assessment centers in Hunan, 2011. A self-developed structured questionnaire was conducted by telephone interview. 392 telephone interview questionnaires were completed. According to the answers, 52.3% of the subjects were found no criminally responsible by reason of mental disorder. The consistence rate between psychiatrists' decision of criminal responsibility and judges' decision of guilty was 87.7%. 245 mentally ill offenders had been judged as not guilty, 28.2% of cases had received compulsory treatment in Ankang hospital, 33.9% of cases had received involuntary treatment in general psychiatric hospital or department of psychiatry in general hospital. 20.4% of cases had received voluntary psychiatric treatment. 5.7% of them discharged to their families without any psychiatric treatment. 2.4% of them discharged to their families who were diagnosed as mental retardation without treatment. 9.3% of them lost contact. In addition to the 23 subjects who lost contact, 7/222 of subjects with no guilty got recidivism following psychiatric assessment one year. The system of compulsory treatment for mentally ill offenders in Hunan in 2011 improved a lot, but still need to be reformed. Some mentally ill offenders re-offended after being discharged who did not receive any further effective supervise and psychiatric treatment.

5.17 – The Challenges for Integration of Physical Health and Mental Health in a High Secure Environment

Jennings, Natalie, Nottinghamshire Healthcare NHS

Abstract: Health and Justice Services are commissioned to improve care by the 5 domains of the NHS outcome framework. Domain 1: Preventing people from dying prematurely. Domain 2: Enhancing quality of life for people with long term conditions. Domain 3: Helping people to recover from periods of ill-health or following injury. Domain 4: Ensuring

ing that people have a positive experience of care. Domain 5: Treating people in a safe and caring environment and protecting them from avoidable harm. Patients with SMI are four times more likely to die before they are 50. There is a 10 fold increase in deaths from respiratory disease for patients with schizophrenia and a third of all 'avoidable deaths' are among people with mental illness. Caring for patients with SMI is often a challenge but doing this in a high secure environment can be arduous. Access to patients is the initial challenge fitting around other daily activities and this can be exacerbated by additional obstacles such as staff able to be present whilst assessing and treating the patient. Many patients have multiple long term conditions and are on medication that requires regular monitoring and screening. Compounding this further are differing priorities, patient anxieties and general reluctance to be assessed so frequently. In order to treat patients within their 'home' and avoid having the leave the hospital the clinical and management skills of the physical nursing staff has to be extensive, adaptable and proficient. They also need to be adept in complex reasoning, planning and problem solving skills. Development of multifaceted plans are required to deliver and maintain the level of care required.

5.18 – An Evaluation of Post-Discharge Smoking Abstinence From a High Secure Forensic Unit in Scotland

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Mohammed, Nabihha, Kirklands Hospital, Scotland
McLaughlin, Jonathan, South West Scotland Psychiatry
Thomson, Lindsay

Abstract: This study aims to assess motivation of patients' to sustain smoking cessation following transfer from a smoke-free high secure forensic hospital to other hospitals and prisons. Background: Law exempts mental health units the same level of smoke-free environment as other hospitals. This results in health inequalities. Those with mental health problems have higher rates of smoking (70%). This imbalance in care has led to psychiatric hospitals and prisons across the United Kingdom considering smoke-free environments. One hundred and thirteen patients were discharged to low/medium secure hospitals and prisons (where smoking was allowed) from December 2011-June 2015. Data was collected about patients' smoking status, reasons if they re-started smoking, physical/mental health, thoughts about smoking in hospital/prisons, clozapine level/dosage and body weight since discharge. Results show significant numbers have re-started smoking. Majority were initially motivated to sustain the quit attempt but the availability of cigarettes and smoking environment triggered them to smoke again. There was no significant change to mental and or physical health. Patients' plasma clozapine level slightly reduced resulting in small increase in dosage. There was a slight decrease in body weight due to re-starting smoking. Exemptions for mental health units to allow smoking in grounds create inequalities in the delivery of care to people who suffer from mental health problems. Forensic in-patients and prisoners spend a considerable period of time in secure care and prisons. The physical and mental health benefits for patients including morbidity and mortality from smoking related disease is significantly reduced in smoke-free places.

5.19 – Neurofeedback as an Innovative Treatment for Impulsivity for Patients Dealing with Substance Use Disorder

Fielenbach, Sandra
Bogaerts, Stefan, University of Tilburg
Donkers, Franc, University of Maastricht
Spren, Marinus

Abstract: In this poster, we will present preliminary results of a randomized controlled trial investigating the effect of an impulsivity-focused neurofeedback-intervention on symptoms of substance use disorder (SUD). A large part of forensic patients suffer from insufficient impulse control and lack of response inhibition. Comorbidity rates between high impulsivity and SUD vary from 52%-70%. Contemporary neuropsychological models view SUD as the result of neural changes leading to a structural state of disinhibition and impulsivity, where drug-taking provides immediate positive reinforcement. Neurofeedback has been shown to have a positive effect on motor control and cortical inhibitory function. Fifty male forensic psychiatric patients with a diagnosis of SUD and comorbid axis I and/or axis II disorder were randomly distributed among treatment as usual (TAU) and an intervention group. Patients in the intervention group received Sensory Motor Rhythm (SMR) neurofeedback treatment to reduce symptoms of impulsivity. Levels of impulsivity pre-and post-treatment were compared to TAU, as well as correlated to symptoms of SUD, such as craving and actual drug-use. We expected patients in the intervention group to show a significant reduction in levels of impulsivity (BIS-11 and a cued Go/NoGo task), reduced levels of craving (DAQ), and actual drug-use. We will present pre- and post-treatment results on a group level, as well as demonstrate treatment results with a N=1 approach, thereby hoping to demonstrate the effectiveness of neurofeedback as an innovative treatment option in an inpatient forensic setting.

5.20 – Prevention of Violence Against Health Professionals in the Field of Psychiatry

Alfarnes, Svein Atle, Akershus University Hospital
Molvig, Tom Erik, Akershus University Hospital

Abstract: In Norway we have data about the incidence of violent episodes against health professionals in the field of psychiatry. Krogstad and colleagues registered 385 episodes in some psychiatric institutions during 18 months: 183 verbal threats and 155 physical violence. In our outpatient clinic (Gorud/GDPS) we register about 5 violent episodes each year. We believe many of the episodes are not registered, due to different reasons (e.g. definition of threat). Nurses are among the most vulnerable groups: During 2009 20% of the nurses experienced aggression at work. Risk assessment and management/prevention: 2013 GDPS established a risk team. The objective was to prevent risk of violence towards staff by different methods: - To teach staff about risk assessment of violence by using the V-RISK-10 (screening of general risk of violence) and BVC (observation of immediate aggression). - Using alarm.- Arranging regularly alarm- and hostage-rehearsals.- Developing a security routine, about how to behave when you meet aggressive patients.- Developing "the traffic light model" for prevention and follow-up after a violent episode. The traffic light model (TLM): The TLM consists of 10 levels of aggressive acts from mild (green), via moderate (yellow) to serious physicals acts (red). The model is instructive and easy to understand in everyday clinical practice. It will help the staff to be more conscious about classifying potential

dangerous behavior – at an early stage. Then it is possible to understand the potential harm of this behavior, and to choose the correct intervention.

5.21 – Psychopathy Traits in a Sample of Members of the Police Service Assessed by the PPI-R

Godoy Cervera, Verónica, Universidad Autónoma de Yucatán
Dzib Aguila, José Paulino, Universidad Autónoma de Yucatán

Abstract: Although the amount of knowledge produced by psychological science has been growing faster in the past few decades, sometimes the findings don't answer the needs of evaluation in different contexts. In Mexico, forensic psychology is in process of development and consolidation, nonetheless there are gaps that professionals are trying to fulfill with available resources. One of these gaps corresponds to the concept of psychopathy and its evaluation. The assessment of this concept is important in different populations, just like the offenders one, but also in the members of the police service this characteristic should be examined, considering the risk implicated in their activities and situations they are exposed to. This study analyzes the scores obtained in the Psychopathic Personality Inventory- Revised (Lilienfeld & Widows, 2005) by 30 members of the local police in a city of Mexico. We discuss the relevance of performing such evaluation in the members of the police service and the ethical and legal implications of these kind of evaluations in the professional performance.

5.22 – The Police's Risk Assessment and Immediate Protective Measures in Cases of Intimate Partner Violence

Nesset, Merete Berg, St.Olav's University Hospital
Bjørngaard, Johan Håkon, St.Olav's University Hospital
Palmstierna, Tom, St.Olav's University Hospital

Abstract: Police officers are often the first responders to family violence. In Norway the police use items from the B-SAFER when assessing risk for new violence and decide immediate actions. This study examines the association between structured police assessments and subsequent protective actions in Norway. There were increased odds of arrest on site if perpetrator was physically violent or had substance problems. If the perpetrator had mental health problems or if children were present on site, the victim was more likely to be relocated. Escalation of violence was associated with reduced odds of perpetrator being arrested or victim being relocated. The finding that the police actively ignored the escalation of violence needs to be addressed.

5.23 – Development and Psychometric Properties of the Suicidality of Adolescent Screening Scale Using Multidimensional Item Response Theory

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Kongsuk, Thoranin, Prasrimahabodi Psychiatric Hospital
Konkamdee, Supattra, Prasrimahabodi Psychiatric Hospital
Leejongpermpool, Jintana, Prasrimahabodi Psychiatric Hospital
Phrimtra, Supranee, Prasrimahabodi Psychiatric Hospital

Abstract: Suicide prevention in adolescents by early detection using screening tools to identify high suicidal risk is a priority. Our objective was to build a multidimensional scale namely, Suicidality of Adolescent Screening Scale (SASS) to identify adolescents at risk of suicide. An initial pool of items was

developed using in-depth interview, focus groups and a literature review. Initially, 77 items were administered to 307 adolescents and analyzed using exploratory Multidimensional Item Response Theory to remove unnecessary items. A subsequent exploratory factor analysis revealed 35 items that collected into four factors: stressors, pessimism, suicidality and depression. To confirm this structure, a new sample of 450 adolescents were collected and confirmatory MIRT performed. The resulting scale was shown to be both construct valid and able to discriminate well between adolescents that had and hadn't previously attempted suicide.

5.24 – Motivational Dimensions and Diagnostic Categories in Inpatient Aggression

Trønnes, Helene Charlotte Sande, Haukeland University Hospital
Harde, Mari Heyerdahl, Haukeland University Hospital
Urheim, Ragnar, Haukeland University Hospital
Hoff, Helge Andreas, Haukeland University Hospital
Gjestad, Rolf, Haukeland University Hospital

Abstract: Working with patients sentenced to treatment, and patients too violent or threatening for regular wards, gives reason to dwell on the similarities of aggressive behavior despite striking differences between patients. We also face considerable variation in the observed aggression among these patients. What factors can shed light over this variation across patients, situations and time? In this study; we used data collected over the last decade using the Staff Observation of Aggression Scale – Revised (SOAS-R) on a population of forensic psychiatric inpatients in Norway. We will present relationships between different scores on the Psychopathy Check List: Screening Version (PCL-SV), diagnostic categories, and motivational dimensions of different types of aggressive behavior.

5.25– Guidelines for the Assessment of Impulsivity Related to Violence: Development of the Measure of Impulsivity Related to Violence (IMP-V)

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Logan, Caroline, Greater Manchester West Mental Health NHS
Putkonen, Hanna, Vanha Vaasa Hospital
Eronen, Markku, Vanha Vaasa Hospital
Rissanen, Teija, Niuvanniemi Hospital
Webster, Christopher, Forensic Psychiatric Services Commission of British Columbia

Abstract: The association between impulsivity and aggression, violent behavior and violent recidivism has been well documented. The aim of the present study is to develop a clinically useful tool for assessing impulsivity related to violence by examining the predictive validity of a new risk assessment tool, the Measure of Impulsivity Related to Violence (IMP-V). The IMP-V is based on the early works by Wishnie, Webster and Jackson, and Webster and Logan as well as on literature research and clinical expertise. Twelve risk factors relevant for the assessment of impulsivity related to violence were developed. Forensic psychiatric examination reports of 66 offenders were retrospectively rated for the assessment of impulsivity. Data on putative reconvictions were collected from the National Crime Register at the end of a follow-up of 15 years. Information from the National Death Register was also collected in order to exclude those who had died during the

follow-up. The area under the ROC curve showed that the guidelines could discriminate between those individuals who were at risk for impulsive violent recidivism and those who did not. Logistic regression showed high risk classification among the violent recidivists. The analysis of the IMP-V items by logistic regression revealed that recidivists had more high-risk ratings on the items than offenders who did not recidivate. These preliminary results show that the IMP-V seems to be a promising tool for the assessment of impulsivity related to violence, which will be worthwhile to develop.

5.26 – Prospective Study Concerning the Criminal, Diagnostic, Social and Treatment Characteristics of Sex Offenders in the Belgium Walloon Community

Ducro, Claire, Centre of Research In Social Defense (CRDS)
Pham, Thierry, Centre of Research In Social Defense (CRDS)
Lagneaux, Julien, Unity of Legal Psychopathology (UPPL, BE)

Abstract: The first phase of this research was to measure the recidivism rates of sex offenders released into the community. The sex offenders were assigned to treatment services in the Belgium Walloon Region. This phase was retrospective and did not allow a systematic evaluation of therapeutic efficiency since most key information was missing from treatment services (duration, intensity, group vs individual approaches, and so on). Given this major limitation, we have implemented a second prospective research: The prospective establishment of an annual evaluation tool incorporating variables related: Offenses: characteristics of the both index and anterior offenses (sexual, non-sexual, violent, nonviolent, nonviolent non sexual), frequency of the sex offense, victims' characteristics (gender, age, relation with the sex offender); psychiatric diagnosis (using an international classification); socio-environmental characteristics (marital status, occupation, living environment and that before the sexual offenses, during incarceration during detention and during treatment); and treatment characteristics (duration, intensity). These dimensions are assumed as potential predictors of recidivism. They are also necessary for the identification of the needs among sex offenders and their level of responsiveness to treatment. In this poster, we will present the results on these dimensions from male sex offenders evaluated in this research (N >400) with a follow-up period of 3 years. The main objective is to evaluate the recidivism rates of sex offenders included in this study and to identify, through regression analysis, the criminological, diagnostic and demographical variables most related to recidivism study.

5.27 – Measuring Implicit Theories of Sex Offenders: Construction and Preliminary Validation of a New Questionnaire

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Kijvelanden/Dok/Aventurijn/Palier/FPC Gent)
Hildebrand, Martin, Private Practice
Bogaerts, Stefan, Fivoor, Rotterdam and Tilburg University

Abstract: Implicit theories (IT) are the underlying causal theoretical structures, or schemas, that (sex) offenders use to make sense of the world around them and their own behavior (Polaschek & Ward, 2002; Ward, 2000; Ward & Keenan, 1999). The IT model (ITM) has two versions: the ITM of Rapists (ITM-R; Polaschek & Gannon, 2004; Polaschek & Ward, 2002) and the

ITM of Child Molesters (ITM-CM; Ward & Keenan, 1999). Each model was developed from a range of responses to questionnaire items of cognitive distortions and from clinical interviews. From this, seven separate, but related, ITs were identified that concern (a) the self: Uncontrollability and Entitlement; (b) the victim: Women as sexual objects, Women are dangerous, Children as sexual beings, and Nature of harm; and (c) the world: Dangerous world. Of these, the Uncontrollability, Entitlement, and Dangerous world ITS are shared by child molesters and rapists. In recent years, several self-report questionnaires have been developed to assess ITs. Unfortunately, these questionnaires lack discriminant validity and are vulnerable to social desirability biases. The primary purpose of our research is to develop and validate a new self-report questionnaire to assess ITs of both child molesters and rapists (i.e., all seven ITs are included) that also includes so-called response indexes (i.e., random responding, acquiescent, social desirability). The construction of the new measure is described and preliminary validation results (N = 60; 30 sex offenders and 30 controls) will be presented and discussed.

5.28 – Autism, Personality Disorder, and Risk Management

Fenton, Margaret, GMW Mental Health NHS
Brown, Paul, GMW Mental Health NHS

Abstract: There is currently a lack of guidance and, thus, clinical uncertainty, regarding presentations in which Autistic Spectrum Disorder (ASD) may be a feature. The link between offending behavior and ASD has been investigated in a number of studies. The prevalence of people with ASD who offend is believed to be no greater than in the general population; however, they are disproportionately represented in forensic services. Treatment approaches in such services may not be adequate, and availability of specialist services is limited. There is considerable overlap and diagnostic uncertainty between ASD and personality disorder (PD) and the co-existence of these conditions is likely to be associated with increased risk. Differences between features of ASD and PD may be evident following an assessment, however factors such as diagnostic uncertainty and lack of training and experience, may lead to incomplete treatment and risk management plans. This study will report on the findings of a systematic review that identifies the relationship between ASD and PD. Specifically, it looks at the interplay between these diagnoses and their relationship with risk, and the current approaches used by forensic services in response. It is hypothesized that there is an overlap between ASD and PD; that there is often diagnostic uncertainty; and that this has an adverse effect on risk management. Findings of this ongoing study will be discussed. This study will contribute towards the evidence base in a developing area. Recommendations will be made on training needs in forensic services and for further research.

5.29 – An Overview of the Violent Offender Treatment Programme (VOTP) in a UK High Secure Hospital

Jones, David, MSc, Rampton High Secure Hospital
Braham, Louise, Rampton High Secure Hospital
Dunsmuir-White, Caroline, Rampton High Secure Hospital

Abstract: The Violent Offender Treatment Program (VOTP) is a manualized, evidence-based, cognitive-behavioral based treatment program for mentally disordered offenders in a UK NHS

high secure hospital. It encompasses a number of established treatment modalities and adheres to the established principles of risk, need and responsivity. The VOTP is delivered on a twice weekly basis over 12-18 months by a multi-disciplinary team. The program has now been running for 10 years, has been delivered to 7 cohorts of patients, and has shown positive outcomes using qualitative (Stewart et al, 2012) and quantitative methodology (Braham et al, 2008; Braham et al, unpublished). In 2015, it was identified that a number of changes to the program would be beneficial due to developments within the evidence-base, and the changing NHS climate. VOTP is currently undergoing a number of adaptations including 1) the addition of a vulnerabilities module to acknowledge and develop understanding of the impact of trauma, low self-esteem, and shame, upon offending, 2) the addition of third-wave CBT elements such as mindfulness and strength based approaches, 3) increased patient involvement, 4) increased used of collaborative and patient participation. The aim of such changes is to allow the program to evolve whilst maintaining elements which continue to be effective and have a solid evidence-base. The poster aims to provide an overview of the adaptations to VOTP, the new format of modules, and how these benefit patients in a high secure hospital with high levels of risk and treatment need.

5.30 – Violence in Dementia Outpatients and Inpatients

Matsubara, Yoichiro, Juntendo Tokyo Koto Geriatric Medical Centre
Ichimiya, Yosuke, Juntendo Tokyo Koto Geriatric Medical Centre

Abstract: In 2014, the Metropolitan Police Department of Tokyo reported that in arrests for cases of violence, the only age group that increased its number of arrests was that of over 65 years old. While Japan indeed does have one of the highest rates of aging in the world (in 2015, the Cabinet Office of the Japanese Government reported that people over 65 years old accounted for 26% of the total population), the increase in arrests for violent acts cannot be explained only by the increasing population of this age group, as the total number of arrests in the age group has been declining since 2012. One factor in this seemingly strange development may well be the increasing cases of dementia. One possible symptom of dementia is aggressive behavior, including verbal or physical violence. Such behavior, for one reason or another, is not always made explicit by the patient or by those around them, either in outpatients' chief complaints or in the process of hospitalization. Through detailed interviews conducted with patients and their families, we have compared the occurrence of violence in cases of dementia outpatients and inpatients to see how violence affects the decision to hospitalize a patient. We also present some cases of dementia-related violence. In cases of some types of dementia, especially in their early stages, it is difficult for the observer to notice the patients' declined cognition. In such cases, the patients are mostly convicted by the court.

5.31 – A New Direction for Community Based Psychological Treatment of a Special Forensic Population of High Risk Offenders With Personality Disorder

Moon Vogels, Heather, National Health Service
Collins, Sophia, National Health Service
Young, Samantha, National Health Service

Abstract: Individuals with personality disorders, a history of offending and mental health problems who also pose a significant risk to the public of serious harm have proven to be both a major public health concern and public protection issue. Since 2000, UK legislation, guidance and investment has stimulated new pilot services in order to meet the psychological needs of this high risk, and vulnerable population and to establish effective clinical interventions and initiatives to reduce their risk while improving their psychological well-being. One of these services is the Pathfinder Service, funded by the NHS, which is a specialist psychological community based service designed to assess and offer evidenced-based individual and group interventions to high risk individuals whose behaviour and chaotic lifestyles mean that they are often difficult to engage in traditional psychological services. They are often considered too complex and dangerous to be seen by psychological/talking therapies services and their disclosure of offenses can greatly disturb any group programme not specifically designed to meet their needs. While there is growing recognition of the potential for outpatient psychologically led services, research is limited as to the effectiveness with this high risk, complex clinical population in addition to which factors may influence better treatment outcomes. Our paper aims to describe this pilot service as well as to examine the current effectiveness while proposing longitudinal research looking at treatment outcomes in relation to recidivism, re-offending, psychological well-being and adjustment in the community setting and reduction of risk to self and to the public.

Poster Session Three

Thursday 6/23/2016, 10:00 am – 4:00 pm

6.01 – Innovation in Care and Safety Planning in UK Secure Services: The Rethink Mental Illness Innovation Network Secure Care Programme

Callaghan, Ian, Rethink Mental Illness
Hadden, Charli, Rethink Mental Illness
Lawson, Mike, Sussex Partnership Trust
McGowan, Amanda, South Staffs and Shropshire Trust
Law, Kate, Priory Group
Fegan, Terry, West London Trust

Abstract: Rethink Mental Illness is a national mental health charity in England. Formed 40 years ago, the charity provides services for over 60,000 people. In 2012, the Schizophrenia Commission made 42 recommendations with several relating to the provision of services in secure settings. In response to the report, Rethink Mental Illness formed their Innovation Network, made up of eleven NHS Trusts and one independent sector provider, together with Rethink Mental Illness as a voluntary sector provider. The Innovation Network includes two evaluated approaches to address the recommendations for secure care, namely Effective Care and Safety Planning and another, Peer Support. In conjunction with four providers of secure care from across the country, the Innovation Network is supporting the evaluation of a program of interventions in the areas of collaborative 'care planning' and 'safety planning', focused on working alongside services users and the early identification of recovery pathways that address personal, clinical and safety orientated goals. This paper describes the interventions in each of these areas of practice and the way

they are being implemented in each secure service. It discusses the methodology of the evaluation and difficulties and challenges of data collection. The evaluation includes the audit of patient records, qualitative data collection, focus groups with service users and staff and the use of a recovery environment assessment tool. This paper will present the findings of the final evaluations and will discuss the implications these have for future services improvement, together with future applications for development in the national context.

6.02 – Developing the Role of Community Consultation Clinics on the Background of Current UK Community Forensic Team Practice

Hill, Emma, Hertfordshire Community Forensic Service

Dhillon, Jasbir

Shortt, Michael, MRCPsych

Flury, Sarah

Abstract: Community Forensic Teams (CFT) developed rapidly following the deinstitutionalization of psychiatric services. There is precious little research on models adapted by Community Forensic Teams (CFT) and their effect upon clinical practice. The majority of CFT work is directly patient related but an audit of a well-known Forensic clinical service indicated that 81% of patient related work was in fact indirect (Gudjonsson & Young, 2007). Much of community forensic work is spent indirectly meeting or providing consultation which in itself is difficult to evidence. We aimed to gain an insight into the current working practices of CFT by looking at demographic information and so-called 'activity' data collected from members of staff. Similarities and differences were analyzed between CFT's nationwide. In addition, Hertfordshire Community Forensic Service (CFS) developed a clinic to offer consultation to Community Mental Health Teams (CMHT) and Hertfordshire Probation Services. In evaluating this service both an audit of its function against Standards for Community Forensic Mental Health Services (Kenney-Herbert et al., 2013) and a survey of the views of those professionals using the clinic were performed. Overall findings indicate that only a small percentage of time is spent in direct contact with patients within CFT's nationwide. In terms of the consultation clinic developed by Hertfordshire CFS as an indirect method of patient related work were shown to meet the needs of staff by contributing to their practice, knowledge, confidence and motivation. Further results from the nationwide study and local audit will be disseminated at conference.

6.03 – Community Forensic Teams: An investigation of Current Services Across the UK

Hill, Emma, Hertfordshire Partnerships University NHS

Flury, Sarah

Abstract: Community forensic teams (CFT's) developed rapidly in an 'ad-hoc' manner after the deinstitutionalization movement. As a result, little is known about the provision of community forensic services, and little previous research has investigated models adopted or their impact on working practices. Though the majority of work by CFTs is patient focused, a large amount of this time is spent working indirectly e.g. in meetings or consultation, which is difficult to evidence. Gudjonsson & Young (2007) conducted an audit of forensic clinical services in their London service and found that there was a large amount of patient related work (78%) but

that 81% of this work was indirect. There is a risk of this resulting in CFTs being undervalued and the role/importance of teams being questioned. All participants in the current study were staff working in CFTs. in the UK. Demographic information was collected and detailed activity data gathered from CFTs via 'time-spent' questionnaires. CFTs nationwide share significant overlap in roles and provisions. Boardman & Parsonage (2007) calculated the services, staffing and costs of delivering the Government's recent mental health policies in CFTs. None of the teams surveyed comes near their suggested ratio of 11 clinical staff members per 250,000 population. The majority of time in the CFTs was spent engaged in patient related work. However, only a small amount of this involved direct patient contact. These results are similar, albeit slightly lower than Gudjonsson & Young's 2007 audit.

6.04 – Adlerian Psychology in Forensic Practice

Finn, Matthew, Adler University

Abstract: The presentation will explore how Adlerian theory and interventions can positively impact forensic mental health practice. Forensic mental health can be practiced in a variety of settings including; state and federal correctional institutions, community jails, community mental health centers, substance abuse interventions, court room testimony, consultation with the legal profession, civil commitment, criminal adjudication, and private practice. The practice of forensic psychology has unique challenges which are different from standard clinical practice. How the individual is conceptualized and treated in a forensic setting is often different from standard clinical practice. This fact has both advantages and disadvantages which will be explored during the presentation. Adlerian concepts including social interest, social justice, encouragement, creativity, private logic, and teleology can have a positive impact on the practice of forensic psychology. How these fundamental Adlerian concepts can impact, inform, and change the practice of forensic psychology will be explored.

6.05 – Trainees Experiences of Working Within Psychiatry, With a Focus on Their Placements in Forensic Psychiatry

Speakman, Michelle, West London Mental Health Trust

Corciova, Suzannah, North East London Foundation Trust

Igoumenou, Artemis, NHS

Abstract: As doctors training in Psychiatry within the UK we spend 3 years rotating around the different sub-specialties of Psychiatry (General Adult, Older Adult, Child and Adolescent, Forensic, Learning Disability, Eating Disorders, Psychotherapy and Substance Misuse). We then train for 3 years within our chosen sub-specialty before completing our training and taking on a Consultant role within that field. We decided to look into what determines which sub-specialty a trainee will choose to dedicate themselves to; this included feedback from colleagues, common misconceptions, perceptions of risk, work-life balance, feeling valued and team cohesiveness. We asked the trainees to compare their views before the placement was undertaken to how they felt at the end of the placements. Furthermore we looked at how Consultants rated their job satisfaction based on 3 points; work-life balance, feeling listened to and being able to 'make a difference'. In this poster we present our findings and focus on what we found to be unique about the experience of working within Forensic Psychiatry.

6.06 – Obscure Death and Depression

Othman, Elzentani, Center of Judicial Expertise and Research

Abstract: Depression is a common medical problem, first of all in the elderly with a rate varying from 25% in mental institutes, to 40% in outpatient psychiatric clinics, to 70% of cases in general practice linked to other disease phenomena. Depression is associated with social, occupational and physical impairment and mortality with a greater portion of death in the first year of disease, and often results in attempted or successful suicide with a suicidal rate of 60% and majority of cases in elder age group. Most of the cases pass unnoticed and therefore untreated. Despite treatment, mortality is still significant but early diagnosis of cases and prompt treatment will surely reduce the rate of depression-associated mortality. We had studied retrospectively in detail most of the parameters and variables related to obscure (unexplained) death cases associated with depression. In these cases, in our institute for the period 01.01.81 to 31.12.92 inclusive, to find any correlation or association or not, and completed with revision of the relevant literature, we had then discussed our results. Clear straightforward causality between depression and death could be due to an intoxication (for example overdose of antidepressants), secondary alcoholism, suicide, natural functional disorder etc. However, death associated with depression could be also obscure. It was evident that about one-seventh of our obscure death cases were associated with past history of depression. As yet, in forensic reports it is not logical to attribute death to depression where the exact cause of death is undetermined.

6.07 – A Comparative Evaluation of Doctor-Led Physical Health Measurements for Admission Assessments at 2 medium and low secure Regional Forensic Services

Ghosh Sanjib, Kumar, Queen Mary University London

Abstract: Specific doctor-led physical health measurements must be conducted in the initial assessment of a psychiatric inpatient to exclude physical diagnoses for their psychiatric problems, and to monitor and treat physical comorbidities. This paper comprehensively reviews current literature for nursing-led physical health measurements for psychiatric inpatient admissions. It then comparatively evaluates whether these are being performed and documented in North (NLFS) and East (ELFS) London Forensic Services and highlights areas for improvement. It evaluates them against government targets for monitoring physical health. We sampled 44 and 49 patients' notes 25% of the total number of patients notes from NLFS in 2015 (n=44) and ELFS in 2013 (n=49). We sampled the admission, established treatment, female, learning disability, intensive care, personality disorder and rehabilitation wards. Results were similar albeit lower than 100% standard. Cardiovascular, respiratory, and abdominal examinations were the highest parameters at around 75-85%. Peripheral examinations were checked in 2 of 3. Subjective physical symptoms are checked less than other parameters, at 5-40%. Results broadly similar and lower than 100% standard. Lag and lower results partly reflects new introduction of electronic system. Clinical culture favors measuring some parameters far less than others. Physical symptoms are an area of screening to be improved. Physical examination should be formally the responsibility of

the medical team, and measurements by the nursing team. Physical health symptoms need integration in set proformas. Patients can keep diaries and gain control over their healthcare.

6.08 – An Evidence-Based Evaluation of Psychiatric Diagnoses Recording for Admission Assessments in Medium and Low Security in Regional Forensic Services

Ghosh Sanjib, Kumar, Queen Mary University London

Abstract: This paper comprehensively reviews current literature for psychiatric diagnoses documentation for psychiatric inpatient admissions. It evaluates whether and when these diagnoses are documented in North London Forensic Services (NLFS) and highlights areas for improvement. Psychiatric diagnoses must be coded and recorded in the diagnoses and progress notes sections for initial assessment of a psychiatric inpatient. This must be done at least as working diagnoses within 24 hours of admission. Monitoring and treatment plans are then informed. Using an evidence-based evaluation tool we sampled 25% (n=44) of the total number of patients' notes from NLFS in 2015 in Medium & Low secure services. We sampled the admission, intensive care, established treatment, female, learning disability, personality disorder and rehabilitation wards. 84% of diagnoses were recorded at some point after admission, but only 7% recorded in the diagnosis section within the 24hr target. However, 66% recordings were made in the progress notes on time. Although 11% never had a diagnosis recorded in the appropriate section, some sort of record was made in 100% of the cases. Recording diagnoses is accepted as important. Most records are performed within 24 hours, although this can be improved. However, more information should be communicated on recording diagnoses within 24 hours into the appropriate section for admissions. Doctors should lead as they are usually involved in formally diagnosing and treating mental illness. They need to be reminded at their induction, and at the clerking of a patient. The ward team must check the relevant sections are complete after each new admission. This is part of the general admissions checklist we provided for our Trust.

6.09 – Intelligence Levels Among Prisoners in England and Wales: Criminality, Risk Factors, Daily Living, Support and Rehabilitation

Ghosh Sanjib, Kumar, Queen Mary University London
Coid, Jeremy

Abstract: Previous research described offending, prison experience and rehabilitation of prisoners, but rarely considered their levels of intelligence. This study aimed to establish whether intelligence scores are directly associated with criminal convictions, childhood and lifetime risk factors, prison victimization, support and rehabilitation in a representative sample of UK prisoners (n=2711). Following adjustments for social and criminal factors, decreasing intelligence scores were associated with decreasing educational attainment, unemployment, lack of accommodation, early institutional care, school expulsion and acquisitive offending. Additionally, intellectual disability scorers have significantly low social and emotional support. Higher intelligence scores are associated with white collar crimes, employment and self-report of victimization. Rehabilitation programs are underused by prisoners with below average and intellectual disabilities scores. Early adversity faced

by lower intelligence scorers could manifest in poorer educational achievements, employment opportunities and subsequent use of crime as a career. Rehabilitation programs should take into account differing levels of intellectual ability to increase accessibility.

6.10 – Short Term Assessment of Risk and Treatability (START) as a measure for group treatment and interventions in a Forensic Hospital

Gross-Benberg, Antje, St. Olavs Hospital
Nonstad, Kåre, St. Olavs Hospital

Abstract: Forensic hospital patients often have long substantial difficulties associated with serious mental illness, drug abuse, and dangerous and criminal propensities. They have special needs of information, both related to the illness and treatment, to understand and manage their chronic illness more effectively in collaboration with treatment providers. Recovery is not only remission of symptoms and return to prior functioning. It can be defined as a blend of subjective aspects including common themes like personal growth and full life beyond the illness during a positive identity, personal responsibility, social connection and meaningful life activities. The START is a 20 item risk and treatability SPJ instrument that has been in use at St. Olavs Hospital, Regional Security Facility Brøset since 2005. It helps the practitioners to develop risk management, treatment objectives and resource planning based on the patients functioning while under treatment, taking into account prior risk behaviors and current risk estimates. All patients at Brøset are rated by a multidisciplinary team at intervals ranging from 4 to 8 weeks. During the last 5 years we have developed a structured group treatment based on The Illness Management and Recovery (IMR) program from Kim T. Mueser and a locally developed anger management program at our hospital. In this program, START is used in the beginning, during and after the patients have completed the group model. The poster will describe approximately 20 patient's scores on the START from inception to treatment end, together with the focus of the group treatment model.

6.11 – Predictive Validity of the Barratt Impulsiveness Scale for Multiple Social Stability Outcomes in Homeless People Living with Mental Illness

Leclair, Marichelle C., McGill University
Crocker, Anne G., McGill University
Roy, Laurence, McGill University
Lemieux, Ashley J., McGill University

Abstract: Despite extensive research on the relation between trait impulsivity and antisocial behaviors (de Wit, 2009; Ersche et al., 2010; Lynam et al., 2000; Lynam & Miller, 2004; Miller & Lynam, 2001), it remains unclear whether the Barratt Impulsiveness Scale, comprised of the attentional, motor and non-planning dimensions of impulsivity (BIS-11; Patton, Stanford & Barratt, 1995), is helpful to predict other outcomes related to social stability, such as housing stability; use of social, justice and health services; and general social and health outcomes. We investigate this in a population of homeless people living with mental illness ($N = 469$) recruited in Montreal for the At Home/*Chez Soi* demonstration project, a four-year pan-Canadian study. The BIS-11 was completed six months post-baseline, and the various outcomes were assessed by

completing self-report measures every six months for up to 24 months post-baseline and by collecting administrative data. We expect to find that participants scoring high on the BIS-11 will experience more housing instability, such as a higher percentage of nights spent on the street or in shelters, and that they will use more heavily social, justice and health services, measured in emergency room visits, days spent in institutions such as hospitals and prisons, and contacts with justice services (police, arrests, court appearances). Finally, we expect that they will experience poorer quality of life outcomes and more mental health and substance-related problems. Results will be discussed in terms of the potential clinical utility of the BIS-11 in identifying individuals' at risk of justice involvement.

6.12 – Current Practices in the Evaluation of Psychological Injury in Youth: A Survey of Mental Health Professionals

Schuberth, David, Simon Fraser University
Gatner, Dylan, Simon Fraser University
Ryan, Tara, Simon Fraser University
Douglas, Kevin, Simon Fraser University

Abstract: Since the 1991 amendment of the Federal Rules of Civil Procedure (2003), which authorized psychological examinations by suitably licensed mental health professionals, the demand for such evaluations in tort legislation has grown tremendously. Likewise, the field of forensic psychology has recently experienced a significant surge to accommodate the law's mounting acceptance of psychological expertise. Despite the growing body of literature offering guidelines (Heilbrun, 2001; Melton et al., 2007) and establishing professional standards (AACAP, 1997; APA, 2013) in forensic evaluations, there has been little research monitoring the adoption of such principles in subsequent practice. This is of concern given the role of psychological examination in cases of individuals seeking compensation for injury and psychiatric sequelae of trauma (i.e., torts). While some research has examined evaluations of adults in tort litigation, there exist no published investigations into the quality of such assessments for youth. The current study will survey mental health professionals regarding practice in the area of psychological injury evaluations for child and adolescent plaintiffs. An online survey will be distributed to several relevant mental health professional mailing lists (e.g., forensic, developmental, public service), with a target of 200 eligible respondents. Survey questions are concerned with respondents' training and competence in the forensic assessment of youth as well as the prevalence, nature, and typical procedures of psychological injury assessments within their professional practice. Findings to be discussed in the context of promoting greater adherence to practice guidelines and bridging the gap between research and clinical training in civil forensic assessment of youth.

6.13 – The Characteristics of Homicides Committed by Insane Offenders

Wach, Ewa, Institute of Forensic Research
Jaskiewicz-Obydzinska, Teresa, Institute of Forensic Research

Abstract: The aim of the research was to compare groups of murderers found insane (30 offenders) with murderers with at least partial capability to understand the nature of their acts and to control their behavior (150 offenders). To that end, reviewed were murderers' biopsychic characteristics and social

milieus, both past and current at the time of the crime, the circumstances of the crime, including scene data, the choice of victim, the method of inflicting injuries and death as well as the perpetrator's post-crime behavior. The group of the insane offenders was characterized by experiencing a major conflict with their environment and a feeling of fear associated with their mental illness. All those offenders had known their victims before. The choice of victims showed the offenders' behavior was driven by an inadequate assessment of threats, and that the offenders included these people in their paranoid interpretation of the reality. Despite the fact that at the time of the murder the insane offenders exhibited emotional aggression, no conflict with the victim preceded the murder. The differences in the *modus operandi* between the insane and sane offenders was that of disfiguring the victim's body in the act of murder, the incidence of which was higher for the insane offenders. Despite this, the insane offenders did not avoid eye contact with the victims. After the murder they did not tend to cover up the traces of their acts.

6.14 – Untangling the Role Anxiety and Depression Plays in Young Offenders' Risk to Reoffend

Cochrane, Dana, Simon Fraser University
Viljoen, Jodi, Simon Fraser University
Bhanwer, Aisha, Simon Fraser University

Abstract: The literature is mixed about whether internalizing disorders serve as risk or protective factors. The present study examined the relationship between anxiety and depression and recidivism in a sample of 152 young offenders on probation. Moderating variables of gender, drug use, alcohol use, and psychopathic traits were tested. Half (51.3%, $n=78$) of participants had post-baseline charges or convictions over a mean follow up of 3.94 years. Participants completed the Personality Assessment Inventory–Adolescent (Morey, 2007) and were rated on the Psychopathy Checklist–Youth Version (PCL-YV; Forth, Kosson, & Hare, 2003). Although negative binomial regressions revealed that anxiety and depression were not significant predictors of recidivism, and gender and drug use were not moderator variables, increased alcohol use was associated with decreased recidivism for youth with high scores of anxiety and depression ($\text{Exp}(b)=1.00$, Wald $\chi^2=4.18$, $p=.04$; $\text{Exp}(b)=0.99$, Wald $\chi^2=5.15$, $p=.02$). Further, high PCL-YV total scores were associated with increased recidivism for youth with high anxiety ($\text{Exp}(b)=1.00$, Wald $\chi^2=4.92$, $p=.03$). Additionally, high scores on Factor 1 and Factor 2 of the PCL-YV were associated with increased recidivism for youth with high depression ($\text{Exp}(b)=1.02$, Wald $\chi^2=8.67$, $p<.01$; $\text{Exp}(b)=1.02$, Wald $\chi^2=10.55$, $p<.01$). However, after Bonferroni corrections only Factor 2 remained significant. Implications on case management by youth probation officers are discussed.

6.15 – EU COST Action IS1302 "Towards an EU Research Network on (Longterm) Forensic Psychiatry"

Braun, Peter, Pompe Foundation

Abstract: In October 2013 Clinicians and researchers from the Pompe Foundation in the Netherlands, together with clinicians from several European countries, received a grant to develop a European Research Network on Forensic Psychiatric Care. Clinicians and academics of 19 EU-countries became member of this initiative. Definitions were discussed and research was

compared. By stimulating research on long term forensic care, members develop exchange of knowledge about the long term forensic patients. Many summaries of research had to be translated in English and so were made available through the website of the COST Action. The funding, intended for coordination of research and not for research itself, is now halfway the grant period. Research findings over countries are providing interesting information. Differences in legal systems and therefore other policies of treatment and mental health systems, make that comparisons of outcomes also provide information about the outcomes of different approaches. Focusing especially on forensic psychiatric patients who "get stuck" in the systems and become so called 'long term' or 'long stay' patients, everybody can learn a lot of those patients who succeed in leaving that system after a long time. Studies about rehabilitation and recovery out of these systems, involving ex forensic patients in the organizations as well as careers for these patients, developing special instruments to monitor their well-being and quality of life, are all spin-offs of this focus. We feel that their might be a special way to involve these patients in therapy, in contact and in recovery.

6.16 – Dynamic Appraisal of Situational Aggression (DASA) Tool: Two Years Post Implementation in a Forensic Inpatient Program

Furimsky, Ivana, St. Joseph's Healthcare, Hamilton
Sanson, Theresa, St. Joseph's Healthcare, Hamilton
Driscoll, Dawn, St. Joseph's Healthcare, Hamilton

Abstract: Secure forensic units are typically units where individuals are being detained against their will and restricted in their activities. Aggression within these units is not uncommon and frequently occurs as a result of the restrictions and demands that are placed on individuals to maintain regime and treatment adherence. Violence risk assessment has become a central practice in this area and has resulted in the development of many violence risk assessment tools. The Forensic Psychiatry Program at St. Joseph's Healthcare Hamilton (SJHH) implemented the DASA tool two years ago on all of its five inpatient units. The literature indicates that the DASA tool can predict aggression significantly better than unaided clinical judgment over the subsequent 24 hours. As well, nurses' ratings using the DASA tool were more accurate in predicting imminent aggression than unaided clinical appraisals (Griffith et al. 2013). The goal was that nurses would utilize the DASA tool to help them predict whether their patients were at imminent risk for aggression and be able to intervene early and avoid a crisis situation. The study will provide qualitative information from interviews with nurses about the tools' complexity, usefulness and the nurses' perceptions of the DASA tool's ability to predict imminent aggression in their practice.

6.17 – Legitimacy and Coercive Practices in Secure Care Settings

McKeown, Mick, University of Central Lancashire
Edgar, Fiona, University of Central Lancashire
Callaghan, Ian, Rethink Mental Illness
Chandley, Mark, Ashworth High Secure Hospital
Wright, Karen, University of Central Lancashire

Abstract: Findings from a number of qualitative research studies undertaken within UK secure mental health services are discussed. This research has variously focused upon recovery and involvement practices, independent advocacy, and forms

of coercion. Certain common issues have emerged, regardless of specific study focus. We draw upon critical social theory to illuminate understandings of legitimacy within the secure context. The impact of the secure environment, whilst ever-present, is not an absolute constraint on the realization of recovery or involvement objectives. Findings framing understandings of recovery in terms of individual journeying were evident for patients and staff. In one study in a high secure hospital, reflections involve a sense of both looking back, into personal histories and the chequered history of the institution, and looking forward, often, but not exclusively, with the sort of hope implied in standard definitions of recovery. The availability of extreme coercive measures raises some seemingly paradoxical understandings from both service user and staff perspectives. Co-operation on the part of service users is largely framed in terms of acceptance of, and compliance with, a bio-medical model. In contrast, a substantial minority of service users, at least for some of the time, fight against the system, sometimes quite literally. We concern ourselves with an exploration of the meaningfulness of such resistance and recalcitrance, and whether different understandings of cooperativeness will become increasingly evident with the adoption of more sophisticated thinking and practice related to recovery, including alternatives to extreme coercion or potential consensus upon its legitimacy under certain circumstances.

6.18 – Childhood Adversities, Trauma, Substance Abuse and Injecting Drug Use Among the Incarcerated: Evidence From a National Sample

Marotta Phillip, Columbia University

Abstract: This study investigates the effects of childhood adversities and adult victimization on substance abuse and injection drug use in a nationally representative sample of inmates in the United States. Using data from *The National Survey of Inmates in State and Federal Correctional Facilities*, a generalized ordinal regression model predicted the effects of four childhood adversities: growing up in a household where caretakers used substances (alcohol, drugs or both), living in a foster care setting (institution, home, or both), physical victimization and sexual victimization on the age of onset of substances used, the emergence of substance use disorders, types and frequencies of substances used, syringe use and syringe sharing. Inmates who reported experiencing childhood adversities were at a significantly increased risk of starting drug use earlier, meeting the clinical criteria for substance use or dependence, using substances daily and sharing syringes. The strongest effects of childhood adversities were observed for inmates who were victimized in both childhood and adulthood. This research converges with an existing body of literature suggesting that PTSD treatment in incarcerated settings could alleviate some of the underlying mechanisms drive high rates of substance abuse among the incarcerated. Interventions geared to attenuate the lasting effects of physical victimization may result in the reduction of substance abuse disorders thereby attenuating a major driver of recidivism in the United States.

6.19 – Risk factors Associated with Depression in Thai Adolescents who had Attempted Suicide

Sukhawaha, Supattra, Prasrimahabodi Psychiatric Hospital
Thoranan, Thoranan, Prasrimahabodi Psychiatric Hospital

Leejongpermpool, Jintana, Prasrimahabodi Psychiatric Hospital
Phimtra, Suprane, Prasrimahabodi Psychiatric Hospital

Abstract: Adolescents depression is a serious problem in mental health area. It is necessary to know risk factors associated with depression especially in attempted suicide adolescents for prevention and reduce loss of disability. This study was conducted to identify psychosocial risk factors associated with depression in Thai adolescents who had previous attempted suicide. Using a case-controls study design. 65 adolescents aged 15-19 yrs.(12 males,53 females) who had previous attempted suicide within 6 month before enrollment were compare with 260 adolescents demographically matched community controls in sex and age(case : controls 1:4). All of participants (N=325)completed the questionnaire to explore risk factors and the Center for Epidemiological Studies-Depression scale (CES-D). Risk factors were quantified by binary logistic regression. Odds ratios for the factors identified to be significantly associated with depression score in CES-D. The significant risk factors associated with depression in adolescent who had attempted suicide were previous attempted suicide OR = 4.12 (95%CI: 1.93-8.79), feeling of loneliness OR =2.63 (95%CI: 1.59-4.36), feeling of abandonment OR = 2.22 (95%CI: 1.24-4.00), having headache symptom and sleepless OR = 2.08 (95%CI: 1.31 -.32), having relationship problems between teacher and friends in school OR=1.92 (95%CI: 1.04-3.55) and, broken in romantic relation-ship OR=1.70 (95%CI: 1.05–2.76). These risk factors are important to development of effective prevention program for depression and suicide in adolescents. Screening and identify high risk group in school should be the first priority to do in prevention program.

6.20 – ADHD Symptoms and Externalizing Behavior in a Sample of Dutch Adolescents: Can Perceived Parenting Increase Resilience?

Houtepen, Jenny, Tilburg University
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Abstract: Individuals with Attention-Deficit/Hyperactivity Disorder (ADHD) have an increased risk to engage in multiple comorbid externalizing behaviors, including engagement in substance abuse, aggression, and rule-breaking behavior (Young, 2010). These behaviors are in part directly associated with core ADHD symptoms such as lacking attentional- and inhibitory control. Yet, there is also support that this association is affected by contextual factors, such as parenting (Deault, 2010). In this study, the relationships between ADHD symptoms (i.e., inhibitory or 'effortful' control), externalizing behaviors (i.e., substance use, aggressive, and rule-breaking behavior), and perceived parenting (i.e., responsivity, psychological control, and autonomy support) were examined via self-reports in a sample of adolescents from the general population (N = 902, M age = 13.87, SD = 1.10). Regression analyses showed significant negative relationships of effortful control with all externalizing behaviors. Furthermore, the relationships between effortful control and aggressive- and rule-breaking behavior were buffered by maternal psychological control. More specifically, results indicated that at low levels of maternal psychological control adolescents scoring high on effortful control (i.e., having fewer ADHD symptoms) reported less aggression and rule-breaking behavior. For

adolescents with lower scores on effortful control, parenting styles did not affect the display of aggression and rule-breaking. In sum, poor effortful control is a risk factor for externalizing behaviors, irrespective of parenting. However, for those with high effortful control, parenting can make a difference in aggression and antisocial behavior. Limitations and practical implications of these findings are further discussed.

6.21 – Neuropsychological Deficits in Mentally Disordered Offenders Related to Risk: A 10-year Follow-Up Study

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Abstract: Neuropsychological impairments are implicated directly in an individuals' risk of committing a violent offence and have been used as evidence in criminal sentencing decisions in the US, particularly in capital mitigation. While evidence invoked in test cases, often on traumatic injuries or tumours, tends to be based on sophisticated brain scanning techniques, we know that more subtle cognitive deficits also influence a person's choice to commit a crime or ability to desist from doing so. A review of the literature has highlighted a number of cognitive abilities that are thought to contribute to violent offending, namely; intelligence, verbal inhibition, impulsiveness, decision-making skills and aspects of social cognition. In addition to these cognitive impairments that relate directly to increased risk of offending there are also those that have an indirect effect on risk, such as ability to learn verbal material, which mediates an offender's ability to benefit from therapeutic interventions aimed at reducing risk. These findings are of great relevance to the work of the State Hospital but the literature supporting their association with risk remains limited and prospective studies in particular are lacking. In 2004-5 a joint clinical-research initiative offered then inpatients additional screening for a wide range of deficits. We present preliminary results from a ten-year follow-up of all patients who underwent neuropsychological assessment during while inpatients in the State Hospital during 2004-5.

6.22 – Identification and Predictive Power of Key Variables in Risk Assessment for Murder-Suicide and Hostage/Barricaded Subjects

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Abstract: The Federal Bureau of Investigations' Hostage and Barricaded Subjects (HoBaS) database contains 53 domestic hostage and barricaded subject cases from 1994-2005. Almost 91% of cases involved a victim who was either a significant other (30.19%), spouse or ex-spouse (20.75%), or a family member (39.62%) of the perpetrator. Of these cases, almost 55% were resolved through negotiations and surrender with only 5.66% resulting in a suicide or attempted suicide. However, paramour homicide-suicide has been identified as accounting for up to 57% of all homicide-suicide, followed by familicide accounting for up to 47%. A previous study presented by the authors indicated the following variables were significant in differentiating between murder-suicide and hostage/barricaded subject cases: weapon used, location, history of domestic violence, history of criminal activity, recent estrangement, and history of mental illness.

These specific variables will be the focus of this study. Data on hostage and barricaded subject cases compiled in the FBI's HoBaS database will be compared to national and state specific murder-suicide data compiled through various open news media and national organization reports. As the FBI's HoBaS database was an externally created database, the authors will utilize that coding system when re-working the existing open source data on murder-suicide cases. We propose the key variables (weapon, location, history of domestic violence, history of criminal activity, recent estrangement, and history of mental illness), individually and combined, may be significant predictors of violence that can be incorporated into a risk assessment conducted by law enforcement and clinicians.

6.23 – Experiences on How to Build Knowledge, Implement and Conduct Risk- Assessment by a Multi-Informant and Systemic Approach

Lundgren, Morten, St. Olavs University Hospital

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Abstract: The short-term Assessment and Risk and Treatability: Adolescent Version (Start AV) is a structured professional judgement guide for assessing short term risks in adolescents. The adolescent version varies from other risk-assessment and treatment planning instruments by multiple risk outcome and by its 25 dynamic factors that each considers both strength and vulnerability. One of the main differences in conducting risk assessments in adolescents are that the people under the age of 18 are dependent on parents, schools and other agencies, both legally and practically. On this background we conduct the assessment in a way we call a multi-informant and a systemic approach. This means that the caregivers and different agencies (schools, social welfare etc.) are included in the assessment process. The systemic and multi-informant process will contribute to more nuanced information from different areas of life for the adolescent, and thus more credible results. In step two, this will help targeting the individual needs in different settings and with different programs. Implementing Start AV in Central Norway Regional Health Authority is a result of a collaboration that started in 2009. By November, 2015, we have implemented Start AV in most of the region. 144 persons from different agencies received the training. This enables that professional services working with adolescents in our area have a common language and good knowledge in risk assessment strategies.

6.24 – Sources of Information for History of Violence at Admission to an Emergency Psychiatric Ward

Rypdal, Knut, Haukeland University Hospital

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Fosse, Merethe, Haukeland University Hospital

Bjørkly, Stål, Molde University College

Abstract: A violence Triage process intended to help sorting or prioritizing cases concerning violence risk was implemented in an emergency ward at a general psychiatric hospital in Bergen, Norway. The Triage process rely on several sources of information; referrals, patient files, patient interviews, relatives, etc. Data were obtained from a 19-bed emergency ward with responsibility for all acute admissions in a catchment

area of approximately 400,000 inhabitants. The ward has approximately 50 admissions per week and 50% of these are involuntary. Patients admitted over a period of two weeks will be included in this study. The aim of this study is to evaluate the sources of information used in the triage process, and to evaluate if the retrieved information is consistent with information from previous admissions. As part of the routine admittance procedure a medical doctor is systematically checking for information on primary warning signs of violence, such as previous and present violent ideation, violent threats and violent acts. If possible the MD interviews the individual patient as a part of the routine admittance procedure. In addition other sources of information will usually be reviewed. However, noncompliance, high turnover of MD's, and periods with case overload, may cause obstacles to assess all information sources. This may pose a major threat to the reliability of the Triage process. Hence, the issue of consistent measurement is of paramount importance in the Triage approach, and the main scope of this presentation.

6.25 – Implementation and Predictive Validity of the Broset Violence Checklist (BVC) in a Forensic Psychiatric Facility

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Abstract: Benjaminsen & Kjaerbo (1997) state that accurate violence risk assessment in forensic psychiatric facilities is imperative as over 90% of nurses and doctors report exposure to patient violence during their careers (as cited in Almvik, Woods & Rasmussen, 2000). Patient violence also negatively impacts safety and quality of care (Hvidhjelm, Sestoft, Skovgaard, & Bjorner, 2014). Short-term violence prediction allows staff to implement early interventions that utilize the least restrictive methods possible (Hvidhjelm et al., 2014). The Broset Violence Checklist (BVC) is a short-term risk assessment designed to predict violent behavior over a 24-hour period. The BVC assesses the presence or absence of six behaviors frequently observed 24 hours prior to a violent or aggressive incident: confusion, irritability, boisterousness, physical threats, verbal threats, and attacking objects (Abderhalden et al., 2006). Presence of more than two behaviors indicates high risk for violence within the following 24 hours and demonstrates the need for preventative measures to manage a violent attack. The current study will examine the implementation of the BVC in a 200 bed forensic psychiatric facility located in the northeast United States. Each patient will be rated on the BVC twice a day for thirty days by an on staff nurse. Violent incidents will be rated via the Staff Observation Aggression Scale-Revised (SOAS-R) by psychology trainees under the supervision of a licensed clinical psychologist. Area under the curve (AUC) values as well as sensitivity and specificity will be calculated to determine how well the BVC predicts violent incidents over a 24 hour period.

6.26 – Case Illustration of Forensic Risk Management. Changes in Symptoms of Obstructive Sleep Apnea and Psychotic Symptoms Maintained by Contingency Management

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Ultvedt, Magne, Furukollen Psyciatric Center

Abstract: The SAFE-pilot project (Bjørkly, 2004) uses HCR-20 v3, to assess historical risk factors (H6) and monitoring clinical risk factor (C3). Presence of risk management item (R4) based on risk formulation led to contingency management in order to obtain positive effects concerning quality of life. Negative symptoms are often dominant in some forms of psychotic disorders. Poor sleep quality is often a precursor of psychotic symptoms. The association between negative psychotic symptoms and different types of sleep deprivation is not fully explained in the literature (Sharafkhaneh et al. 2005). In an ongoing clinical case of a woman with schizophrenia, sleep apnea and negative symptoms were simultaneously present. The person used CPAP providing continuous airway pressure to maintain adequate level of oxygen in blood during sleep. Both sleep apnea and negative symptoms were monitored in a five-year period. Changes in psychotic symptoms including negative symptoms were recorded prospectively using instruments from the SAFE-pilot project. Psychotic symptoms were monitored by: TCO, Psyrats A and B and item 27 from Dissociation Experience Scale. Several other instruments were used for monitoring: Severity of sleep apnea were monitored using Apnea-hypopnea index; Negative symptom scale in Positive and Negative Syndrome scale; Sleep quality were monitored by Pittsburgh Sleep Quality Index. Contingency management was used to enhance prosocial behavior during daytime activities. The intervention yielded positive effects concerning symptoms and quality of life.

6.27 – The Aggravating Effects of Alcohol on Traits From the Dark Triad and Hostile Masculinity in College Males

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Lamade, Raina, Fairleigh Dickinson University
Malamuth, Neil, University of California Los Angeles
Prentky, Robert, Fairleigh Dickinson University

Abstract: The high occurrence of student sexual misconduct on college campuses has been documented repeatedly in the literature. Despite its prevalence, there are currently no risk assessment scales specific to the perpetrator. The focus of risk analysis with male college students must embrace stable dynamic risk factors that have been demonstrated to predict sexual misconduct (Eher, et. al, 2010). For example, individuals displaying affective deficits, behavioral disinhibition, criminogenic attitudes associated with hostile masculinity and history of alcohol use, which have all been associated with sexual assault and aggression among college students (Locke & Mahalik, 2005). The current study seeks to identify the attitudes and behaviors that constitute a risk profile of those young male college students with a higher likelihood of being involved with sexual misconduct. Participants of this study included college males across 15 universities in the United States. Participants were administered confidential questionnaires that included scales assessing the Dark Triad, Hostile Masculinity and Alcohol and Drug use history among other factor domains. It was hypothesized that individuals high on the psychopathy and narcissism domains of the Dark Triad would be associated with higher scores of hostile masculinity and higher levels of reported alcohol and drug usage. Therefore, it is reasonable to hypothesize that alcohol and drug usage will exacerbate the effects of those risk factors and add incrementally to the predicative validity of a model that includes self-reported sexual aggression as a distal outcome variable.

6.28 – Mitigating and Aggravating Factors Associated with Victim Report of Campus Sexual Assault

Schaaf, Sarah, Fairleigh Dickinson University
Lamade, Raina, Fairleigh Dickinson University
Burgess, Ann, Boston College

Abstract: Sexual assault on college campuses is an ongoing serious problem with obvious detrimental consequences for the victims. Failure to report unwanted sexual experiences, however, has become a significant problem, leaving a substantial proportion of sexual assaults unreported and hidden from official victimization statistics. Although recently there has been increased attention to sexual assault on college campuses in general, studies investigating victims' decision processes underlying the report of sexual assault are lacking. Consequently, relatively little is known about factors that encourage and discourage victims from reporting campus sexual assault. This exploratory study is part of the SMART FY14 Campus Sexual Assault Perpetrator Treatment Pilot Project and aims to support policy makers in the introduction of effective interventions to reduce campus sexual misconduct. The aim of this study is twofold. First, the reporting rate of unwanted sexual experiences will be examined in a sample of 1,500 women on 15 campuses around the country. Second, factors related to reporting and non-reporting of these experiences will be examined from survey data gathered from those women who experienced campus sexual assault. In particular, this study will examine intrapsychic and organizational factors related to victim disclosure and the interaction of both.

6.29 – Does Gender Influence the Killing Process? A Comparative Analysis of Male and Female Serial Killers

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Abstract: There has not been a good deal of research on how female serial killers differ from their male counterparts. Most of the literature to date has been conducted with male serial killers, with typologies and categorizations being derived from this gender (see Holmes & Holmes, 2010). At present, there is no accepted classification system for female types of serial killers so more extensive research needs to be performed with this group to determine what factors uniquely separate this gender from their male complement. The Radford University/Florida Gulf Coast University (RU/FGCU) Serial Killer Database was selected as the major resource to perform this comparative analysis of serial killers by gender. Almost 300 serial killers in the RU/FGCU Database were female, so this archival study was one of the first to perform a thorough investigation involving a large sample of women who had committed the serial murders. Findings from the Database indicated that female serial killers were not as common as male killers, were older, had more unique typologies (Black Widow, Angel of Death), killed with partners, and selected victims closer to them (e.g., children) than their male counterparts. Implications of this research would suggest that a different profiling strategy needs to be developed among professionals to identify female (versus male) serial killers, and that more studies need to be conducted with this particular gender to uncover other variations that would further assist with the profiling process.

6.30 – Factors Associated With Length of Stay for Patients Admitted to Medium Secure Services From Prison

Leonard Sarah, University of Manchester

Abstract: Length of stay in medium secure services is getting progressively longer, with only a third of patients staying less than two years. Factors associated with prolonged length of stay include poor treatment response, diagnosis of a psychotic disorder and detention under a restriction order. These factors are typical of the general medium secure population, particularly those discharged via a community care-pathway. However, the last 10 years has seen a 10% increase in the remission of prisoner-patients back to prison. Approximately 950 prisoners are admitted to medium secure services each year. Little is known about the treatment pathways, transition and discharge of prisoner-patients, and in particular, what factors are associated with length of stay for prisoner-patients. The study adopted a prospective cohort design. All eligible discharges from 33 NHS medium secure services in England and Wales over a 6 month period were included subject to section 251 NHS Act (2006). File review and interviews with collateral informants informed assessments at time of discharge. 154 eligible prisoners were discharged from medium security during the baseline period; 66% of the prisoner-cohort stayed less than 12 months, with 44% staying for 6 months or less. Shorter length of stay was associated with discharge destination; those discharged back to prison had a significantly shorter length of stay (326 days) than those discharged into the community (597 days). Findings suggest that prisoners represent a different population of medium security patient. Factors pertinent to length of stay and implications for clinical practice will be discussed.

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Exhibitors

Consolidated Continuing Education & Professional Training (CONCEPT) provides online professional training programs in forensic mental health by top experts. We work with organizations to develop professional training for staff and implement program evaluation to ascertain the effectiveness of the training and its impact on outcomes.

Forensicare is the leading provider of forensic mental health care in Melbourne, Victoria, Australia. Our exhibit showcases: Melbourne, the world's most liveable city; the diverse services provided by Forensicare; and exciting new employment opportunities at the Ravenhall prison (opening 2017).

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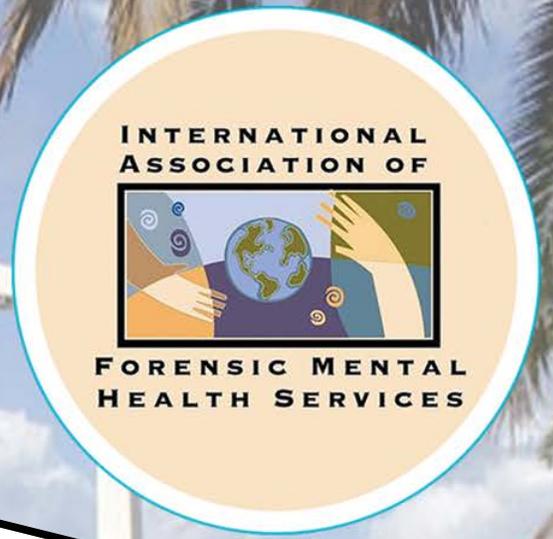
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Notes



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SAVE THE DATE

**See you at the 2017
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