

# PROGRAM

Updated as of June 6, 2022

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## 2022 IAFMHS ANNUAL CONFERENCE BERLIN | JUN 14 - 16





Big thank you to our generous sponsors!



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# Welcome Message

We welcome you to Berlin for our 21st annual conference with heightened anticipation and excitement. Many of you will have adapted to a new digital life through the COVID pandemic, and indeed last year's virtual conference proved to be a highly successful event, judging by the number of delegates and feedback from members. Yet we all know that there is no real replacement for meeting friends and colleagues in person, catching up on projects and making exciting plans for future collaborations. We're therefore unsurprised that despite the considerable health, economic and political turbulence across many countries, this year's event has garnered considerable interest from the professional community. We're pleased to present a diverse and inspiring programme that is in keeping with the objectives and ambitions of our Association.

This year's opening lecture at noon on Tuesday June 14th will be delivered by Dr Mary Davoren, on novel interdisciplinary approaches toward treating obesity amongst forensic patients in health and criminal justice settings. Following the afternoon scientific program, we invite you all to attend the Welcome Reception at the Hofbräu Wirtshaus Berlin which is adjacent to the Hotel Alexanderplatz. We will kick off Wednesday with our annual 5km Fun Run! We thank the student board for organizing a course that will weave through the historic streets of Berlin. Our second keynote address from Dr Birgit Vollm, will consider current ethical issues in forensic mental health drawing on her considerable international experience of different models of care and work for the European Committee for the Prevention of Torture. On Wednesday evening, we invite you to join our conference banquet at Zollpackhof Restaurant & Biergarten. Thursday will bring another full day of symposia, posters and papers, as well as our third keynote speaker, Patrick Keating who we are sure will present a powerful reflection on his own lived experience within the health and justice system. Please also look out for our Special Interest Groups that are scheduled through each day.

As always, we have a number of exciting programs geared specifically for our student members, beginning with the student breakfast on Tuesday morning and the student panel in the afternoon, chaired by Professors Corine de Ruiter and Michael Daffern. On Wednesday evening, the student section will host the student social at the BrewDog Berlin Mitte (Ackerstraße 29).

We hope you get the opportunity to visit the historical settings, art galleries, museums, and cafes across Berlin. This is a wonderful setting to reconnect with colleagues, and to learn about new developments in the field of forensic mental health provision. We hope you enjoy the conference and bring colleagues to Sydney in 2023!

Quazi Haque, FRCPsych LLM  
President, International Association of Forensic  
Mental Health Services (IAFMHS)

Barry Rosenfeld, Ph.D.  
Chair, Conference Standing Committee

Tonia Nicholls, Ph.D.  
President-Elect IAFMHS

Evelyn Heynen, Ph.D., Petra Born, Ph.D., & Sven  
Krimmer, Ph.D.  
Scientific Committee Co-Chairs

Anne Crocker, Ph.D.  
Past-President IAFMHS

## Scientific Program Committee

We would like to extend our thanks to the international reviewers who generously time from their busy schedule to evaluate the submissions to build the 2022 program.

Beate Eusterschulte	Maria Nagtegaal
Claudia Lamschtein	Mary-Lou Martin
David Hill	Mehrnaz Peikarnegar
Deborah Morris	Michael Vitacco
Emma Barrett	Michele Galietta
Evelyn Heynen	Nathalie Bureau
Gwatirera Javangwe	Nicole Rodrigues
Heshani De Silva	Peggy Walde
Jean-Laurent Domingue	Petra Born
Jesse Scott	Rachel Bomysoad
Jinian Hu	Samantha Zottola
Kenny Gonzalez	Sara Lapsley
Kezanne Tong	Stoyka Meyer
Kimberly Brayton	Troy McEwan
Kimberly Larson	Ushna Mian
Leila Salem	Vicenç Tort-Herrando
Lindsey Gilling McIntosh	Victoria Wheable

## Conference Volunteers

We would like to extend our gratitude to our student volunteers for providing assistance with the conference registration area and concurrent sessions throughout the conference.

Jessica Ahn	Jennie Lukoff
Maria Aparcero-Suero	Daniel McFadden
Sebastian Baglole	Madeline McPherson
Erin Conley	Nisali Perera
Jordan Cortvriendt	Lea Pfaffeneder
Will Fox	Weerapong Sanmontree
Alexandre Gauthier	Annalena Schmid
Nitzan Hirsch	Dominique Vinet
Linden Loutzenhiser	Emily Weinberger

# Conference Events

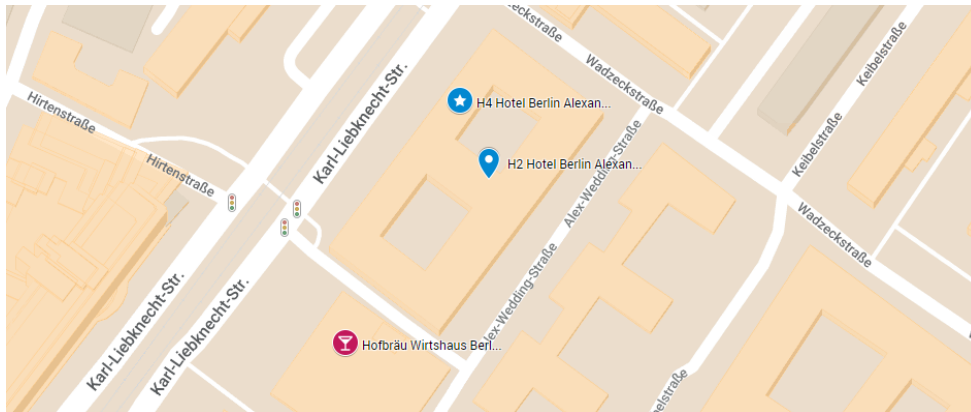
## TUE, JUN 14, 7:30 AM: STUDENT BREAKFAST

All students are welcome to join the Student Breakfast on Tuesday morning where you will be introduced the Student Board and Housekeeping Rules, play games to get to know each other, and we will present you the "BEST OF" Germany - everything you need to know to enjoy your stay as much as possible! We will give you some insight into facts and curiosities about the country and introduce you to things you definitely should not miss out during your time in Berlin! Student Breakfast will be hosted in Grenander I Room.

## TUE, JUN 14, 6:30 PM: WELCOME RECEPTION

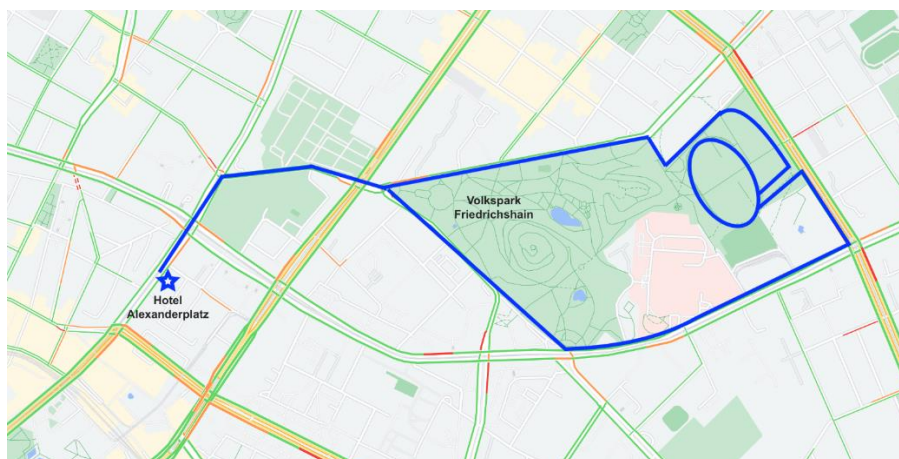
The Welcome Reception will be hosted at Hofbräu Wirtshaus Berlin (Karl-Liebknecht-Str. 30, 10178 Berlin) right next to the H4 Hotel Alexanderplatz. Come meet and reconnect with old and new friends over some drinks and appies.

Please bring along your conference badge for entrance and identification.



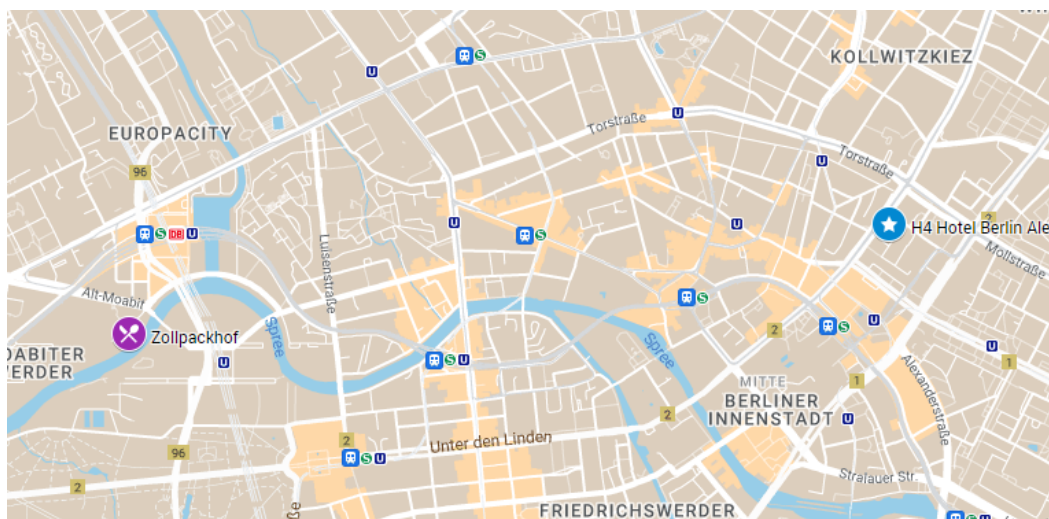
## WED, JUN 15, 7:00 AM: 5KM FUN RUN

The IAFMHS Student Section is pleased to organize another annual 5km Fun Run, which will take place the morning of Wednesday, June 15. Registration cost is \$30 CAD per person and includes a t-shirt. Fun Run proceeds go to student awards and initiatives. The Fun Run will start at the lobby of the H4 Hotel Berlin Alexanderplatz at 7.00 am on June 15 and will follow the route below.



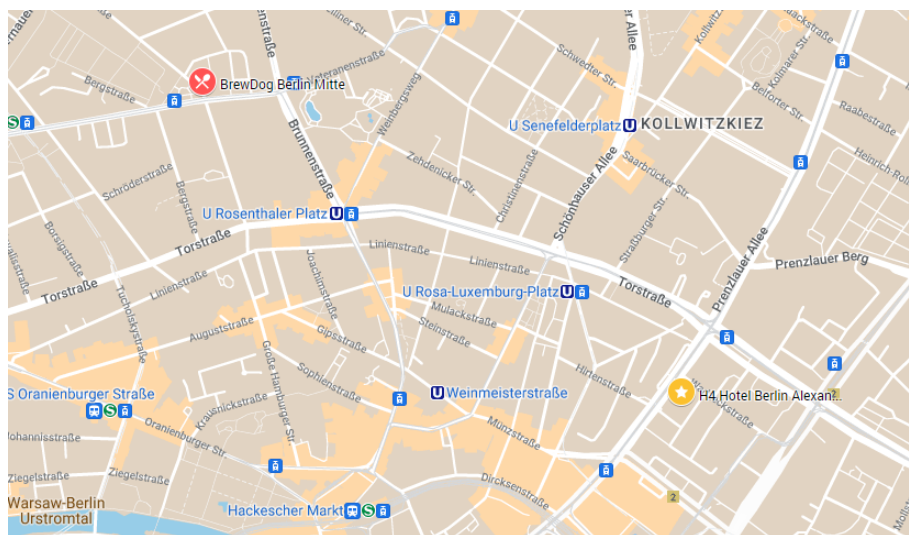
## WED, JUN 15, 7:00 PM: CONFERENCE BANQUET DINNER

Conference attendees and their guests are invited to join us for a fun evening of dining and dancing at our annual banquet dinner. This year's dinner will be hosted on Wednesday, June 15. The cost per person is \$150 CAD and tickets can be purchased when registering for the conference on our website, by emailing [iafmhs@sfu.ca](mailto:iafmhs@sfu.ca), or in person at the conference! This year's banquet dinner will be hosted at Zollpackhof Restaurant & Biergarten (Elisabeth-Abegg-Str. 1, 10557 Berlin).



## WED, JUN 15, 7:00 PM: STUDENT SOCIAL

The IAFMHS Student Section hosts a free student social, with appies and drinks, on the same night as the conference banquet. The Student Social will be hosted at BrewDog Berlin Mitte (Ackerstraße 29), starting at 7pm. Student members are guaranteed drink tickets, although all students are welcome to attend.



## ORGANIZATIONAL COIN & PIN

The IAFMHS student board is hoping to sell the coins and pins as fundraisers, in order to support student led initiatives, grants, and scholarships. See them here and order yours today!

The International Association of Forensic Mental Health Services is now represented through the creation of an IAFMHS organizational coin and pin. The pin and coin are designed with the current IAFMHS logo in mind. Additionally, the general coin is representative of the intersection between mental health and the justice system through the incorporation of the green ribbon and the scales of justice signify the fairness in the judicial system. Lastly, the phrase “Bridging Mental Health and Justice” relate to the core values of IAFMHS. Wear the pin during all events in which you can represent your involvement and support for the IAFMHS. Additionally, the IAFMHS wants to memorialize each Annual Conference through the creation of a conference specific coin. This year’s coin is representative of Berlin’s skyline and the colors of Germany.

We appreciate your support and look forward to seeing you all at the Conference in Germany! Coins and pins can be purchased at the registration desk. Show support for our students today!



## SEEKING DONATIONS - DEREK EAVES STUDENT RESEARCH GRANT

We are seeking donations to support The Derek Eaves Student Research Grant. This Grant was set up in 2017 to honour Dr. Derek Eaves' bursary and academic contributions to the International Association of Forensic Mental Health Services. Grants are awarded twice per academic year to deserving students to aid them in their research. See a list of our past award winners [here](#). Please contact [iafmhs@sfu.ca](mailto:iafmhs@sfu.ca) for further information or if you wish to donate other amounts.

# Pre-Conference Workshops

## 13 Jun 2022

We are pleased to offer a number of excellent pre-conference workshops at the 2022 IAFMHS conference. Workshops are offered either as half-day or full-day. The workshops will be hosted at H4 Hotel Berlin Alexanderplatz.

### WORKSHOP 1: ASSESSING AND MANAGING MULTIPLE RISKS IN VIOLENCE RISK ASSESSMENT

PRESENTER: Brianne K. Layden, Ph.D.

TIME: 9am - 5pm

CONTINUING EDUCATION CREDITS: 7 credits

COST: \$250 CAD (includes 2 catered coffee breaks; lunch NOT included)

#### DESCRIPTION:

The assessment and management of multiple, or intersecting, risks (e.g., risk of stalking and physical violence, risk of harm to self and others) is nearly as commonplace as assessing and managing risk for a single outcome (e.g., general violence or self-directed violence) in forensic practice. For example, professionals working with perpetrators of intimate partner violence often grapple with the possibility of both self- and other-directed violence (e.g., up to 40% of perpetrators of intimate partner homicide commit suicide; Lund & Smorodinsky, 2001), as do threat assessment specialists working with law enforcement (e.g., “suicide-by-cop” scenarios comprise around 36% of officer-involved shootings; Mohandie, Meloy, & Collins, 2009). Nevertheless, there is very little guidance in academic or professional writing on how best to engage in the assessment of multiple risks, or how best to communicate our findings and opinions regarding multiple risks to stakeholders and decision makers.

Fortunately, some risk assessment approaches allow for, and explicitly encourage, the consideration of other risk factors and the possibility of multiple risks in the assessment process (e.g., structured professional judgment); however, foundational training programs and workshops on risk assessment tools tend to focus on risk for a single outcome with little discussion of best practices for combining tools (or the appropriateness of combining tools). As such, this workshop will 1) define multiple and intersecting (associated) risks, 2) discuss the state of the field on combining risk assessment tools, 3) utilize the SPJ approach to present case examples illustrating the assessment of multiple risks, and 4) discuss options for communicating findings and opinions regarding multiple risks consistent with virtues of communication (e.g., that communication is accurate, complete, clear, brief, reasoned, and reasonable).

The morning of the workshop will include a review of conceptual and definitional issues regarding multiple and intersecting risks. Throughout the morning participants will become familiar with

examples of multiple risks and the challenges these cases pose for the selection of appropriate risk assessment tools. The first half of the afternoon will review the SPJ approach to illustrate options for assessing multiple risks from the identification of risk factors through to the development of recommendations for risk management. The remainder of the workshop will involve the presentation and discussion of sample reports to illustrate promising practices for communicating about multiple risks that are consistent with virtues of communication.

#### LEARNING OBJECTIVES:

- Define multiple and intersecting risks
- Discuss the challenges of assessing multiple risks in violence risk assessment and options for combining risk assessment tools
- Utilize the Structured Professional Judgement (SPJ) approach to identify risk factors, engage in formulation (case conceptualization), scenario planning, and development of management plans for cases involving multiple risks
- Review case examples to illustrate promising practices for risk communication (e.g., report writing)

## **WORKSHOP 2: DEVELOPING AND EVALUATING THE EFFECTIVENESS OF INTERVENTIONS TO MINIMIZE THE DURATION OF RESTRAINT EVENTS**

PRESENTERS: Satinder Kaur, MSc(N), MEd(HPE), PhD(N), CPMHN(C); & Amina Ali, MD, DABPN, FRCPC

TIME: 9am - 12.30pm

CONTINUING EDUCATION CREDITS: 3.5 credits

COST: \$125 CAD (includes 1 catered coffee break; lunch NOT included)

#### DESCRIPTION:

Best practice guidelines related to the use of restraints emphasize the least restraints approach (RNAO, 2012 and CNO (2018), and advocate for restraints to be used only for the shortest time, as a last resort when prevention, de-escalation and crisis management strategies have failed to keep the individual and others safe. The use of restraint is not consistent with the recovery model that focuses on client control, empowerment and involvement in their own care (RNAO, 2012; APNA, 2018; PSEP, 2017). Therefore, reduction of restraint events and time spent in restraints by mental health clients continues to be a high-priority focus of the organization.

This half-day workshop will outline the process of development, implementation and evaluation of a variety of evidence-based interventions to minimize duration of seclusion restraints in a forensic inpatient unit. The key highlights of the process include data informed care and co-design model of development of interventions engaging frontline staff as well as clients. The discussion will include demonstration of practical application of a clinical decision support tree as well as care planning resources. The facilitators will also delve into discussion around the overall impact of the COVID-19

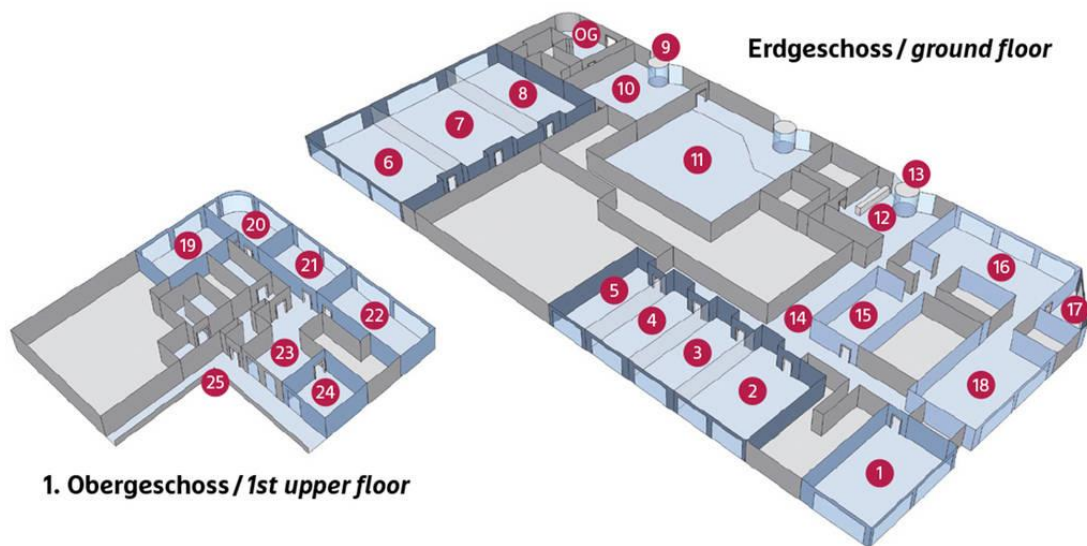
pandemic on care pathways at the system level, and ultimately on client care and the efforts to minimize the duration of seclusion restraints at an inpatient unit level in the forensic service.

LEARNING OBJECTIVES:

- Review the challenges of minimizing seclusion incidents on an acute Forensic inpatient unit
- Discuss factors contributing to increased duration of seclusion incidents
- Outline best practice interventions implemented
- Demonstrate the utility of a decision support tree in clinical decision making



# Conference Venue Layout



1 Friedrich Wilhelm	128 m <sup>2</sup>	9 Eingang/entrance Conference Center		18 Bar „Destille“	
2 Grenander I	144 m <sup>2</sup>	10 Hauptfoyer Alexander main foyer Alexander	150 m <sup>2</sup>	19 Hildegard Knef	47 m <sup>2</sup>
3 Grenander II	95 m <sup>2</sup>	11 H2 Hub Restaurant		20 Marlene Dietrich	43 m <sup>2</sup>
4 Grenander III	95 m <sup>2</sup>	12 Rezeption/reception		21 Harald Juhnke	45 m <sup>2</sup>
5 Grenander IV	85 m <sup>2</sup>	13 Eingang/entrance		22 Günter Pfitzmann	58 m <sup>2</sup>
6 Alexander III	220 m <sup>2</sup>	14 Foyer Grenander	145 m <sup>2</sup>	23 Foyer	
7 Alexander II	275 m <sup>2</sup>	15 Kaminzimmer/fireplace room		24 Berlin	28 m <sup>2</sup>
8 Alexander I	195 m <sup>2</sup>	16 Restaurant Gaumenfreund		25 Terrasse/terrace	
		17 Raucherlounge/smokers' lounge		0G Aufzüge, Treppe zum Obergeschoss/ elevators, stairs to 1st upper floor	

# Jun 14, Tuesday

	Friedrich Wilhelm	Grenander I	Grenander II	Grenander III	Grenander IV	Alexander II/III
07:30 - 09:00	Student Welcome Breakfast (Grenander I)					
09:00 - 12:00	Board of Directors/Advisory Board Meeting (Friedrich Wilhelm)					
11:30 - 12:15	Lunch					
12:15 - 13:45	Welcome Remarks Keynote Speaker: Dr. Mary Davoren (Alexander II/III)					
13:45 - 14:00	Transition between Sessions (15 minutes)					
14:00 - 15:10	<u>Session 1</u> 1163987 de Vries Robbé New Developments in SAPROF Protective Factors and Assets-based Interventions	<u>Session 2</u> 1163100 Belanger 1164240 Dillien 1164182 Schaaf 1164128 De Boeck	<u>Session 3</u> 1164375 Nicholls The VERDICT On Virtual Review Board Hearings For Forensic Psychiatric Patients	<u>Session 4</u> 1164062 Murray Advances in Vulnerability Assessment	<u>Session 5</u> 1161509 Wallinius Virtual Reality in Clinical Reality	<u>Session 6</u> 1164035 Kennedy Forensic Psychopathology and Psychopathology in Forensic Psychiatry
15:10 - 15:40	Coffee Break (Alexander I)					
15:40 - 16:50	<u>Session 7</u> Student Panel Presentation	<u>Session 8</u> 1161099 Buiter 1164095 Meyer 1163990 Nanayakkara 1164362 Goulet	<u>Session 9</u> 1162033 Bowden Trauma-Informed Practice In Forensic Mental Health Settingst	<u>Session 10</u> 1159813 Duff Services To People With Intellectual and Developmental Disabilities	<u>Session 11</u> 1164509 Hales International, Inpatient and Community Adolescent Forensic Mental Health Services	<u>Session 12</u> 1164347 Davoren The Physical Health of Patients in Secure Services
16:50 - 17:00	Transition between Sessions (10 minutes)					
17:00 - 18:00	<u>Session 13</u> 1163655 Bouman Technology In Forensic Assessment and Treatment	<u>Session 14</u> 1164695 Ajeh 1158414 Edberg 1164597 Vitacco 1162261 Poulis	<u>Session 15</u> 1164461 Kennedy Subjective and Objective Measurements of Progress and Recovery	<u>Session 16</u> 1164197 Duits Violent Extremism Risk Assessment and Management	<u>Session 17</u> 1162667 Higgs Sexual and Non-Sexual Violence In Intimate Partner Relationships	<u>Session 18</u> 1164532 King Variability of Insanity Approaches Across the United States and Relative to Europe
18:30 - 20:00	Welcome Reception @ Hofbrau Wirtshaus Berlin					

# Jun 15, Wednesday

	Friedrich Wilhelm	Grenander I	Grenander II	Grenander III	Grenander IV	Alexander II/III
07:00 - 08:30	Fun Run					
09:00 - 10:15	<u>Session 19</u> 1164527 Barwinski 1163372 Berlin 1164529 Barwinski 1163360 Pauli	<u>Session 20</u> 1164665 Darani 1163279 Habets 1163284 Thomson 1164639 Loutzenhiser	<u>Session 21</u> 1158313 Goldenson 1163978 Collins 1163290 Simjouw 1164359 Vinas-Racionero	<u>Session 22</u> 1162536 Johnson 1164640 Kolla 1162782 Smaragdi 1162407 Swinkels	<u>Session 23</u> 1163776 Tyagi 1163786 Tyagi 1162175 Krentz 1160749 de Vogel	<u>Session 24</u> 1163674 Hu 1162248 Wright
10:15 - 10:45	Coffee Break/Poster Session 1 (Alexander I)					
10:45 - 12:15	Webster/Muller Isberner Award Presentations Keynote Speaker/Eaves Lecture: Prof. Birgit Völlm (Alexander II/III)					
12:15 - 13:15	Lunch/Poster Viewing					
13:15 - 13:30	Transition between Sessions (15 minutes)					
13:30 - 14:40	<u>Session 25</u> 1163476 Lavoie Scenario-based De-escalation Training for Frontline Police Mental Health Crisis Response	<u>Session 26</u> 1160596 Aparcero-Suero 1159877 Baglole 1163565 Georgiou 1161497 Rees	<u>Session 27</u> 1163943 Conley 1158533 Nijdam-Jones 1163281 De Pau 1162571 Thivierge	<u>Session 28</u> 1158306 Morris Extending The Trauma Lens In Forensic Mental Health Services	<u>Session 29</u> 1164629 Kennedy Violence As A Treatment Need, Protective Factors and Serial Measurements	<u>Session 30</u> 1164072 Rosenfeld Adapting DBT to Facilitate Community Reentry for Repeat Criminal Offenders
14:40 - 14:50	Transition between Sessions (10 minutes)					
14:50 - 16:00	<u>Session 31</u> 1160628 Maguire Advancing The DASA To Reduce Aggression and Use Of Restrictive Interventions	<u>Session 32</u> 1160775 McFadden 1163471 McPherson 1164263 Trägårdh	<u>Session 33</u> 1164017 Nagi 1163975 Rowaert 1163723 Robins 1165001 Altwaijiri	<u>Session 34</u> 1164466 de Vries Robbe 1163994 Hilterman 1164479 de Vries Robbé	<u>Session 35</u> 1161391 Stephens The Establishment and Evaluation of Perpetration Focused Prevention Programs	<u>Session 36</u> 1164315 Nicholls Mental Health, Substance Use, etc., Among People Admitted To Prison
16:00 - 16:30	Coffee Break/Poster Session 1 cont. (Alexander I)					
16:30 - 17:30	<u>Session 37</u> 1161240 Martin Restorative Justice Practices in Forensic Mental Health Settings	<u>Session 38</u> 1161487 Ter Harmsel 1160096 Usenko 1159051 Vatnar 1164334 Varkevissar	<u>Session 39</u> 1163995 End 113793 Bjørkly 1162939 Seal	<u>Session 40</u> 1160781 Peternelj-Taylor Resilience and Adversity: Evolution of Relational Issues in Forensic Mental Health Nursing	<u>Session 41</u> 1163339 Terkildsen Covid-19 in Forensic Psychiatric Care. A Multi-disciplinary Perspective	<u>Session 42</u> 1161279 Glancy The Canadian Guidelines for Forensic Psychiatry Assessment and Report Writing
19:00 - 23:00	Banquet @ Zollpackhof Restaurant & Biergarten / Student Social @ BrewDog Berlin Mitte					

# Jun 16, Thursday

	Friedrich Wilhelm	Grenander I	Grenander II	Grenander III	Grenander IV	Alexander II/III
09:00 - 10:15	<u>Session 43</u> 1160144 Domingue 1163325 Davies 1164430 Foellmi 1163929 Darani	<u>Session 44</u> 1163392 Gunnink 1163897 Goulet 1163400 Gilling McIntosh 1164692 Verschueren	<u>Session 45</u> 1162220 Walde 1163956 Rowlands 1158410 Wheable	<u>Session 46</u> 1162769 Smaragdi 1164395 Yaron Antar 1164021 Verstegen	<u>Session 47</u> 1163748 Wittouck 1160718 de Vogel 1164409 De Page	<u>Session 48</u> Equity, Diversity, & Inclusion SIG Meeting
10:15 - 10:45	Coffee Break/Poster Session 2 (Alexander I)					
10:45 - 12:00	Keynote Speaker: Patrick Keating (Alexander II/III)					
12:00 - 13:00	Lunch/Poster Viewing					
13:00 - 14:10	<u>Session 49</u> 1162875 Wilkie Culture and Forensic Psychiatry	<u>Session 50</u> 1162701 Gerritsen 1164626 Kolla 1164404 De Page 1164140 Imbeault	<u>Session 51</u> 1164612 Angel Improving Health through Peplau's Interpersonal Relations	<u>Session 52</u> 1164385 Struijk 1164318 Walsh 1164672 Ajeh 1163662 Bahary	<u>Session 53</u> 1164646 Gojer Autism Spectrum Disorder and the Justice System	<u>Session 54</u> Service Development, Organization, Strategy, and Delivery SIG Meeting
14:10 - 14:20	Transition between Sessions (10 minutes)					
14:20 - 15:30	<u>Session 55</u> 1163976 McEwan Applying Approaches From Forensic Mental Health To Policing Of Family Violence	<u>Session 56</u> 1163859 Mackinnon 1164341 Healey 1160129 Favril 1163992 Verhülsdonk	<u>Session 57</u> 1164456 Forrester Review Of Service For Vulnerable People Detained In Prisons In Northern Ireland	<u>Session 58</u> 1164438 Leclair 1161079 Billen 1164420 Leclair 1164030 Stimmel	<u>Session 59</u> 1164202 Kempes Improving Quality In Forensic Assessment and Forensic Health Care In The Netherlands	<u>Session 60</u> Forensic Mental Health Nursing SIG Meeting
15:30 - 16:00	Coffee Break/Poster Session 2 cont. (Alexander I)					
16:00 - 17:00	<u>Session 61</u> 1161398 Nagtegaal The Long-Term Supervision Act For (Mentally Ill) Sex and Violent Offenders	<u>Session 62</u> 1162017 Monjazeb 1163331 Fraga Domínguez 1161306 Fox	<u>Session 63</u> 1163410 Gilling McIntosh Recovery In Forensic Mental Health Services	<u>Session 64</u> (blank)	<u>Session 65</u> (blank)	<u>Session 66</u> Long-term Forensic Psychiatric Care SIG Meeting
17:00 - 17:30	Annual General Meeting (Alexander II/III)					

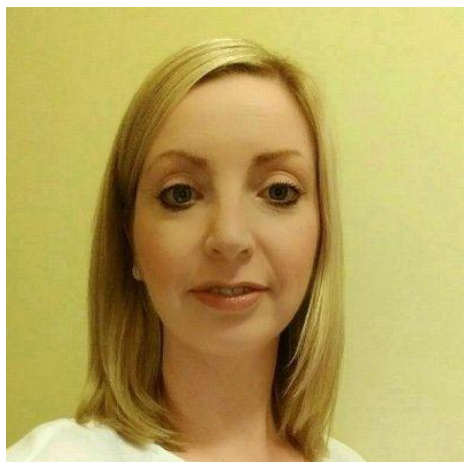


# Keynote Speakers

June 14, 12.15 pm - 1.45 pm

## Dr. Mary Davoren | Obesity in Secure Hospital Settings: Supporting Patients, Health Promotion, and Novel Treatments

Obesity is recognized by the World Health Organisation as an international epidemic and a life-shortening condition. Patients in secure hospital are highly vulnerable to transitioning to overweight and obesity during their hospital stays. This is a cause of increased morbidity and mortality among this vulnerable patient group and one of the major challenges facing patients and clinicians alike in secure hospitals. This talk will discuss obesity as a complex medical disorder and the medical and psychosocial implications for those living with overweight and obesity. The latest evidence-based treatments, both medical and non-pharmacological for the management of obesity will be presented. Future research directions in the area of obesity will be considered.



Dr Mary Davoren, MB BCh BAO, M.D. FRCPsych, is a Consultant Forensic Psychiatrist at the Central Mental Hospital Dundrum, Dublin, Ireland and Clinical Senior Lecturer in Forensic Psychiatry, Trinity College Dublin. She is the lead for the Dundrum Forensic Redevelopment Evaluation Study (D-FOREST). Prior to her appointment in Dundrum, Dr Davoren was a Consultant Forensic Psychiatrist on Personality Disorder Pathway at Broadmoor High Secure Hospital England and High Secure Research Lead at Broadmoor. She completed her Academic Clinical Fellowship at the Violence Prevention Research Unit, Queen Mary University of London one of the member units of the WHO Violence Prevention Alliance and her

M.D. research degree on 'Recovery Pathways in Forensic Settings' in Trinity College Dublin. Dr Davoren was the recipient of the Young Scholar Award South London and Maudsley Research Day (2015), Forensic Faculty new research award (2015), Mohsin Naguib award (2013) and the College of Psychiatrists of Ireland new research award (2011). She was the recipient of an EU Cooperation in Science and Technology Award (Netherlands - 2015). She has published book chapters and research papers in the areas of prisoner healthcare needs, recovery in forensic settings and the physical health outcomes of patients in secure hospitals. Dr Davoren sits on the Medical Council of Ireland.

June 15, 10.45 am - 12.15 pm - Eaves Lecture

## Prof. Dr. med. Birgit Völlm | Ethical Issues in Forensic Psychiatry - Striking the Balance between Control and Autonomy

Taking as starting point the principles of medical ethics according to Beauchamp & Childress, respect for autonomy, non-maleficence, beneficence and justice, this talk will explore how these principles can be applied to the field of forensic psychiatry. How can we as forensic psychiatrists accept the patient's autonomy while at the same time being in charge of their detention? Which restrictions are strictly necessary in forensic mental health settings? Can we follow the principle of beneficence while treating patients against their will? These and many more questions often occupy the mind of forensic mental health practitioners. This talk will look at these issues through the lens of service models and practices in different countries as well as international conventions and guidelines, such as the Convention on the Rights of People with Disabilities and the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment.



Birgit Völlm, PhD, MRCPsych, DiplForPsych, has been Professor of Forensic Psychiatry and Director of the Hospital of Forensic Psychiatry at the University of Rostock since September 2018. Before then she was Professor in Forensic Psychiatry at the University of Nottingham, UK, and a Consultant Forensic Psychiatrist in the enhanced service for personality disorders at Rampton high secure hospital. Her main research interests include the neurobiology of personality disorders and social cognition, treatment of personality disorders, service development, comparisons between services in different countries and ethical issues in forensic-psychiatric care. Prof Völlm has held national and European grants on long-stay, the effectiveness of Individual Placement Support and on Circles of Support and Accountability. She has published nearly 150 scientific

papers and book chapters. Prof Völlm was the Chair of the Forensic Section of the European Psychiatric Association from 2012 - 2016 and has been the Chair of the Forensic Section of the World Psychiatric Association since 2020. Prof Völlm is a regular expert for the Committee for the Prevention of Torture and Inhumane and Degrading Treatment (CPT).

June 16, 10.45 am - 12.00 pm

## Patrick Keating | We are Our Own Stories

The desire to give voice to our experience is an impulse as old as time itself. Stories affirm our values, our sense of self and identity. They speak to who we are and how we see our place in the world. Storytelling teaches us understanding and empathy. It invites both speaker and listener to appreciate the circumstances behind a person's choices and the events that have defined their life. The art of storytelling can put a more human face and voice to the incarcerated and formerly incarcerated. It reinforces the fact that everyone inside is someone's father, someone's son, someone's mother, someone's daughter, someone's sister, someone's brother. How do we help those who wish to tell their own story? In this talk, I will share my lived experience and perspectives on the power of theatre to forge community and purpose. With scenes from the play *Inside/Out: A Prison Memoir*, I hope to spark questions and conversations on how storytelling can reduce stigma and dispel some of the myths that surround 'the criminal'.



Originally from Montreal, Quebec, Patrick Keating is a graduate of Simon Fraser University School for the Contemporary Arts and has been working as an actor in the Vancouver TV, Film and Theatre scene for the past thirty years. Some of the companies he has worked with include the Firehall, Newworld Theatre, Rumble Theatre, Mortal Coil, Pi Theatre, Touchstone, Headlines, I.T.P., Urban Crawl, and Main Street Theatre. He has been recognized with two Jessie Richardson Award Nominations. Patrick served three sentences in Federal Penitentiaries in Quebec and British Columbia. When he transferred to Matsqui in B.C., Patrick took courses that were offered first through the University of Victoria and then through Simon Fraser University. One of those courses was in the art and craft of the Theatre. While at a Halfway House in Vancouver (The Robson Center), Patrick was accepted and enrolled into the Fine Arts Program at Simon Fraser. He earned a B.A. in Theatre studies, launching a career as performer that has involved close to 60 tv and film productions and over 40 stage productions. More information can be found on his website [www.patrickkeating.ca](http://www.patrickkeating.ca)

# Information for Presenters

## PAPER/SYMPOSIA PRESENTATIONS

Laptops/AV equipment will be provided for presenter use during concurrent sessions. Please bring your presentation on a USB drive. We are not able to accept presentation materials via email prior to the event.

Concurrent sessions are between 60 to 70 minutes in total. Each session will have between 3 - 4 presentations. We recommend allotting 12 minutes per presentation to allow for questions at the conclusion.

## SYMPOSIA/ROUNDTABLE PRESENTATIONS

Laptops/AV equipment will be provided for presenter use during sessions. Please bring your presentation on a USB drive. We are not able to accept presentation materials via email prior to the event.

Symposia and Roundtable coordinators can structure the time however they prefer; however, we recommend allotting some time at the end for questions and discussions.

## POSTER PRESENTATIONS

The maximum accepted dimensions for poster presentations are 1.0 m wide x 1.3m tall. Presenters are responsible for bringing their posters to the conference; we are not able to accept poster shipments prior to the event.



# Special Interest Groups

IAFMHS Special Interest Groups were formed to provide a specialized forum for mental health professionals within the association. Special Interest Groups meet at the annual conference and may distribute other communications throughout the year. Admission is open to all current IAFMHS members and conference attendees.

**EMERGING FORENSIC SYSTEMS** | formerly the African special interest group, this group has been expanded to include all emerging forensic systems to allow mental health practitioners to exchange ideas on how to develop and sustain forensic mental health services in different parts of the world

Chair: Adegboyega Ogunwale  
Meeting: TBD

**EQUITY, DIVERSITY, AND INCLUSION** | special interest group committed to fostering equity and diversity in our organization and in forensic mental health and intellectual disability services

Chair: Alicia Nijdam-Jones  
Meeting: Jun 16, 9 am, Friedrich Wilhelm

**FORENSIC MENTAL HEALTH NURSES** | special interest group for nurse practitioners, nurse managers/administrators/directors and researchers working in forensic mental health settings

Chair: Tessa Maguire  
Meeting: Jun 16, 2.10 pm, Alexander II/III

**LONG-TERM FORENSIC PSYCHIATRIC CARE** | special interest group where issues and best practices regarding long-term forensic psychiatric care can be discussed and shared

Chair: Peter Braun  
Meeting: Jun 16, 4 pm, Alexander II/III

**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

Chair: Evan Lowder  
Meeting: Jun 15, 5.30 pm via Zoom  
(<https://gmu.zoom.us/j/98350910709?pwd=bFVLeMl5ZWFKdnlvNU8vb2M3cGJJdz09>)

**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

Chair: Kim Ellen Biesmans

Meeting: TBD

**RISC - TEAM** | special interest group for all practitioners and researchers working in the area of clinical risk assessment and management

Chair: Stephanie Penney

Meeting: TBD

**SERVICE DEVELOPMENT, ORGANIZATION, STRATEGY, AND DELIVERY** | special interest group for hospital administrators, directors and service managers in the forensic mental health field

Chair: Lindsay Thomson

Meeting: Jun 16, 1 pm, Alexander II/III

# Christopher Webster Early Career Award

The Christopher Webster Early Career Award honours Dr. Christopher Webster. Dr. Webster's 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 Award each year. The recipient of the Award is presented with \$500 CAD, and his or her name is published on the IAFMHS website.

We are pleased to announce this year's Christopher Webster Early Career Award winner is

## Dr. Alicia Nijdam-Jones, Canada

Dr. Nijdam-Jones (she/her) is honoured to receive this award. She is a Registered Psychologist and Assistant Professor in the Department of Psychology at the University of Manitoba, who practices in the areas of Clinical and Forensic Psychology. She earned her Ph.D. in Clinical Psychology (forensic specialization) from Fordham University, has an MA in Criminology from Simon Fraser University, and completed a clinical psychology postdoctoral fellowship at the University of California, San Francisco. She is an associate editor of the International Journal of Forensic Mental Health and is guest editor for the Special Issue on Equity, Diversity, and Inclusion in Forensic Mental Health Services. She is one of the founding members of IAFMHS Equity, Diversity, and Inclusion Committee and is co-chairing the new Equity, Diversity, and Inclusion Special Interest Group. She specializes in the area of violence risk assessment, malingering assessment, stalking, and the use of forensic assessment measures with linguistically, ethnically, and culturally diverse samples. Fluent in both English and Spanish, her program of research has led to collaborations throughout the United States, Canada, Latin America and Europe.



# Rüdiger Müller-Isberner Award

Dr. Rüdiger Müller-Isberner retired from the Board of the IAFMHS in 2014, before presenting as keynote speaker at the IAFMHS conference in Manchester in 2015. His contributions to the IAFMHS have been significant, both in supporting the association from its inception and as a role model for others in the field, particularly with respect to integrating science and practice.

The Rüdiger Müller-Isberner award is intended to celebrate his contributions to the field and the Association, by honoring a long-standing member of the association whose career epitomizes the fusion of clinical practice, scholarly research, and mentorship. The awardee can come from any discipline, and can be either a primary researcher who focuses on clear clinical applications (e.g., treatment or assessment of forensic populations) or a clinician who has made substantial research contributions to the implementation of best practices.

We are pleased to announce this year's Rüdiger Müller-Isberner Award winner is

## Professor Michael Doyle, United Kingdom

Dr Doyle is greatly honoured to receive this award. He is Professor of Mental Health at the University of Huddersfield, a joint appointment with SW Yorkshire Partnership NHS Foundation Trust, where he is an Honorary Associate Director of R&D. He is also Honorary Clinical Chair at the University of Manchester. He has worked in mental health services for over 30 years as a nurse, senior clinical leader, therapist, deputy director, teacher and researcher. He has always worked compassionately to address health inequalities, facilitating access to evidence-based and high quality interventions for disadvantaged people. Accredited as a CBT therapist and worked as Nurse Consultant specialising in Clinical Risk in Forensic Services, working with people with complex presentations, including high-risk psychotic and personality disordered offenders, and with their families and carers. He has attracted significant research funding and published and presented on psychosocial risk assessment, formulation and management, forensic mental health nursing, suicide prevention, assets-based interventions and related subjects. Served in various posts for the IAFMHS and a former president of the Association. A strong focus on applying research findings to improve clinical practice in forensic settings and continues to support the translation of research into evidence-based practice, making a significant leadership contribution while remaining clinically active.



**Elysium Healthcare** provides a network of highly specialised forensic and rehabilitation services across the UK. Services include those for Deaf service users, individuals with Neurological conditions, young people and those with a Personality Disorder. Our dedicated clinicians are experts in their field and empower service users to make positive changes to their lives.



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To find out more visit

[www.elysiumhealthcare.co.uk](http://www.elysiumhealthcare.co.uk)



# Centre for Forensic Behavioural Science

# Moving you forward

The Centre for Forensic Behavioural Science is a leading centre for research, teaching and practice development in the field of forensic mental health.

Led by Professors James Ogloff AM and Michael Daffern, we aim to understand and ultimately prevent offending by people with mental health problems, and improve the legal system through research and policy analysis.

We seek to transfer academic and clinical excellence into practice, conduct research in relevant areas, provide professional development training, conduct expert consultancy and training in mental health, law, and related sectors.

We offer online post graduate courses and single unit enrolments to forensic practitioners around the world.

We also offer postgraduate training in forensic psychology through the Doctor of Psychology (Clinical and Forensic Psychology), Doctor of Philosophy, and Graduate Diploma in Forensic Psychology.



Scan for more about our research, consultation and courses.



Centre for Forensic Behavioural Science



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to develop your career in forensic mental health



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Forensicare is the primary state-wide specialist provider of adult forensic mental health services in Victoria, Australia.

We deliver recovery-focused programs across three services. Our secure mental health service, Thomas Embling Hospital, is located in beautiful parklands on the banks of Melbourne's Yarra River and is currently undergoing a \$473m (AUD) expansion, due for completion in 2024.

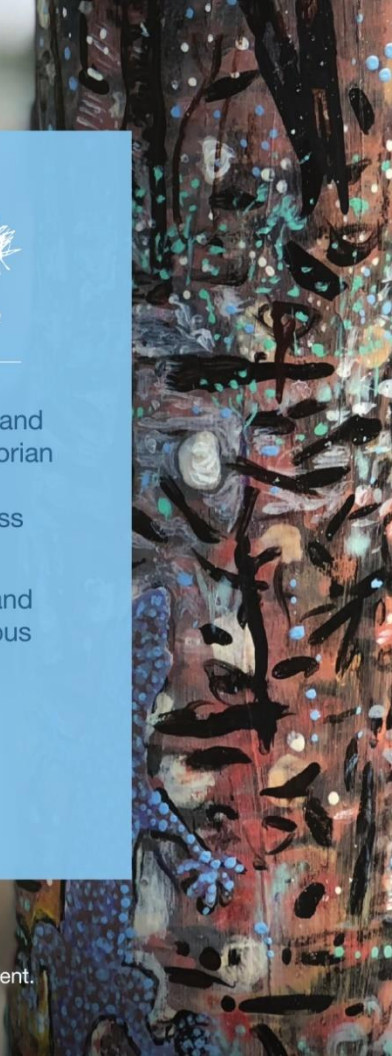
We also provide community-based services and specialist mental health services across Victorian prisons. Our partnership with Swinburne University of Technology develops world-class research to support clinical excellence.

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[www.forensicare.vic.gov.au/careers](http://www.forensicare.vic.gov.au/careers)  
or email [people@forensicare.vic.gov.au](mailto:people@forensicare.vic.gov.au).



Forensicare acknowledge the Traditional Owners and Custodians of the land we work on. We recognise their continuing connection to land, water and culture and pay our respects to their Elders past and present.



# Tuesday, June 14

## Sessions 1 – 6 [14:00 – 15:10]

14:00 - 15:10	Friedrich Wilhelm
<p data-bbox="147 527 440 558"><u>Session 1 Symposium</u></p> <p data-bbox="147 558 1354 590"><b>1163987: New Developments in SAPROF Protective Factors and Assets-based Interventions</b></p> <p data-bbox="147 590 1125 621">Discussant: Michiel de Vries Robbé - Amsterdam University Medical Center</p> <p data-bbox="147 688 1471 756"><b>86227: SAPROF - Extended Version. Pilot Study Results From Inpatient Forensic Psychiatry in Belgium</b></p> <p data-bbox="147 756 605 787">Leen Cappon - PC Sint Jan Baptist</p> <p data-bbox="147 787 865 819">Saskia Roggeman - Psychiatric Centre Sint-Jan Baptist</p> <p data-bbox="147 819 594 850">Armin Jentsch - Hasselt University</p> <p data-bbox="147 850 967 882">Michiel de Vries Robbé - Amsterdam University Medical Center</p> <p data-bbox="147 919 1471 1514">The SAPROF which assesses protective factors is considered an essential component of comprehensive risk assessment in (Belgian) forensic psychiatry, next to the HCR-20V3. Recently, an new extended pilotversion of the SAPROF (SAPROF-EV) was developed to further improve the tool. The present study presents a first psychometric evaluation of this extended pilotversion at the forensic psychiatric department of Psychiatric Center Sint-Jan-Baptist in Zelzate (Flanders, Belgium). The aim of this pilot study was twofold: (1) investigating the (incremental) predictive validity of the SAPROF-EV for aggressive incidents during treatment, and (2) gaining insight into the perceived added value of the SAPROF-EV in daily clinical practice. Risk assessment data (HCR-20V3 and SAPROF-EV) and data on various aggressive incidents (others, verbal, self, objects) based on the Modified Overt Aggression scale of 139 male/female patients were collected between January 2019 and March 2021 to inspect the (incremental) predictive validity. Additionally, a focus group with 5 criminologists was conducted in June 2021 to investigate the added value, the clarity of scoring instructions and the fluency of the information gathering process of each new factor. Results show good predictive validity for the original SAPROF and for the newly added EV-factors. Moreover, incremental predictive validity over the HCR-20V3 was found. Especially for physical aggression the results for the new factors were strong. In addition, the new factors were also considered clear and valuable in daily clinical practice. The findings of this pilot study will help to further optimize the SAPROF-tool and to augment its value in clinical practice.</p> <p data-bbox="147 1581 985 1612"><b>86228: SAPROF-Sexual Offending. Development and Validation</b></p> <p data-bbox="147 1612 711 1644">Gwenda Willis - The University of Auckland</p> <p data-bbox="147 1644 967 1675">Michiel de Vries Robbé - Amsterdam University Medical Center</p> <p data-bbox="147 1713 1471 1873">The Structured Assessment of Protective factors against Sexual Offending (SAPROF-SO) was developed as a new independent measure to align with strengths-based and desistance-oriented approaches to sexual offending treatment. Aims of the SAPROF-SO were to produce a clinician-rated measure of protective factors based on theory and research relevant to sexual offending that could: (i) be rated reliably between coders, (ii) demonstrate construct validity and a meaningful factor structure,</p>	

(iii) demonstrate predictive validity for reduced sexual recidivism and incremental predictive validity relative to static risk tools, and (iv) add value to dynamic risk instruments. This presentation will provide an overview of research findings against each of the SAPROF-SO aims. Findings from research using the 24-item SAPROF-SO pilot version demonstrated acceptable interrater reliability, convergent and discriminant validity in both high risk and routine samples (Willis et al., 2020), and preliminary findings from retrospective file-based studies demonstrated predictive validity for reduced sexual recidivism (Nolan, 2021). Pilot research informed Version 1 of the SAPROF-SO, which includes 14 core items grouped into three subscales (Resilience, Adaptive Sexuality, Prosocial Connection & Reward) and an optional 5-item Professional Risk Management scale. In addition to the SAPROF-SO Version 1 stand-alone version, a SPJ SAPROF-SO addition was developed to be used together with the original SAPROF, explicitly containing 6 new protective factors of particular importance to individuals who have sexually offended. Both versions of the tool will be presented and the current utility of the SAPROF-SO will be briefly discussed.

**86229: From SAPROF to Assets-Based Intervention Guidelines: Translating Protective Factor Assessment into Interventions in Practice**

Michael Doyle - University of Huddersfield

Michiel de Vries Robbé - Amsterdam University Medical Center

Gwenda Willis - The University of Auckland

Heather Moulden - St. Joseph's Healthcare Hamilton

Gary Chaimowitz - St. Joseph's Healthcare Hamilton

There is a growing consensus that protective factors should be an essential part of an assets-based approach to prevent violence where the question is focused on what makes somebody safe rather than what makes them a threat. Testing reliability and validity remains an important part of any guideline validation process if users are to be assured that guidelines are credible. However, the application of the SAPROF in clinical practice will reflect the clinical task of violence prevention rather than prediction, and in practice the SAPROF may be most useful as a decision support tool that focusses on internal, motivational and external 'assets' and balances these with risk factors to enhance patient involvement, structure clinical judgements and prevent violence. The SAPROF can provide an objective, reliable measure of internal, motivational and external assets that reduce risk and thereby support defensible decision making. Where SAPROF items are not present, these can be positive goals for service users to attain as part of their care plans and recovery. Used this way, the SAPROF can inform care plans collaboratively developed between staff and patient to prevent violence. Findings from a recent study will be presented to support the use of the SAPROF as a measure of progress for individuals recovering from mental disorders associated with the risk of violence. Future research will be considered on how the SAPROF is applied in practice to ensure this aligns with assessment of risk factors, formulations of risk, the clinical pathway and care planning.

**86230: Comprehensive Evaluation of the Implementation of the SAPROF-Extended Version in a Canadian Forensic Mental Health Service**

Heather Moulden - St. Joseph's Healthcare Hamilton

Aaron Prosser - McMaster University

Michiel de Vries Robbé - Amsterdam University Medical Center

Mini Mamak - St. Joseph's Healthcare Hamilton

Casey Upfold - St. Joseph's Healthcare Hamilton

Bruno Losier - St. Joseph's Healthcare Hamilton

Heather Dunlop-Witt - St. Joseph's Healthcare Hamilton

Gary Chaimowitz - St. Joseph's Healthcare Hamilton



Our specific aim is to perform a comprehensive quantitative and qualitative evaluation of the performance and utility of the pilotversion SAPROF-Extended Version (SAPROF-EV) and patient self-evaluation of protective factors in a large forensic psychiatric service in Canada. The SAPROF-EV contains the original 17 SAPROF protective factors, supplemented by 7 protective factors relevant to patients receiving long-term treatment. The clinical implementation of the SAPROF-EV in forensic units is examined based on both qualitative analyses, including investigation of staff knowledge and perception regarding the explicit use of protective factors in clinical practice. In addition, we evaluate the SAPROF-EV's (1) validity of monthly SAPROF-EV ratings to predict violence as measured by the Aggressive Incidents Scale (AIS), (2) construct validity and (3) inter-rater reliability of self-assessed and clinician-assessed protective factors. The proposed presentation will provide a summary of preliminary findings of this multi-phase project. Specifically, a description of consensus implementation and roll-out with multi-disciplinary teams, clinician knowledge and opinions about the role of protective factors in risk assessment and management, description of and findings from the patient self-assessment process, concordance with clinician ratings, and finally predictive and incremental validity findings. This comprehensive project has multiple phases and questions. By sharing these early findings we hope to share the many ways the SAPROF can contribute to and improve discussions and knowledge of risk, for the purpose of elevating skills within teams and among patients. Ultimately, in doing so, the objective is improved assessment and prediction, but also collaborative risk management by patients and their teams.

### **86231: New Developments in SAPROF Protective Factors and Assets-based Interventions**

Michiel de Vries Robbé - Amsterdam University Medical Center

The value of protective factors has become increasingly recognized as indispensable component of comprehensive risk assessment and strengths-based guidance of risk management initiatives. A considerable body of research has created a sound evidence-base for the SAPROF. Further developments have been proposed regarding additional new factors for Long-term Care, Intellectual Disabilities, or Sexual Offending, and regarding short-term interval measurement, self-assessment and general improvement of the SAPROF tool. In addition, an initiative has been developed to translate protective factors assessment into assets-based intervention guidance. In this symposium several novel protective factor enhancements are presented and clinical experiences and study findings are discussed.

14:00 - 15:10

Grenander I

#### Session 2 Paper Presentation

### **1163100: Factors Fostering Motivation and Therapeutic Alliance Among Men In Quebec Correctional Facilities Participating In Treatment For Sexual Offending Against Children**

Laurent Belanger - Universite de Montreal

Tamsin Higgs - University of Montréal

The objective of the present study was to investigate the relationships between four individual characteristics (criminal history, age, cognitive distortions, and motivation to change) and two relational factors (therapeutic alliance and perception of the social climate in the group) likely to influence program completion among a group of 223 men incarcerated in Quebec (Canada) following a sexual assault against a child. Fewer cognitive distortions and a more positively perceived social climate predicted greater motivation to change among participants and a better therapeutic alliance

with their therapist. Limitations and future perspectives are discussed in the presentation.

Session 2 Paper Presentation

**1164240: Untangling The Cognitive Correlates Of Emotion Recognition Deficits In Sexual Offenders Who Committed Offenses Against Children**

Tineke Dillien - University Forensic Centre

Inti Brazil - Radboud University

Bernard Sabbe - University of Antwerp

Kris Goethals - University Forensic Centre

This study aimed to clarify the sources of the emotion recognition impairments seen in sexual offenders against children (CSOs) by distinguishing between sensory sensitivity and response biases. By employing a facial expression recognition task that used morphed facial stimuli of varying intensity, we found that CSOs (n = 56) suffer from a pervasive pattern of sensory sensitivity impairments that involved both negative emotions and happiness, and that is evident across (almost) all intensity levels, relative to nonoffenders (n = 35), but not to offender controls (n = 32). Our study also revealed specific response biases in CSOs relative to nonoffenders.

Session 2 Paper Presentation

**1164182: Examining The Heterogeneity Of Online Child Sexual Exploiters**

Sarah Schaaf - Fairleigh Dickinson University, USA

Online child sexual exploiters (OCSE) have largely been treated as a homogenous group in the literature. In an effort to shed light on the heterogenous nature of this population, this study examined differences in socio-emotional functioning, internet use and sexual deviance in a sample of 247 male child pornography offenders with varying degrees of additional involvement with minors online. Significant differences were found for hebephilic/pedophilic pornography use, social discomfort, maladaptive internet use and sexual antisocial behavior. These results emphasize the need for a closer examination of the heterogeneity of the OCSE population to ensure accurate risk assessment and offender management.

Session 2 Paper Presentation

**1164128: Exploring and Facilitating Help-Seeking Behaviour In Minor-Attracted Persons and (Potential) Offenders On The Stop It Now! Helpline**

Minne De Boeck - University Forensic Centre

Stop it Now! aims to prevent child sexual abuse by offering free, anonymous support to everyone who is concerned about their own sexual feelings, thoughts or behaviour towards minors, and by offering support to those individuals who are concerned about the feelings or behaviour of others. The dual-process prototype/willingness model (PWM) describes pathways to health-risk behaviour and the decision to seek help (Hammer & Vogel, 2013). In the current presentation, we will discuss how the PWM may improve our understanding of help-seeking behaviour in Stop it Now! users, and hence, may improve the services the helpline offers.



14:00 - 15:10	Grenander II
<p><u>Session 3 Symposium</u></p> <p><b>1164375: The VERDICT On Virtual Review Board Hearings For Forensic Psychiatric Patients: An Examination Of Virtual Engagement and Trajectories Since COVID-19</b>  Chair: Tonia Nicholls - University of British Columbia; BCMHSUS  Discussant: Richard Schneider - Ontario Review Board; Ontario Court of Justice</p> <p>Justice Richard Schneider, BSc, MA, PhD, LLB, LLM, CPsych, is Chairman of the Ontario Review Board and a Justice of the Ontario Court of Justice. He was previously a criminal defence lawyer and certified clinical psychologist. Justice Schneider is also an adjunct professor with the Department of Psychiatry, Faculty of Medicine, and an adjunct professor with the Faculty of Law, both at the University of Toronto. Justice Schneider will participate in the proposed symposium as a discussant, providing commentary and insights in to the application of virtual hearings in the context of Review Boards in Canada, reflect on the role and contributions of the preceding presentations to this area of scholarship and share his thoughts about the future application of virtual hearings in the criminal justice system.</p> <p><b>86276: An introduction to virtual Review Board hearings for forensic psychiatric patients since COVID-19: Design and purpose of the VERDICT study</b>  Tonia Nicholls - University of British Columbia; BCMHSUS  Christopher Webster - Simon Fraser University; University of Toronto  Armaan Rajan - University of British Columbia  Kelsey Alexander - University of British Columbia  Alison MacPhail - BC Review Board</p> <p>COVID-19 forced the rapid implementation of adapted practices to safeguard public health. For Review Boards (RB), this meant a transition to virtual hearings to fulfill their mandate and prevent undue restrictions on patients' rights as they progress through the Forensic Mental Health system. Although research has examined patient and clinician satisfaction with videoconferencing for assessment and follow-up (Batastini et al., 2016; Orlando et al., 2019) and patient experiences with mental health tribunals generally (Carney &amp; Tait, 2011; Ng et al., 2016), an evaluation of experiences and satisfaction with virtual hearings in forensic mental health contexts could not be found in the literature. Moreover, experts remain split on the efficacy and appropriateness of videoconferencing in the context of legal proceedings. This talk will discuss how virtual hearings were implemented in a large, Western, forensic system, with a focus on (1) legal considerations and due process, (2) policy changes, (3) initial challenges and responses from patients and other stakeholders, and (4) considerations that informed the present study. Virtual health and virtual patient interactions will likely be a necessity moving forward, therefore it is not a matter of whether these mediums should be utilized but rather how are they currently meeting the needs of patients and users, and what should be done to improve them (Carroll, 2020). Therefore, if lawmakers are, in due time, faced with having to make changes to legislation to accommodate videoconferencing, it will be vitally important there be available to them properly researched data on these matters.</p> <p><b>86274: The VERDICT On Virtual Review Board Hearings For Forensic Psychiatric Patients: An Examination Of Virtual Engagement, and Remedial Or Detrimental Influences Since COVID-19</b>  Armaan Rajan - University of British Columbia  Tonia Nicholls - University of British Columbia; BCMHSUS  Kelsey Alexander - University of British Columbia</p>	

Christopher Webster - Simon Fraser University; University of Toronto  
 Alison MacPhail - BC Review Board

**Background:** Research has examined patient and clinician satisfaction with videoconferencing for assessment and follow-up (Batastini et al., 2016; Orlando et al., 2019), and patient experiences with mental health tribunals generally (Carney & Tait, 2011; Ng et al., 2016; Thom & Nakarada-Kordic, 2013), but an evaluation of experiences and satisfaction with virtual hearings in forensic mental health contexts could not be found in the literature. This study will determine, if videoconferencing procedures advantage or disadvantage any of the specified parties, relative to the legally prescribed, customary, in-person RB proceedings. Specifically in this talk, we aim to assess differential experiences related to technological issues and the implications of using technology and virtual hearings on the experience of diverse participants (e.g., stress level). **Methods:** Participants (N = ~150) will consist of 25 individuals from each of five subgroups including patients, family members or other supports, hospital/agency staff and clinicians, legal counsel, and RB members. Through an electronic survey, participants will be asked about their experiences with video and in-person RB hearings related to benefits, challenges, and logistics. **Results:** Descriptive statistics will be reported for all variables for the total sample and by subgroup. Bivariate analyses will be conducted to compare characteristics across the groups. Thematic analysis will be conducted for qualitative information gathered in open-ended questions. **Discussion:** This study will add to our understanding of how virtual hearings affect the experience of patients and key stakeholders, which is essential for evaluating their efficacy and informing quality improvement initiatives.

**86275: The VERDICT On Virtual Review Board Hearings For Forensic Psychiatric Patients: An Examination Of Trajectories Since COVID-19**

Jessica Ahn - University of British Columbia; McGill University  
 Tonia Nicholls - University of British Columbia; BCMHSUS  
 Armaan Rajan - University of British Columbia  
 Christopher Webster - Simon Fraser University; University of Toronto  
 Alison MacPhail - BC Review Board

**Background:** There are concerns that virtual hearings are 'deficient' or 'second-best' to in-person hearings, resulting in differential outcomes (Justice R. Schneider, personal communication, March 2, 2021). This study will determine, if videoconferencing procedures advantage or disadvantage any of the specified parties, relative to the legally prescribed, customary, in-person RB proceedings. Specifically, we present data on RB dispositions and the implications of virtual hearings on perceptions of perceived justice and sway on proceedings. **Methods:** This study uses both survey and administrative data. Through an electronic survey, participants (N = ~150) will be asked about their sense of procedural fairness during virtual versus in-person RB hearings. This will be supplemented with administrative data (i.e., number of hearings, resulting dispositions) obtained from the Review Board Registrar. **Results:** For survey data, descriptive statistics will be reported for all variables within total sample and by subgroup. Bivariate analyses will compare variables across the groups. Thematic analyses will examine qualitative information gathered in open-ended questions. For administrative data, descriptive statistics will be reported on for aggregate number of disposition outcomes pre and post COVID-19. **Discussion:** The dearth of literature on virtual hearings in the context of forensic mental health indicates the importance of illuminating perceptions of procedural fairness, and influences on outcomes to support their continued use. Concerns of increased leniency or disadvantaged treatment of accused persons must be fully investigated to ensure RBs are able to fulfill their mandates, protecting the rights of patients through a person-centred approach.

14:00 - 15:10	Grenander III
<p><u>Session 4 Symposium</u></p>	
<p><b>1164062: Partnership Working across Mental Health Services, Policing, and Academia: Advances in Vulnerability Assessment</b></p>	
<p>Chair: Jennifer Murray - Edinburgh Napier University</p>	
<p><b>86236: Developing an Evidence-Informed Framework to Underpin Vulnerability Assessment</b></p>	
<p>Jennifer Murray - Edinburgh Napier University</p>	
<p>Iniobong Enang - Coventry University</p>	
<p>Nadine Dougall - Edinburgh Napier University</p>	
<p>Andrew Wooff - Edinburgh Napier University</p>	
<p>Liz Aston - Edinburgh Napier University</p>	
<p>Inga Heyman - Edinburgh Napier University</p>	
<p>Assessing vulnerability is a priority area across law enforcement and public health (LEPH) internationally. Most contacts with frontline law enforcement professions now relate to 'vulnerability' with Scottish and Canadian figures estimating between 60-80% of calls to police now relating to vulnerability or mental ill health/distress. Frontline health responders, such as ambulance services, are experiencing the same increase in these types of calls, and in Scotland alone there was an approximate 15% increase in completed suicides between 2017 to 2018 and the highest ever recorded drug-related deaths during the same time period. Inter-professional approaches to the assessment and management of people facing vulnerabilities who are accessing emergency LEPH services is therefore an imperative. Despite this, there are no vulnerability assessment guidelines/tools relevant for implementation across the intersect of LEPH. This talk will describe the process and findings of a systematic review which brought together LEPH literatures to 1) identify what assessment guidelines, tools, and approaches exist and 2) develop the first evidence-informed framework to underpin vulnerability assessment across LEPH. Prevention, Diversion/Triage, and Training were identified as essential to underpin vulnerability assessment at the LEPH intersection. Inter-professional, integrated working, shared training, and aligned systems were also found to be key to effective vulnerability assessment. The talk will discuss the cross-disciplinary working and inter-professional and service user involvement that was integrated into the project's processes; focusing on lessons learned which may be helpful for future inter-professional projects.</p>	
<p><b>86237: Supporting police: Understanding CAM and its Foundations in the THRIVE Model</b></p>	
<p>Claire Coleman - Police Scotland</p>	
<p>Police Scotland manages approximately 3million public contacts annually, resulting in around 4600 'incidents' being created daily. Around 61% of these are resolved by police attendance, with only 14.5% resulting in a crime being recorded. Responding to reported mental ill health, distress and vulnerability accounts for a significant proportion of the 85.5% of incidents which are not crime related. The Contact Assessment Model (CAM) Project will transform the way that Police Scotland assesses and responds to vulnerability. In addition to the adopting THRIVE assessment (Threat, Harm, Risk, Investigation, Vulnerability, Engagement) methodology, the CAM Project introduces a range of alternate resolution options, designed around meeting the needs of the caller, e.g., Mental Health Pathways (MHP). In advance of these projects, the only resolution option is to arrange for police officer attendance. Police officers receive limited training in relation to mental health and are not well placed to accurately assess the individual's condition, or determine necessary ongoing. Often, officers exercise the legal powers available to them to bring the individual to a place where an appropriate</p>	

mental health assessment can be carried out. This approach is resource intensive and, arguably, places undue pressure on police and health care resources. Most importantly, it rarely provides the most appropriate resolution for the individual. These projects require extensive collaborative work across emergency services. This talk will discuss a case study approach investigating policing approaches to assessing vulnerability of suicide among people who have experienced intimate partner abuse from a Scottish perspective.

**86238: Challenges In Assessing Vulnerability In A Specific Context: Intimate Partner Abuse**

Pamela Ritchie - Edinburgh Napier University

Jennifer Murray - Edinburgh Napier University

Liz Aston - Edinburgh Napier University

Rory MacLean - Edinburgh Napier University

Across the Law Enforcement and Public Health (LEPH) sector, the term “vulnerability” is commonly used to detect those who require assistance from these essential services. It is crucial that an appropriate and effective assessment for vulnerability is implemented to prevent inadvertent injurious health and criminal justice consequences. Vulnerability is a priority within LEPH (Murray et al., 2018), and there is a developing recognition for the necessity to prioritise the identification, assessment and management of people who are vulnerable; as both victims and as perpetrators of criminal activity (College of Policing, 2018; Department of Health, 2014). In light of these increases, the Police Scotland Strategy 2026 affirmed their key priority, ensuring that vulnerable people are protected (Police Scotland, 2017). Notwithstanding, vulnerability is considered to be a leading priority for LEPH professionals; however, there is currently no shared definition of vulnerability. An appropriate and more uniformed definition of vulnerability for those working across LEPH is one that encompasses all aspects of vulnerability, both contextual and person specific. There are significant implications for professionals working without a clear definition for vulnerability; including the impedance of access to the appropriate services; aggravating concerns of numerous vulnerabilities, co-morbidities, and/or dual diagnoses. Absence of these two key aspects could result in a reactive crisis in contrast to proactive preventative procedures (Murray et al., 2018). This talk will discuss these core issues in relation to the specific example of Intimate Partner Abuse (IPA), and how vulnerability is considered for IPA across LEPH.

**86245: Working In Partnership To Alleviate Pressure On Front-Line Police Officers To Effectively Manage Mental Health Calls**

Krystle Martin - Ontario Shores Centre for Mental Health

Mental health related calls make up a significant proportion of calls for service for police officers. In an effort to attend to this growing issue, one service in Ontario, Canada initiated a collaboration with community services and health care providers to identify frequent police service users and proactively connect them with the services they need before they reach a crisis situation. The specific objectives were to reduce repeat police calls, hospital visits, and/or criminalization of “vulnerable” people. In effect, the program hoped to alleviate pressure on front-line police officers to effectively manage mental health calls, as well as reduce officers’ time spent on mental health calls. Additionally, it is hoped that individuals will also benefit from finding the resources they need and receive follow-up care outside of the criminal justice system. While community services may see increases in the number of users accessing their programs, it is anticipated that this will ultimately reduce overall costs with reductions in police officer time, hospital visits, ambulance rides, etc.

14:00 - 15:10	Grenander IV
<p><u>Session 5 Symposium</u></p>	
<p><b>1161509: Virtual Reality in Clinical Reality? Delineating The Implementation and Clinical Value of Virtual Reality Applications in Forensic Settings</b></p>	
<p>Chair: Märta Wallinius - Regional Forensic Psychiatric Clinic Växjö, Sweden; Lund University</p>	
<p><b>86129: Recent developments of the Virtual Reality Aggression Prevention Training - Preliminary findings from a Maximum-Security, Forensic Psychiatric Hospital</b></p>	
<p>Fernando Gonzalez Moraga - Regional Forensic Psychiatric Clinic Växjö, Sweden</p>	
<p>Stéphanie Klein Tuenté - Regional Forensic Psychiatric Clinic Växjö, Sweden; Lund University</p>	
<p>Kristina Sygel - Gothenburg university</p>	
<p>Pia Enebrink - Karolinska Institute</p>	
<p>Sean Perrin - Lund university</p>	
<p>Wim Veling - Professor, University Center of Psychiatry, University of Groningen</p>	
<p>Märta Wallinius - Regional Forensic Psychiatric Clinic Växjö, Sweden, Lund University</p>	
<p>Aggression is a known problem in individuals being cared for in forensic settings, yet the evidence base for its treatment is scarce. Recently, a new treatment for aggression using Virtual Reality (VR) as the treatment environment, Virtual Reality Aggression Prevention Training (VRAPT; Klein Tuenté et al., 2018), was developed to provide realistic and safe environments for participants to practice aggression management. In its current, revised version (3.0), VRAPT is conceptualized as a form of cognitive behavioral therapy with its theoretical background in the General Aggression Model. The purpose of VRAPT is to increase awareness of, and improve control over, patients' own aggression and that of others through social interactions in individually tailored virtual environments. This presentation describes how the lessons learned from the first randomized controlled trial in the Netherlands (VRAPT 2.0; Klein Tuenté et al., 2020) and the first pilot study on VRAPT 3.0 have been applied to further develop the method. Preliminary results from this recent pilot study, performed on N = 7 forensic psychiatric patients from a maximum-security forensic hospital in Sweden will be presented and practical and ethical challenges, along with future directions for VR-assisted treatment of aggression in forensic settings, will be discussed. VRAPT is a new psychological treatment for aggression and the coming years will provide expanded scientific evidence on the method for further developments, adaptations and evaluations.</p>	
<p><b>86131: From The Use Of Immersive Technologies In Forensic Psychiatry: Bridges Between Clinic, Research and Training</b></p>	
<p>Patrice Renaud - Institut national de psychiatrie légale Philippe-Pinel</p>	
<p>Jean-Pierre Guay - Institut national de psychiatrie légale Philippe-Pinel</p>	
<p>Anne Crocker - Institut national de psychiatrie légale Philippe-Pinel</p>	
<p>Founded in 1970, the Institut National de Psychiatrie Légale Philippe-Pinel is a 292-beds maximum security psychiatric hospital in Montreal, Canada. The Pinel Institute's mission is fourfold: forensic assessments, training and education, violence prevention, and bio-psycho-social forensic mental health research. One important research and clinical technological platform of the institute is the Forensic Immersion Lab (LIF in French, previously the Virtual Reality Applications in Forensic Psychiatry). It was established in 2005 and is the first virtual reality lab to have been installed in a maximum security forensic setting. Four main research topics are tackled at the LIF: sex offense, empathy/psychopathy, criminal awareness as well as extended reality integration (virtual reality, augmented reality, wearables, artificial intelligence, immersion/presence fundamental research).</p>	



Recently created, Forensia is the Pinel Institute's training and innovation center intended to be a multidisciplinary and intersectoral hub at the interface of mental health, justice and public safety. One of Forensia's characteristic goal is to develop knowledge on innovative training methods - including new technologies such as virtual reality and other immersive means. Our presentation is intended as a brief case study that will focus on the benefits of research-clinical technological platforms such as LIF. The interwovenness of clinic, research and training mandates will be addressed in a prospective manner with the use of immersive technologies as a common bedrock.

#### **86134: Personality Traits and Immersive Tendencies as Predictors of Pornographic Preferences**

Gabrielle Roy Paquette - Université du Québec en Outaouais

Patrice Renaud - Institut national de psychiatrie légale Philippe-Pinel

Sara Saint-Pierre Côté - Institut national de psychiatrie légale Philippe-Pinel

Background: The impact of pornography on consumers has been studied at length, with results indicating that the consumption of violent pornography is linked to sexual violence in men and victimization in women. Immersive technologies, that are known to induce feelings of sexual presence in users, have gained popularity as a means to consume pornographic material over the years. It is therefore essential to take an interest in an individual's immersive tendencies and personality traits, which could be key factors in predicting sexual preferences. Method: In this study, 344 individuals (233 women; 106 men; 5 non-binary) aged 18 to 80 years old ( $M=26.9$ ;  $SD=8.303$ ) participated in an online study, including measures of personality (Big Five Inventory) and presence (Immersive Tendencies Questionnaire) validated in French and English, as well as a socio demographic questionnaire measuring, inter alia, socio-sexual history and pornographic interests. Results: Linear regressions were used to test if personality traits and immersive tendencies significantly predicted pornographic interests. Preliminary results show that agreeableness significantly predicted interest in violent pornography, in women ( $R=.135$ ,  $p=.039$ ;  $\beta=-2.688$ ,  $p=.039$ ) and in men ( $R=.250$ ,  $p=.010$ ;  $\beta=-5.590$ ,  $p=.010$ ). It was also found that Involvement significantly predicted interest in violent pornography in women ( $R=.299$ ,  $p<.001$ ;  $\beta=.950$ ,  $p<.001$ ). In men, it was found that Focus ( $\beta=.898$ ,  $p=.022$ ), Emotions ( $\beta=.819$ ,  $p=.022$ ) and Games ( $\beta=1.207$ ,  $p=.004$ ) significantly predicted interest in simulation-based pornographic content ( $R=.498$ ,  $p<.001$ ). Conclusion: The results will be presented and discussed based on their implications for the prevention of the development of deviant sexual preferences and sexual violence.

#### **86137: Virtual Reality in Staff Training, Psychiatric Assessment and Psychological Treatment in a Maximum-Security, Forensic Psychiatric Setting**

Märta Wallinius - Regional Forensic Psychiatric Clinic Växjö, Sweden; Lund University

Interventions in forensic psychiatry must acknowledge the restrictions inherent in these contexts, where offenders are treated in secluded settings, with restricted access to the society and environments to which they are supposed to be rehabilitated into, for longer periods of time. Also, the complex psychiatric morbidity and heterogeneity of offenders must be considered, and interventions tailored accordingly. Here, technological developments such as immersive Virtual Reality (VR), known to trigger psychological and physical reactions similar to real-life reactions, provide new opportunities to improve and innovate the care. This presentation presents the ongoing development, implementation and evaluation of VR-assisted interventions concerning psychiatric assessment, psychological treatment, and staff training at a maximum-security, forensic psychiatric hospital in Sweden. We will discuss key factors for successful implementation of VR-assisted interventions in the complex, clinical everyday-setting, and deliberate on how VR can be used in these settings. Furthermore, we will discuss design of VR-assisted interventions and their evaluation, and problematize how the information from such studies can be applied to increase the evidence-base for

forensic treatment.

14:00 - 15:10	Alexander II/III
<p><u>Session 6 Symposium</u></p> <p><b>1164035: Forensic Psychopathology and Psychopathology in Forensic Psychiatry</b>            Chair: Harry Kennedy - National Forensic Mental Health Service, Ireland; Trinity College Dublin            Discussant: Norbert Nedopil - Abteilung für forensische Psychiatrie</p> <p><b>86239: Moral Delusions and Severe Violence</b>            Harry Kennedy - National Forensic Mental Health Service, Ireland; Trinity College Dublin            Paul O'Connell - National Forensic Mental Health Service, Ireland            Ken O'Reilly - National Forensic Mental Health Service, Ireland</p> <p>Background: Making causal connections between psychosis and violence has been surprisingly difficult. The strongest evidence links persecutory delusions with violence when mediated by anger. We sought causal links with severe violence. Moral cognition offered a possible mediating link. Method: The MFQ-30 is derived from Haidt's theory of moral cognition, measuring trait dispositions for care-harm, fairness-reciprocity, in-group loyalty, authority-respect, purity-sanctity. We studied forensic patients with schizophrenia (40) who had committed homicide (19). We examined whether moral dispositions were associated with violence when controlling for neurocognition and violence proneness. For 55 forensic patients (29 homicides) we explored the association between all psychotic symptoms present at the time of the violent act and moral cognitions present at that time using mediation analysis. Results: Homicide patients scored higher for trait in-group loyalty and authority-respect, even correcting for lower neurocognition. At the time of the violent act, psychotic symptoms were not associated with seriousness or form of violence. However, specific moral cognitions (loyalty-betrayal) were associated with seriousness and form of violence even when controlling for neurocognition and violence proneness. Fairness-injustice and purity-disgust were related to expressive violence. Specific moral cognitions were associated with specific psychotic symptoms (loyalty-betrayal and persecutory delusions) present and relevant to violence. Moral cognitions mediated the relationship between presence of specific psychotic symptoms and their relevance for violence, homicide, seriousness of violence, and the form of violence. Persecutory delusions related to reactive violence via fairness-injustice and loyalty-betrayal and to severity of violence and homicide via loyalty-betrayal. Other mediated effects were also found.</p> <p><b>86240: Philosophy Of Science and Delusions: Implications For Forensic Assessment, Hospitalisation, and Treatment.</b>            Kenneth O'Reilly - Trinity College Dublin            Mary Davoren - National Forensic Mental Health Service, Ireland; Trinity College Dublin            Harry Kennedy - National Forensic Mental Health Service, Ireland; Trinity College Dublin</p> <p>Background: Forensic patients are frequently hospitalised for violence associated with 'fixed, false, unshakeable beliefs know as delusions'. Current definitions do not reliably distinguish delusions from other forms of belief. We developed a neuropsychological theory of delusions based on Karl Popper's concept of knowledge creation. Knowledge can be defined as beliefs that objectively solve problems. Knowledge arises from four fundamental stages: a) Problems are identified, b) Solutions are</p>	

conjectured, c) Conjectures are criticised, d) Conjectures surviving criticism are retained as the best explanation. Neuropsychological difficulties at these stages, either individually or in sequence, may distinguish delusions from other forms of belief, having implications for forensic assessment, hospitalisation, and treatment. Method: We evaluated Popper's theory in a cohort of forensic inpatients with schizophrenia (n=40, 19 actively deluded), we examined three specific neuropsychological impairments: anomalous perceptions (Problem stage), impaired ability to 'consider alternatives' (Conjecture stage), and impaired ability to 'update beliefs' when presented with new information (Criticism stage). Results: Stepwise binary logistical regression supported the proposed model. The Cardiff Anomalous Perception Scale (CAPS; Step 1), Twenty Questions Test (TQT; Step2), and Word Context Test (WCT; Step 2) all significantly contributed to the model ( $p < .05$ ). In combination all three variables accounted for 57% of the variance of treatment resistant delusions (Accepted explanation)  $\chi^2 (3, N = 40) = 22.24, p < .001$ , 85% classification accuracy. The addition of a measure of general cognitive impairment the MATRICS Consensus Cognitive Battery (MCCB; Step 3) did not significantly contribute to the model.

### **86241: Insight Into Illness Among Inpatients In A Forensic Service - A Study From Dundrum Hospital As Part Of The D-FOREST Study**

Sean Murray - HSE

Natasa Basrak - National Forensic Mental Health Service, Ireland

Harry Kennedy - National Forensic Mental Health Service, Ireland; Trinity College Dublin

Mary Davoren - National Forensic Mental Health Service, Ireland; Trinity College Dublin

Background: Forensic patients often have treatment resistant illness. Insight into symptoms (a correct attitude to a morbid change in oneself) is a factor in decisions about progress to lower secure settings. A valid measure of Insight into illness and need for treatment is therefore needed to evaluate and treatment programmes and patient progress. Methods: All current forensic inpatients (104) were rated for self-rated and clinician-rated insight using the VAGUS tool, a validated and reliable measure of insight into psychotic symptoms. All participants completed the self-rated scale independently of the clinician. Patients were also rated with the HCR-20, the Dundrum-3 and Dundrum-4, and the PANSS. Scores on the VAGUS tool and other tools were compared to test for convergent validity with other measures of insight and progress. Results: Clinician and patient self-ratings of insight on the VAGUS tool were different from but complimentary to the ratings for insight on the HCR-20 ( $r = 0.480, p < 0.001$ ), the DUNDRUM-3 ( $r = 0.491, p < 0.001$ ) and DUNDRUM-4 ( $r = 0.265, p = 0.041$ ). An inverse relationship between VAGUS scores and PANSS measures ( $r = 0.452, p = < 0.001$ ) was found, lower insight scores correlated with higher positive and negative psychotic symptoms. Greater insight also related to progress along the care pathway to lower secure wards. Using a specific tool to rate insight adds benefit, complimentary to the insight ratings on other tools currently in use and may be helpful in guiding clinical decision making in the forensic setting. The relationship between insight and violence in psychosis now becomes possible.

### **86242: DUNDRUM Capacity Ladders: Decision-Making Capacity and Forensic Recovery**

Kezanne Tong - National Forensic Mental Health Service, Ireland

Calvin Harsiyuee - National Forensic Mental Health Service, Ireland

Harry Kennedy - National Forensic Mental Health Service, Ireland; Trinity College Dublin

Mary Davoren - National Forensic Mental Health Service, Ireland; Trinity College Dublin

Background: Functional mental capacity is an individual's ability to make and communicate legally competent decisions autonomously. It is dynamic and changes with time. We aimed to ascertain the association between scores on a structured judgement tool designed to assess functional mental capacity, the Dundrum Capacity Ladders (DCL) with level of therapeutic security and length of stay in a secure forensic hospital. Methods: 62 patients were interviewed using DCL. Scores across three domains - finance, welfare and healthcare were recorded based on a stratified scoring system.

Correlations were assessed between DCL scores, length of hospital stay and level of therapeutic security. Results: 62 of 102 (60.8%) secure hospital patients completed the study. Patients in high dependency wards were more impaired (mean DCL = 39.4, SD = 18.3) than those in low dependency wards (mean DCL = 72.3, SD = 20.0). Higher DCL scores correlated with lower level of therapeutic security. Patients with length of stay less than five years performed better with higher total DCL score as they progressed through their treatment up until the five-year period. For lengths of stay beyond five years, the longer the length of stay, the lower the total DCL score. Functional mental capacity was better as patients progressed from high dependency to lower dependency wards in the first five years. The longer patients had stayed in the hospital beyond five years, the worse their functional mental capacity.

## Sessions 7 – 12 [15:40 – 16:50]

15:40 - 16:50	Friedrich Wilhelm
<p><u>Session 7 Student Panel Presentation</u>  <b>Professor Corine de Ruiter - Maastricht University</b></p> <p>Corine de Ruiter is a renowned professor of Forensic Psychology at Maastricht University. She has published more than 200 peer-reviewed articles and several books. Her research interests include for instance the relationship between mental disorders and violence, and the assessment of risk for future violence, including domestic and sexual violence, as well as child abuse. In her presentation, she will talk about what it means to be a woman in the Forensic Mental Health Field, share her thoughts on how to achieve a good work-life balance, and reveal what kind of book she definitely needs to write!</p> <p><b>Professor Michael Daffern - Centre for Forensic Behavioural Science (CFBS), Swinburne University of Technology</b></p> <p>Professor Michael Daffern is a clinical and forensic psychologist who has worked in prisons and in general and forensic mental health services since 1992. Ultimately, Michael is a clinician who does research that he hopes improves his own practice but that also assists other practitioners and forensic mental health services. He will talk (briefly) about his career and reflect on the things that went well and what helped them go well. He will gloss over the things that he did which failed. He hopes to offer some useful advice for students considering a career within the forensic mental health/academic fields.</p>	

15:40 - 16:50	Grenander I
<p><u>Session 8 Paper Presentation</u>  <b>1161099: Virtual Reality Training For Forensic Healthcare Professionals To Prevent Patient Aggression: Preliminary Results Of An Experimental Study</b></p>	

William Buiet - Aggression prevention training at GGZ-NHN  
 Rene Wubs - Digital Transformation at GGZ-NHN

Patient aggression incidents are a major problem in forensic healthcare settings. Training for forensic Healthcare professionals, including role-plays, on de-escalation techniques contributes to the prevention of aggression incidents. Conventional roleplaying with an actor is limited in terms of simulating particular patient and work-environment characteristics. In co-creation with end-users, we therefore developed a Virtual Reality (VR) training protocol including two interactive role-plays to practise de-escalation techniques. Aims: To investigate the acceptability of the VR de-escalation training among forensic Healthcare professionals and trainers and its potential influence on confidence in coping with patient aggression in forensic mental healthcare employees. Methods: An experimental design was used with assessments at baseline (demographics, past year patient aggression experiences, and confidence in coping with patient aggression) and at post-intervention (self-reported learning effects, user satisfaction, and confidence in coping with patient aggression). Trainers who operated the avatar during the VR experiment completed the System Usability Scale and were interviewed on their experiences after study termination. Results: Participants (N=31 mental healthcare employees, age 39±11 years) were mostly female (74%). The majority of participants (61%) had >10 years of work experience in mental healthcare. They had experienced 9±3 different types of patient aggression incidents in the past year which was positively related confidence in coping with patient aggression ( $r=.56$ ,  $p<.01$ ). Participants valued role-playing in VR as realistic (100%), instructive (65%), and it contributed to increased awareness into their own behaviour towards patient aggression (81%). Confidence in coping with patient aggression significantly increased after VR role-playing ( $t[df=30]=-4.0$ ,  $p<.01$ ). Less past-year experiences with patient aggression was related to a greater increase in confidence in coping ( $r=-.48$ ,  $p<.01$ ). Trainer (N=4) mean SUS score of 70±2 points at satisfactory usability of the system. Trainers considered the VR as a valuable addition to existing aggression prevention trainings that could help achieve learning goals. Conclusions: Practising de-escalation techniques in VR was associated with more awareness in participants and increased confidence in coping with patient aggression post-intervention. This applied in particular to participants that had experienced less aggression incidents in the past year. Trainers indicated opportunities of the VR training in addition to conventional training, pointing at potential for implementation. If replicated in a controlled setting, VR training is an acceptable and valuable training method for forensic Healthcare professionals.

Session 8 Paper Presentation

**1164095: Reducing Violence in Forensic Settings through Incentive-based Recovery Communities**  
 Stoyka Meyer - Illinois Department of Human Services

Violence in forensic psychiatric settings have been a long-standing clinical challenge that has led to varied outcomes when systematically addressed. Our Neighborhood is a behavior modification Recovery-based incentive program focused on establishing and maintaining zero-harm unit-based communities by eliminating physical aggression, decreasing verbal aggression and encouraging zero treatment refusals by incentivizing treatment participation. As such, the program has consistently demonstrated exceptional treatment outcomes in violence reduction and increase in treatment participation for both Not Guilty by Reason of Insanity (NGRI) and Unfit to Stand Trial (UST) medium security patients.

Session 8 Paper Presentation

**1163990: High consequence firesetting and its association with intimate partner violence**



Vindya Nanayakkara - Justice Health and Forensic Mental Health Network; University of NSW

Recent research into 'high consequence firesetting' has revived questions about potential distinctions among those who engage in highly destructive or injurious firesetting. This research has also indicated that among those who are responsible for setting high consequence fires is a cohort of individuals whose firesetting has emerged in the broader context of violence, in particular intimate partner violence. Aspects of injurious, potentially lethal, firesetting and its links with intimate partner violence and ex-intimate stalking will be explored in this presentation.

Session 8 Paper Presentation

**1164362: Comparing Violence Prevention Climate Among General and Forensic Psychiatry: Common Goal, Different Views?**

Marie-Hélène Goulet - Université de Montréal

Anne G Crocker - Université de Montréal

Pierre Pariseau-legault - Université du Québec en Outaouais

Violence prevention climate is a new concept that includes the characteristics of the environment as perceived by people to prevent violence. Of the factors that can influence violent and aggressive behaviors, relational and environmental climate seems to play a key role, but few studies have reported on it. Hence, the aim of this paper is to compare staff and patient views on violence prevention climate in civil and forensic psychiatric settings using a cross-sectional survey design. Preliminary results show a more positive perception of the violence prevention climate in forensic settings than in civil settings.

15:40 - 16:50

Grenander II

Session 9 Symposium

**1162033: Trauma-Informed Practice For Violence Risk Assessment, Development Of Treatment Programmes, and Therapeutic Techniques For Interventions In Forensic Mental Health Settings**

Chair: Laura Bowden - PPA UK

**86186: Early Adverse Experiences and Risk Assessment: Are We Where We Need To Be?**

Laura Bowden - PPA UK

Risk assessment is central to forensic mental health services, with such assessments contributing to court and sentencing proceedings, ongoing detention, identification of treatment needs, and in determining suitability for discharge. Recent advances in research, particularly in the field of neuroscience, have supported the need for the development of 'trauma-informed' practices in forensic mental health settings. But have these advances reached the process and practice of risk assessment? To address this question, this presentation will provide an outline of the literature exploring the link between adverse childhood experiences and the risk of violence which has formed part of a wider PhD research project. More specifically, summarising research capturing the prevalence of childhood trauma in offending populations, the way in which trauma is conceptualised in structured professional risk assessment tools and how this knowledge translates to risk assessment practice in forensic mental health settings. The presentation will then turn to examining best practice

for violence risk assessment, best practice for trauma-informed care and whether the two processes are synonymous. To what extent can the process of risk assessment, that ultimately informs high stake decisions that can have the consequence of the restriction of liberty, be 'trauma-informed'? Based on the literature reviewed within this presentation, possible future directions for the practice and process of risk assessments, that acknowledge early adverse experiences, will be discussed.

**86187: The Embodied Self: Exploring Therapeutic Techniques Through A Trauma Lens With Men Who Sexually Offend**

Maxine Daniels - PPA UK

The majority of treatment programmes in forensic settings offered to men who sexually offend are based on Cognitive Behavioural Therapy. The focus is on risk, need, and responsivity principles, with less attention on patients' own trauma history. With the increased understanding of the impact of early childhood adversity on brain development it is crucial to explore ways to deliver therapy in ways that are trauma-responsive and engage the brain and body in differing ways. This presentation will explore the concept of the 'embodied self' and the implications for responsive therapeutic delivery techniques, especially with patients with histories of complex trauma. The presentation will draw on research conducted by the presenter which qualitatively explored the experiences of 13 men who completed treatment for sexual offending within Her Majesty's Prison Service which included victim empathy role-plays. This research highlighted the value of role-play as a treatment method (experiential and embodied) to work through their own abuse and trauma. This presentation will conclude by reviewing a variety of methods and approaches that can be used to enhance therapeutic work in relation to the 'embodied self' when working with trauma and offending in forensic mental health settings.

**86188: Using Our Understanding Of Early Adverse Experiences To Inform The Development Of A New Treatment Programme In A Forensic Mental Health Setting In The UK**

Amy Meeson - PPA UK

Designing and delivering effective treatment programmes for individuals with complex needs is challenging in forensic mental health services. There is a need to facilitate highly responsive, multimodal treatment that meets the needs of individuals with neuro-diversity, mental health and personality difficulties, and histories of complex trauma. This presentation will begin by exploring the principles of 'trauma-informed' care and how this links in practice to the development of psychological treatment interventions. The presentation will reflect on the ways in which developing group interventions needs to holistically consider the individuals within the group, in addition to the needs and histories of the staff involved and the systems which they operate in. The presentation will then introduce a programme specifically designed to engage individuals with histories of sexual offending and neuro-diversity that is being piloted in a secure hospital setting in the UK. The programme design, development and implementation will be discussed in relation to current literature around addressing sexual offending behaviours and understanding the role of trauma and offending. The presentation will further explore the phases of the 'Being Me' programme and how they progress to work therapeutically with the individual's experiences of trauma, and how they sit within a wider multi-modal and multidisciplinary approach underpinned by Compassion Focused Therapy.

15:40 - 16:50	Grenander III
<p><u>Session 10 Symposium</u></p>	
<p><b>1159813: Can We Offer Equitable and Culturally Safe Services To People With Intellectual and Developmental Disabilities Within Forensic Mental Health Services?</b></p>	
<p>Mhairi Duff - Waitemata District Health Board</p>	
<p><b>85741: If We Were Wanting To Be 'Fair', We Wouldn't Have Started From Here. Lessons From System Change From The Ends Of The World</b></p>	
<p>Mhairi Duff - Waitemata District Health Board</p>	
<p>Introduction to the issues and core challenges we wanted to address to provide a flexible approach to meet the contemporary needs of people with ID &amp; PDD in forensic health care in Aotearoa/New Zealand. Challenges, we believe, are faced in principle across all services. Outline of how the symposium aims to take you on our journey and invites you to consider if some of the issues we have struggled with are also reflected in your own services and Nations with an emphasis on issues relating to systemic bias, specific issues relating to Māori the impacts of legislative changes and shifting focus on training and development of staff and how to pull the best bits together to produce a workable, effective and contemporary approach.</p>	
<p>Learning goals:</p>	
<ol style="list-style-type: none"> <li>1. Learn about our proposed model of care and how we hope to begin to address some of the contemporary contextual issues in a sustainable way in Aotearoa/New Zealand.</li> <li>2. Understand why the experience of colonised groups, within their own lands, differs (and how it overlaps) to issues for other non-dominant cultural groups such as immigrants, refugees, religious 'minorities'. How these contribute to over-representation of non dominant groups within the CJS and forensic mental health, with practical ideas about how to start a journey towards change.</li> <li>3. Consider the future roles and competencies of specialist intellectual disability nurses in contemporary forensic ID services.</li> <li>4. Share your reflections on how these issues affect systems within your own services and Countries and how they may be addressed.</li> </ol>	
<p><b>85742: Colonisation, Decolonisation and Cultural Regeneration: How To Help Forensic Health Care Teams Become Culturally Safe In Their Practice and Make Myself Redundant.</b></p>	
<p>Wetere Paki - Waitemata District Health Board</p>	
<p>A discussion about the processes and impact of colonisation on Maaori societies from a Maaori (indigenous) perspective. We will examine how colonisation has impacted on the cultural identity of ngaa taangata Maaori, and how this, along with living in an inequitable society, informs the current CJS statistics for Maaori. Looking at the cultural-historical context of Aotearoa, New Zealand, we will discuss how we can apply a framework of decolonisation, cultural regeneration, and indigenous agency to forensic health care to achieve equitable health outcomes for indigenous people while promoting a secure cultural identity. To illustrate putting these concepts into practice, we will share the process of how the FIDDS project created its own geographically and culturally specific approach and how this process might be applied in other places with an over-representation of indigenous people using forensic health services to develop a culturally safe, appropriate and competent model of care. Using the FIDSS project as an exemplar, we will look at the practical steps that can be taken to develop tangible processes and frameworks for a provision of care that takes into consideration the impact of colonisation on indigenous people using these services. This includes developing and empowering the workforce to be more self-reflective and aware of the wider cultural-historical context</p>	

in which they are providing forensic health care for indigenous people and what supports can be put in place to ensure that this is done in a culturally safe and competent manner that meets the culturally specific needs of this population.

**85743: Contemporary Issues: Roles and Competencies For Intellectual Disability Specialist Nurses In The Current and Future Forensic Intellectual Disability Health Care Field**

Catherine McSweeney - Waitemata District Health Board

He aha te mea nui o te ao (what is the most important thing in the World?)

He tangata, he tangata, he tangata (the people, the people, the people)

Māori Proverb.

There has been much debate over the role of intellectual disability as a nursing specialisation. This debate is further complicated within forensic mental health services and yet it is clear that the needs and approach to supporting care and rehabilitation differ to the approach most relevant to people with forensic mental health issues. In reviewing our intellectual disability forensic approach we inevitably reflected on the skills and competencies of members of the MDT. This presentation reviews the literature and describes the competencies we arrived at that now informs our recruitment, orientation, training and supervision strategy. Reflections from the staff themselves illustrate the depth and range of skills needed and highlights the risk of a loss of skills the current trends towards generic nursing models entails. Every member of the team has both individual and combined skills that together forms a gestalt bigger than the sum of the parts. Whilst we are using our journey to describe a process, similar issues and opportunities present in services around the World.

**85744: What Does This Mean For Other Services. Does The Tāngata Māori Whaikaha Hinengaro Experience In Aotearoa New Zealand Have Any Relevance? Discussion From Presenters About Relevance To Other Countries and Services.**

Janine Steenhuis - Waitemata District Health Board

It is easy to distance ourselves from the hard issues. We blame the offender for making lifestyle and associations that contribute to their forensic mental health engagement. We blame the patients for non-compliance, lack of insight and poor engagement. We fall back on our evidence base and controlled trials but are at risk of missing the wooden beam in our own eye. The added inequities for those with intellectual disabilities within our system highlights for us the underlying wider problems and the need to find some way to change our systems if we are to meet contemporary needs and change the statistics in the future. The literature shows us similar patterns of over-representation and health inequities around the World. Key reflections from the presenters about why this is not 'just' an ID/PDD issue, not 'just' a Māori issue, not 'just' an Aotearoa / New Zealand issue will be offered. The audience is invited to reflect on their own systems, whether systemic unconscious bias contributes to inequity and self perpetuating negative stereotypes and statistics that we all need to acknowledge and try to change. Ideas and experiences from you, that may have helped our sister services develop their own journeys, are welcomed as we reflect that we have many questions and ideas but by no means the 'right' answers.

15:40 - 16:50	Grenander IV
<p data-bbox="147 268 459 300"><u>Session 11 Symposium</u></p> <p data-bbox="147 300 1365 333"><b>1164509: International, Inpatient and Community Adolescent Forensic Mental Health Services</b></p> <p data-bbox="147 333 756 365">Chair: Annie Bartlett - West London NHS Trust</p> <p data-bbox="147 401 1474 596">Forensic Adolescent Mental Health Services provide assessment, care and support for young people who present with high risk behaviours, significant emotional and mental health difficulties and/or young offenders. Secure Hospital services play a significant role in these services. In this symposium, we will discuss the Wells Unit open and closure. Forensic CAMHS are a new integral component of this care and we will discuss the characteristics of the patients referred to this service. We will also be looking at international forensic adolescent services to compare with our own care.</p> <p data-bbox="147 663 1166 697"><b>86292: The Wells Unit: Was It Appropriate To Open and Then Close The Unit?</b></p> <p data-bbox="147 697 860 728">Sinthujah Balasubramaniam - West London NHS Trust</p> <p data-bbox="147 764 1474 959">Secure Hospital services for adolescents exist as part of a national network that assess, care and support adolescents who suffer from severe mental health disorders and require a secure hospital setting due to behaviours placing themselves and others at risk. These services initially opened in Manchester in 1985 and went on to have six services in total. The Wells Unit was an adolescent forensic ward based in St Bernard's Hospital, West London NHS Trust which closed in September 2020. The aim is to look at whether it was appropriate to open and then to subsequently close the unit.</p> <p data-bbox="147 1026 768 1060"><b>86293: Community Forensic CAMHS in London</b></p> <p data-bbox="147 1060 644 1092">Abiha Bhatti- West London NHS Trust</p> <p data-bbox="147 1127 1474 1686">The North West London Forensic Child and Adolescent Mental Health Service (NWL FCAMHS) is a community-based service covering a population of approximately 2 million people. Our FCAMHS service received 237 referrals between April 2018 and December 2020. Of these referrals, 79 (33.3%) young people were of a White ethnic background, 115 (48.6%) young people were of a Black and Minority Ethnic (BAME) background and 30 (12.7%) young people were of a dual heritage background. The disproportionate number of referrals received for young people of a BAME background relative to the demographics of the 8 London Boroughs our service covers poses the question as to the cause of this disproportionality. We consider the following questions in an attempt to explore the complex relationship between the ethnic background of young people and disproportionate number of referrals received by our Forensic Child and Adolescent Mental Health Service: Did the route of referral to our FCAMHS service differ for those from a White ethnic background compared to those from a BAME background? Was there a difference in the number of other services involved in the young person's care prior to their referral to our FCAMHS service based on their ethnic background? Was placement of a young person in a secure or custodial setting more likely than a community or hospital based setting based on their ethnic background? Was there a correlation between risk (on referral to FCAMHS, risk on discharge from FCAMHS and overall risk reduction) and ethnic background?</p> <p data-bbox="147 1753 1419 1787"><b>86294: Comparing Adolescent Secure Services Across Different Countries - What Can We Learn?</b></p> <p data-bbox="147 1787 644 1818">Heidi Hales - West London NHS Trust</p> <p data-bbox="147 1854 1474 1885">Background: A team of researchers and practitioners from across the globe - representing Australia,</p>	



Denmark, England, New Zealand, Northern Ireland, Norway, Scotland, Sweden, The Netherlands and Wales have been meeting to learn from each other about good practice in secure adolescent care. We have endeavored to understand where and under what legislation children and young people are deprived of their liberty. We have learned that the ways in which countries have developed services to meet these needs varies significantly depending on factors including history, colonization, financial resources, political leanings and cultural and religious systems. Aim and methods: We describe the scale and approach across health, welfare and criminal justice sectors to secure placement, in countries represented in our emerging network. Each country representative has shared national data on detention rates and described the secure estate in their country. Results and conclusion: We will share what we have learned so far from looking beyond our own immediate borders, noting the differences between definitions and organisation of care, including differences in distribution how the provision of secure care across welfare, youth justice and mental health varies across jurisdictions. Following this, we will look in depth at English services.

15:40 - 16:50

Alexander II/III

#### Session 12 Symposium

#### **1164347: The Physical Health of Patients in Secure Services. Innovations in Medicine and Technology for Managing Physical Healthcare into the Future**

Chair: Mary Davoren - CMH Dundrum, Dublin

This session will discuss innovative approaches to the management of physical healthcare in secure forensic hospital settings. We will discuss new anti-obesity medications the GLP-1 agonists, measures of sedentary behaviour and medial frailty phenotypes. We will present details of smart digital technology including electronic vitals signs monitoring, electronic medical equipment that link with patient electronic records transforming secure hospitals into innovative hospitals of the future.

#### **86267: A Retrospective Cohort Study of The Impact of Glucagon Like Peptide-1 Agonists (GLP-1 Agonists) on Weight Trajectory in A National Forensic Service at Dundrum Hospital**

Mark Nolan - CMH Dundrum, Dublin

Tracey Hoare - CMH Dundrum, Dublin

Kevin Kirrane - CMH Dundrum, Dublin

Patrick Smyth - CMH Dundrum, Dublin

Donal O'Shea - CMH Dundrum, Dublin

Harry Kennedy - Trinity College Dublin

Mary Davoren - CMH Dundrum, Dublin

Background: Patients in secure forensic psychiatric hospitals have high rates of treatment resistant psychoses and other enduring mental illnesses. This population also has very high rates of obesity leading to high rates of cardiovascular disease and metabolic disorders and much of the excess mortality in schizophrenia is linked to these causes. Glucagon-like peptide-1 receptor agonists (GLP-1RA) have been shown to assist weight loss in those with and without diabetes mellitus. Aim: To compare the changes in BMI between those patients prescribed a GLP-1RA medication and those who were not, among a population of patients in a secure forensic hospital setting. Methods: A retrospective observational study was carried out for all 92 inpatients in Dundrum hospital, all of whom had a diagnosis of severe mental illness. Changes in BMI between patients prescribed a GLP-1RA ( $n=13$ ) and the remaining hospital patients ( $n=79$ ) were compared over 3.5-years. Generalised

estimating equations were used to correct for repeated measures on the same subjects, and corrected for potential confounders. The study was approved as part of the Dundrum Forensic Redevelopment Evaluation Study (D-FOREST study). Results: Mean BMI in the hospital at baseline was 30.9 kg/m<sup>2</sup>, and total follow up time was 18.5 patient years. Those prescribed a GLP-1RA had a reduction of 2.876 kg/m<sup>2</sup> in BMI, compared to the remainder of the group ( $p = 0.008$ ). A mean reduction of 5.02 kg in weight was found among those prescribed a GLP-1RA compared to the remaining hospital patient group at each 6-month observation interval ( $p = 0.012$ ).

#### **86268: Sedentary Behaviours Among Patients In Secure Services**

Annika Gibbons - Trinity College Dublin

Harry Kennedy - Trinity College Dublin

Mary Davoren - CMH Dundrum, Dublin

**Background.** People with schizophrenia and major mental illnesses have excess mortality compared with population norms and much of this is due to obesity, metabolic syndrome and poor physical health. Sedentary behaviour is common in mental health settings, but rarely measured. Despite this, there is evidence to show that reducing sedentary behaviour even if BMI does not decrease is associated with improved cardiovascular health. **Aim.**The aim of this study was to complete a self-rated measure of sedentary behaviour among patients of a National Forensic service. **Methods.**The SIT-Q questionnaire was offered to all patients in Dundrum Hospital. Patients were asked to rate their sedentary time in a variety of domains including sleeping, screen time and sedentary time in education or jobs. The SIT-Q 12 self-report measures of sedentary time across the week were normalised for dimensional homogeneity. **Results.**A test of internal consistency Cronbachs' alpha was 0.816. None of the items if deleted led to a substantial improvement in alpha. Higher rates of self-reported sedentary time correlated with a total risk of violence score (HCR-20 total) ( $r=0.322$ ,  $p=0.031$ ,  $n=44$ ); with poorer scores on the clinician rated DUNDRUM-3 item 1 physical health ( $r=0.353$ ,  $p=0.019$ ,  $n=44$ ) and with lower levels of community leave (DUNDRUM recovery item 4) ( $r= 0.323$ ,  $p=0.032$ ,  $n=44$ ). Self-rated sedentary time correlated with clinician ratings of a lack of progress in physical health and higher risk to others which demonstrates the close link between physical health, engagement and risk to others in forensic patient populations.

#### **86269: Frailty in Dundrum Hospital, Ireland. The Prevalence Of Medical Frailty In A National Forensic Service Patient Group.**

Fergus Murphy - CMH Dundrum, Dublin

Aoibhinn McLoughlin - CMH Dundrum, Dublin

Aine Butler - Beaumont Hospital, Dublin, Ireland

Harry Kennedy - Trinity College Dublin

Mary Davoren -Trinity College Dublin

Frailty is a clinical syndrome of decreased physiological reserve and low resistance to biological stressors. It is associated with cellular damage over the lifespan and confers vulnerability to poor health outcomes including falls, cognitive impairment and early mortality. Frailty is associated with obesity and cigarette smoking. Fried's phenotype for frailty includes measures of grip strength, gait and other physical health indicators. The physical health of patients with schizophrenia is a major concern, with high levels of obesity and cigarette smoking. Much of the early mortality in schizophrenia cohorts is secondary to physical health illnesses such as obesity, diabetes and metabolic syndrome. **Aim:**The aim of this study was to ascertain the prevalence of medical frailty using Fried's phenotype among a cohort of patients in a National Forensic Mental Health Service. **Method:** A Fried's Frailty criteria screen was offered to all patients in a National Forensic Service ( $n=92$ ) of whom 90 patients completed the screening. Demographic data and data pertaining to diagnosis were

collated. Results: The most common diagnosis was schizophrenia and the majority of patients were male. The mean age was 44.7 years (SD 11.42) and 58.2% met criteria for obesity (BMI>25). Of the patient group, 47 met criteria for 'pre-frail' and 10 patients met criteria for 'frail' using Freid's criteria. This was far in excess of the rates that would be expected for a group of people with similar mean age in the community setting. We consider this demonstrates significant medical vulnerability in this uniquely vulnerable patient group.

### **86270: The Digital Hospital. The Futures Bright, The Futures Digital. Digital Patient Monitoring In Broadmoor High Secure Hospital, England**

Callum Ross - Broadmoor High Secure Hospital and West London NHS Trust

Daniel Pearlman - Broadmoor High Secure Hospital and West London NHS Trust

Rob Bates - Broadmoor High Secure Hospital and West London NHS Trust

This session explores the matter of starting gathering physiological data in Broadmoor High Secure Hospital England by way of digital systems and the wireless incorporation of the data into electronic patient records (EPRs). It examines the uses of the Mindray VS9 machine as well as other equipment including digital stethoscopes, ophthalmoscopes and blood glucose measurement machines. In so doing we consider the means by which our EPRs might communicate with our communication systems by alerting doctors with crucial information and ways in which Artificial Intelligence (AI) can be used to analyze clinical finds and trends. We examine the remote means we are developing for expert clinicians to 'reach into' secure settings and so to limit the need for expensive - and risky- trips to general hospitals for patients in secure care. We discuss the use of RFID technology and the emergence of the idea of the 'smart hospital'.

## **Sessions 13 – 18 [17:00 – 18:00]**

17:00 - 18:00

Friedrich Wilhelm

### Session 13 Symposium

#### **1163655: Technology In Forensic Assessment and Treatment: Applying The RNR Principles**

Chair: Yvonne Bouman - Transfore

#### **86203: Technology and the RNR-Principles**

Yvonne Bouman - Transfore

eHealth interventions are considered promising in treatment and assessment in forensic psychiatry. However, the adoption of technology in forensic treatment lags behind this promise, and expectations. Also, the RNR-principles are generally accepted as leading in treatment in forensic psychiatry. In the introduction to this symposium, the connection between technology and the RNR principles will be sketched. Hence, we will describe how the application of technology can be of added value in forensic treatment and assessment. Some technologies are primarily aimed at the risk principle, such as GPS-tracker for patients on leave. But the risk principles can also be applied by offering high risk patients extra, stand alone, treatment opportunities via for example online modules. Other methods address

criminogenic needs via treatment based on cognitive behavioural premises: virtual social skills training or online diary keeping are some examples. Lastly, the responsivity principle is core to technology, since personalisation is an important aspect of eHealth. Based on a review of research, both within forensic psychiatry and also in general psychiatry, we conclude that eHealth yields promises for forensic treatment which we would like to share and discuss.

#### **86204: The Effectiveness Of Transcranial Direct Current Stimulation As An Intervention To Reduce Aggressive Behavior**

Josanne van Dongen - Erasmus University Rotterdam

Aggressive behavior posed by violent individuals is a major public health concern and to date, interventions to reduce aggression are found to be insufficient in doing just that. Aggressive behavior is associated with dysfunctions in the prefrontal cortex, of which the Dorsolateral Prefrontal Cortex (DLPFC) and Ventromedial Prefrontal Cortex (vmPFC) are two of the most studied areas. There has been a growing interest in using Transcranial Direct Current Stimulation (tDCS) as an intervention to modulate brain regions of interest and increasing activity in damaged brain areas that show blunted activity. In this presentation, I will discuss the current state-of-the-art with respect to studies on tDCS and aggression. Moreover, I will discuss our recent findings that have not only shown that tDCS can be effectively used to modulate brain activity and aggression, it also has shown that it is effective in increasing synchronization of neural activity in the brain of violent offenders. This increase in synchronization is suggested to play a role in increased efficiency of neural communication in different neural networks, thereby contributing to better functioning brain mechanisms in violent forensic patients. Implications of these findings and further directions will also be discussed.

#### **86205: Using Methods From Human-Centred Design To Develop Responsive Ehealth Interventions - Multiple Case Studies**

Hanneke Kip - University of Twente

Introduction. Technologies such as mobile apps and virtual reality have the potential to improve forensic mental healthcare. Ideally, these interventions fit the skills and needs of the patients, in other words: they should be responsive. However - as is illustrated by the low uptake of these technologies - there is a suboptimal fit between the technology and patient. We aim to show how this gap can be bridged via co-creation methods by presenting three studies based on human-centred design principles. Methods & results: First, we will describe scenario-based interviews and focus groups with patients and therapists for the development of the personalized VR application 'Triggers & Helpers'. In this development process, multiple methods and products were used to gain insight into the way VR could address points of improvement of current treatment. Second, three generative design workshops with forensic psychiatric inpatients for the development of a self-control training app (Scipp) are presented. In this process, co-creation techniques were used to ensure that the patient perspective was integrated in a bottom-up way. Third, usability tests with an app for leave (VerlofHulp app) with forensic psychiatric inpatients will be described. Scenarios and the think-aloud method were used to identify points for further development of the app. Conclusion & discussion: The presented studies show that there is no 'one-size-fits-all' approach to create interventions that fit the characteristics of patients. However, the use of concrete examples and products is an important precondition for integrating the patient perspective in the development of responsive technologies.

#### **86206: Integrating Acute-Dynamic Risk Factors In Virtual Reality: The Importance Of A Participatory Development Process Of Vr For Forensic Mental Healthcare**

Marileen Kouijzer - University of Twente

Background. Novel interventions such as VR have potential for forensic psychiatry to support behaviour change. This study aims to provide more insight into stakeholders' perspective on how acute-dynamic risk factors should be identified and integrated in a VR application for people who have committed aggressive or sexual offenses. Methods. We set up a multi-method, interdisciplinary and iterative development process to design an interactive, personalized VR application. In the beginning of the development process interviews and focus groups were conducted with therapists and patients on identifying acute-dynamic risk factors and optimal ways of integrating these in VR. When designing the VR application, usability tests were conducted with therapists and patients to evaluate the integrated risk factors in VR and identify points of improvement. Results. Results showed that a broad range of acute-dynamic risk factors were identified and satisfactorily integrated into the VR application as visual and auditory 'triggers'. Participants were positively impressed with the usability of the VR application and its possibilities to identify acute-dynamic risk factors in a virtual environment and practice with dealing with these triggers by deploying fitting coping strategies. Conclusions. This study showed the importance of a systematic development process to design VR. VR can be a promising addition to traditional treatment by identifying acute-dynamic risk factors in a virtual environment that cannot be achieved in in-person care, mostly by facilitating a focus on experiencing instead of talking. We will discuss future research, in which the evaluation of VR will be studied within forensic mental healthcare.

17:00 - 18:00	Grenander I
<p><u>Session 14 Paper Presentation</u>  <b>1164695: A Case Report: Forensic Issues and Challenges For Mental Health Professionals and The Courts</b>  Oluyemisi Ajeh - Alberta Health Services</p> <p>37-year-old male of Chinese descent diagnosed with autism spectrum disorder, mild intellectual disability, severe obsessive-compulsive disorder. He was charged with the second-degree murder of his father. He was found unfit to stand trial. He later indicated that he killed his father "on purpose" and understood his situation . He was found fit to stand trial. An assessment of his criminal responsibility was ordered from another medical facility presumably to limit the impact of bias. Both opinions provided on his criminal responsibility did not support a section 16 defense. Medical opinions raised the issue of "diminished responsibility and "battered child syndrome".</p>	
<p><u>Session 14 Paper Presentation</u>  <b>1158414: Intellectual Disability In A Forensic Psychiatric Setting</b>  Hanna Edberg - Karolinska Institute  Qi Chen - Karolinska Institute  Peter Andiné - University of Gothenburg  Henrik Larsson - Karolinska Institute  Tatja Hirvikoski - Karolinska Institute</p> <p>There is insufficient knowledge about offenders with intellectual disability (ID). We conducted a register-based study on all individuals being subject to pre-trial forensic psychiatric assessment in Sweden in 1997-2013 (n=8442). By linkage to several Swedish national registers, we analysed clinical</p>	



characteristics, criminal behaviour and subsequent sentences. Results and conclusion: ID was more prevalent in this pre-trial forensic psychiatric population than in the general population. Sexual crime was overrepresented among offenders with ID. Individuals with ID had been treated with antipsychotic medication without clear indication. There is an urgent need of evidence-based treatment programs for offenders with ID.

Session 14 Paper Presentation

**1164597: Evaluating Feigning In Individuals With Intellectual Disabilities In Competency Cases**

Michael Vitacco - Augusta University  
 Alynda Randolph - JBS Mental Health Authority  
 Diandra Sigurdsson - State of Minnesota  
 Kaitlyn Soroko - Augusta University  
 Janina Valez - State of Georgia

Response style evaluation is a fundamental component of forensic examinations. There is a paucity of research on how the presence of an intellectual disability could impact response style testing. This study assessed 145 individuals undergoing pretrial examinations multiple measures of feigning. The ILK and M-FAST both demonstrated apparent short-falls when used with individuals with ID in a forensic examination. The ILK was especially problematic with 10 items having a lower than 50% correct rate for individuals with ID. This study points to legitimate concerns of mislabeling individuals with intellectual disability as feigning if employing standard measures of response style.

Session 14 Paper Presentation

**1162261: Performance Of The Static-99R and ARMIDILO-S In Sex Offenders With Intellectual Disabilities**

Claudia Pouls - OPZC Rekem Knowledge Center Forensic Psychiatric Care  
 Inge Jeandarme - OPZC Rekem Knowledge Center Forensic Psychiatric Care; Katholieke Universiteit Leuven

Risk assessment studies involving recidivism in sex offenders with intellectual disabilities (SOIDs) continue to be scarce, limited and producing mixed results. A recent review suggests that “mainstream” instruments, developed in non-ID offender samples, have equal validity in OIDs. However, the presence of an intellectual disability is an important responsivity factor. Therefore, it seems appropriate to include unique characteristics of OIDs and their environment, which are addressed in ID-specific tools. The present study sought to test the ability of the Static-99R (mainstream risk assessment instrument) and the ARMIDILO-S (ID-specific risk assessment instrument) to predict intramural sexual and violent incidents in SOIDs.

17:00 - 18:00

Grenander II

Session 15 Symposium

**1164461: Subjective and Objective Measurements Of Progress and Recovery. Are We Sacrificing Accuracy For The Aim Of Self-Rated Above All Else?**

Chair: Harry Kennedy - CMH Dundrum and Trinity College University of Dublin, Ireland

Discussant: Lisbeth Uhrskov Sorensen - Aarhus University

This symposium, chaired by Prof Harry Kennedy, with Prof Lisbeth Uhrskov Sorensen as discussant will examine the need to have both self-rated and informant rated measures of symptoms, progress in treatment and recovery in forensic clinical settings as well as forensic research.

**86281: Positive and Negative Symptoms For Schizophrenia Scale. A Comparison Of Interview Reports and Informant Rated PANSS. Are We Accurately Assessing and Identifying Unmet Treatment Need?**

Hania Amin - National Forensic Mental Health Service, Ireland

Eimear Ni Mhuircheartaigh - CMH Dundrum and Trinity College University of Dublin, Ireland

Harry Kennedy - CMH Dundrum and Trinity College University of Dublin, Ireland

Mary Davoren - CMH Dundrum and Trinity College University of Dublin, Ireland

The 30-item PANSS is an exacting interview for patients. The most severely ill patients are often unable to complete it. Patients in secure forensic settings may present with highly treatment resistant psychoses. Measures of symptoms that exclude this group are likely to be inaccurate in forensic hospitals and therefore potentially unethical. We set out to validate an informant rated PANSS while using SCI-PANSS. We also took measures of GAF MIRECC rated blindly by treating consultants and measures of programme completion and recovery (DUNDRUM-3 and DUNDRUM-4) rated by MDTs. Method: The 30-item PANSS was offered to all patients in a National Forensic Mental Health Service (n=94). The 30-item PANSS was rated by informant interview with the psychiatry registrar from the treating team. Correlations were calculated using Cronbach's alpha. Results: Interview and informant rated PANSS positive scales correlated ( $r=0.693$ ,  $p<0.001$ ); as did interview and informant rated PANSS negative scales ( $r=0.462$ ,  $p<0.001$ ), PANSS general ( $r=0.561$ ,  $p<0.001$ ), PANSS total ( $r=0.539$ ,  $p<0.001$ ) and S1-S3 ( $r=0.682$ ,  $p<0.001$ ). In general, we found that informant rated PANSS positive, PANSS negative, PANSS general, PANSS total and S1-3 scales correlated more strongly with GAF, DUNDRUM-3 and DUNDRUM-4 than did the interview rated PANSS. A further strength of the informant rated PANSS was that the measures of symptoms for the most unwell patient group were not excluded, their needs and symptoms were included and accounted for.

**86286: Correlations Between Patient Rated and Clinician Rated Measures Of Therapeutic Programme Completion and Recovery**

Caroline Synnott - CMH Dundrum, Dublin

Catherine Rock - CMH Dundrum, Dublin

Hania Amin - CMH Dundrum and Trinity College University of Dublin, Ireland

Eimear Ni Mhuircheartaigh - CMH Dundrum and Trinity College University of Dublin, Ireland

Mary Davoren - CMH Dundrum and Trinity College University of Dublin, Ireland

Harry Kennedy - CMH Dundrum and Trinity College University of Dublin, Ireland

Background: Patients own views of their recovery and readiness to move to less secure places is an important marker of insight and engagement. Aim: The aim of this study was to ascertain the correlations between patients views of their recovery and clinicians' views of patients recovery, symptoms and risk, in a cohort of patients in the National Forensic Service Dundrum (NFMHS). Methods: A cross sectional study was performed of all inpatients in the NFMHS Dundrum. The self-rated Dundrum tool was offered to all 96 in-patients and completed by 64. Clinician-rated measures of violence risk (HCR-20), programme completion (Dundrum-3), recovery (Dundrum-4), symptoms (PANSS) and functioning (GAF MIRECC) were rated. ANOVA and concordance ratings were calculated using SPSS. Results: The self-rated Dundrum-3 correlated with the clinician rated Dundrum-3 ( $0.471$ ,  $p<0.001$ ), as did the Dundrum-4 ( $0.373$ ,  $p=0.003$ ). The self-rated Dundrum-3

correlated with the HCR-20 total (0.0352,  $p=0.005$ ), HCR-C (0.3677,  $p=0.004$ ), and HCR-R (0.301,  $p=0.018$ ) and also with GAF occupational (-0.273,  $p=0.48$ ), symptomatic (-0.299,  $p=0.03$ ) and PANSS positive (0.457,  $p=0.001$ ), PANSS negative (0.514,  $p<0.001$ ), PANSS general (0.395,  $p=0.004$ ) and PANSS total (0.352,  $p=0.005$ ). The self-rated Dundrum-4 correlated only with the GAF symptomatic (-0.333,  $p=0.05$ ) and also with PANSS positive (0.356,  $p=0.01$ ) and PANSS negative (0.413,  $p=0.002$ ). There was good correlation between patient and clinician ratings of programme completion and recovery. Patient self-ratings of programme completion and recovery correlated with staff ratings of functioning and symptoms although the correlation was lower than for clinician rated measures of programme completion and recovery.

### **86287: Correlations Between Self-Rated Measures Of Programme Completion and Recovery and Self-Rated Quality Of Life In A National Forensic Service.**

Catherine Rock - CMH Dundrum, Dublin

Caroline Synnott - CMH Dundrum, Dublin

Hania Amin - CMH Dundrum, Dublin

Eimear Ni Mhuirheartaigh - CMH Dundrum and Trinity College University of Dublin, Ireland

Harry Kennedy - CMH Dundrum and Trinity College University of Dublin, Ireland

Mary Davoren - CMH Dundrum and Trinity College University of Dublin, Ireland

Progress on care pathways and recovery in a broad sense contribute to a sense of wellness and positivity. Self-rated measures of therapeutic programme completion (DUNDRUM-3) and recovery (DUNDRUM-4) may therefore be correlated to patients own views of their subjective quality of life. The WHO Quality of Life measure (WHO-QuOL) measures patients self-rated quality of life in four domains; physical, psychological; social and environmental. Aim: The aim of this study was to ascertain if there were correlations between clinician and self-rated measures of therapeutic programme completion, recovery and self-reported quality of life in a complete national forensic cohort. Methods: The self-rated DUNDRUM-3 programme completion scale and self-rated DUNDRUM-4 recovery scales were offered to all in-patients in the CMH Dundrum, Dublin. All patients were offered to self-rate their own subjective quality of life, using WHO QuOL. Results: Neither the WHO-QuOL physical nor psychological domains correlated significantly with self-rated DUNDRUM-3 or DUNDRUM-4 scales. The WHO-QuOL social domain did correlate significantly with self-rated DUNDRUM-4 scale (-0.319,  $p=0.039$ ) but not with DUNDRUM-3. The WHO-QuOL environmental did not correlate with either self-rated DUNDRUM scales. The patients self-reported WHO-QuOL physical domain correlated with clinician rated DUNDRUM-3 (-0.325,  $p=0.043$ ), the WHO-QuOL psychological domain correlated with the clinician rated DUNDRUM-3 (-0.334,  $p=0.038$ ). The WHO-QuOL social scale correlated with both the clinician rated DUNDRUM-3 (-.469,  $p=0.003$ ) and DUNDRUM-4 (-0.433,  $p=0.006$ ). The WHO-QuOL environmental scale correlated with clinician rated measures of DUNDRUM-3 (-0.495,  $p<0.001$ ). Peoples subjective reports of their own quality of life may be linked to their own illness experiences.

### **86290: The Validity of Shortened PANSS Scales**

Mary Davoren - CMH Dundrum and Trinity College University of Dublin, Ireland

Hania Amin - CMH Dundrum and Trinity College University of Dublin, Ireland

Eimear Ni Mhuirheartaigh - CMH Dundrum and Trinity College University of Dublin, Ireland

Harry Kennedy - CMH Dundrum and Trinity College University of Dublin, Ireland

Patients in secure forensic hospital settings often have highly treatment resistant psychotic illnesses and their capacity to engage in research interviews can be limited. However, we consider the most unwell patient group are the group that have the greatest need for new research to support their progress on their journey to recovery. Shortened PANSS scales have been generated for ease of use

in clinical and research settings. We rated patients in a national forensic mental health service using the 30 item interview rated PANSS, the 30-item SCI PANSS using informant (registrar) rated interviews. We calculated shortened PANSS using 8-items (Andreasen remission criteria), 7 items and 6 items. Interview rated PANSS promote engagement and recovery which are very important principles and must be retained. In this study we found the informant rated PANSS retained advantages in all formats when used to measure symptoms in a cohort of patients with severe and enduring mental illness many of whom may be unable or unwilling to engage in a prolonged interview PANSS. This would facilitate the inclusion of outcomes relating to this vulnerable patient group in research in forensic and other mental health settings.

17:00 - 18:00

Grenander III

Session 16 Symposium

**1164197: Good Empirical Research Is Necessary For Improving Professional Knowledge and Competence In Violent Extremism Risk Assessment and Management**

Chair: Nils Duits - Netherlands Institute of Forensic Psychiatry and Psychology (NIFP)

**86252: European Database Of Convicted Terrorist Offenders**

Daphne Alberda - Netherlands Institute of Forensic Psychiatry and Psychology (NIFP)

Nils Duits - Netherlands Institute of Forensic Psychiatry and Psychology (NIFP)

Kees van den Bos - Utrecht University

Arin Ayanian - Bielefeld University

Andreas Zick - Bielefeld University

Maaïke Kempes - Netherlands Institute of Forensic Psychiatry and Psychology and Leiden University

The European Database of Terrorist offenders (EDT) is based on comprehensive judicial information of convicted or deceased terrorist offenders, including social, psychological and psychiatric reports. This empirical database is the result of a European cross-border collaboration between judicial organizations and scientists within the European Union. The EDT dataset comprises developmental, individual, biographical and contextual factors, which are potentially related to engagement in violent extremism and terrorism. It supports research seeking to identify critical risk and protective factors for violent extremism and terrorism. The EDT dataset could be used to conduct studies aimed at the identification of significant personal and contextual risk and protective factors for terrorism and violent extremism, improving and validating risk assessments, as well as identifying pathways into terrorism and radicalization. Moreover, this data can assist in the design of effective policy, prevention and intervention practices regarding potential violent extremist and terrorist offenders in Europe and elsewhere. In this presentation the EDT is presented with its development and methodology. To this end, the inclusion criteria and coding principles are presented, alongside quality-, privacy- and security issues associated with the gathering and processing of judicial data, together with some preliminary statistics. Secondly, it aims to discuss potentials for research based on EDT data. Accordingly, potential applications and future developments of this comprehensive and unique database are discussed.

**86254: Psychopathology Of Terrorist Offenders**

Nils Duits - Netherlands Institute of Forensic Psychiatry and Psychology (NIFP)

Daphne Alberda - Netherlands Institute of Forensic Psychiatry and Psychology (NIFP)

Maaïke Kempes - Netherlands Institute of Forensic Psychiatry and Psychology (NIFP)

Background: Although psychopathology evidently plays a role in general offending and consequently in violent risk assessment and management (Douglas et al., 2014), the evidence about the role of psychopathology in terrorist offending is less clear. This is also due to the lack of primary source information and the low base rate of terrorism. There is some evidence that lone actor adult terrorist offenders may have a higher prevalence of schizophrenia, delusion disorder and autism spectrum disorders (Corner & Gill, 2015). Method: We examined the prevalence of psychopathology in 191 terrorist offenders, with the use of primary source judicial information of the European Database of convicted offenders (EDT) and forensic mental health reports, and examined whether and to what extent psychopathology relates to ideological beliefs and grievances and anger about perceived injustice. We also investigated whether this differs between 51 young and 140 older terrorist offenders. Results: Most young and adult terrorist offenders with a forensic mental health assessment had psychopathological problems. These findings on psychopathology will be presented. Our results show the first indications for the interrelatedness of psychopathology and violent ideology, grievances, and the anger about perceived injustice in terrorist offenders. Discussion: The importance to examine psychopathology in relation to personal and contextual risk factors in terrorist offenders in future research and in forensic violent extremism risk assessments.

#### **86256: Female Terrorist Offenders and Psychopathology**

Sadaf Rakhshanderoo - Netherlands Institute of Forensic Psychiatry and Psychology (NIFP)

Nils Duits - Netherlands Institute of Forensic Psychiatry and Psychology (NIFP)

Maaïke Kempes - Netherlands Institute of Forensic Psychiatry and Psychology (NIFP)

Empirical research on female terrorism is lacking, especially related to possible gender differences, and psychopathology. Research of 'regular' female violent offenders suggest that significant gender differences exist, also in psychopathology. In a Dutch forensic population, violent women were more often diagnosed with depression and post-traumatic stress disorder (PTSD), and men more often with addiction and sexual disorders. With regard to personality disorders, borderline personality disorder was most common in women, while narcissistic personality disorder and antisocial personality disorder were most prevalent within men (Vogel et al., 2016). This underlines the importance of studying both female and male terrorists in relation to gender differences in psychopathology.

A systematic review was conducted into the prevalence, type and relevance of psychopathology in terrorist acting in males and females. Only studies that used primary data sources from 1956 till 2021 were selected, using artificial intelligence methods in the systematic research. In this presentation the results, implications, and limitations will be discussed.

#### **86257: Interrater Reliability Of The Violent Extremism Risk Assessment (VERA-2R)**

Annemaryn de Bruin - Netherlands Institute of Forensic Psychiatry and Psychology (NIFP)

Nils Duits - Netherlands Institute of Forensic Psychiatry and Psychology (NIFP)

Maaïke Kempes - Netherlands Institute of Forensic Psychiatry and Psychology (NIFP)

Background: The Violent Extremism Risk Assessment - Version 2 Revised (VERA-2R) is an evidence-based structured professional judgement (SPJ) tool for ideologically motivated violence. Use of the tool can help professionals in risk assessment and risk management of terrorists and violent extremists. However, it is important that the tool leads to reliable and valid risk estimates. Method: A Dutch sample of convicted terrorist offenders (n = 30) was independently rated by two assessors on the basis of judicial files in order to establish the interrater reliability of the VERA-2R. Results: The interrater reliability of the VERA-2R is good to excellent for the indicators and structured risk judgements. However, six indicators were found to have low interrater reliability. Above clarifying the



interrater reliability of the VERA-2R, this study also showed how the interrater reliability of a SPJ tool can be investigated with trained assessors based on judicial files. This can be of added value, because existing studies often use case vignettes, have a small sample size and/or do not include a stringent training program. Discussion: In this presentation the results, implications, and limitations will be discussed. Also, how the remaining psychometric properties of the tool are being investigated.

17:00 - 18:00

Grenander IV

Session 17 Symposium

**1162667: Sexual and Non-Sexual Violence In Intimate Partner Relationships**

Chair: Tamsin Higgs - University of Montreal

**86122: Attitudes Towards Women and Experiences Of Intimacy In Male Perpetrators Of Intimate Partner Sexual and Non-Sexual Violence**

Tamsin Higgs - University of Montreal

Jonathan James - Université de Québec à Trois Rivières

Alexandre Gauthier - University of Montreal

Objectives: This study aimed to identify differences between male perpetrators of intimate partner violence (IPV) and perpetrators of intimate partner sexual violence (IPSV), both groups having female victims, in terms of experiences of intimacy and attitudes towards women. Data/Methods: Seventy-five perpetrators of IPV were compared to 19 perpetrators of IPSV on measures of social intimacy, relationship conflict tactics, and their attitudes towards women (rape myths; hostility towards women). Results: Perpetrators of IPV tended to score more highly on all measures than perpetrators of IPSV. Non-significant differences were found on scales measuring rape myths, social intimacy, and hostility towards women, whereas significantly higher scores for perpetrators of IPV compared to perpetrators of IPSV were found in some facets of conflict tactics, specifically the use of psychological aggression, and the recognition of partners' use of negotiation during conflicts. Conclusions/Implications: Results suggest that compared to perpetrators of IPSV, perpetrators of IPV do not differ in terms of cognitive distortions, although certain differences are seen in their interaction style with their partner. This suggests that psychosocial interventions should examine the role of sexual aggression in cases of intimate partner violence, and the cognitive schema that support both sexual and non-sexual violence in this context.

**86123: The Criminal Career Of Intimate Partner Violence Offenders: Generalists Or Specialists?**

Frédéric Ouellet - University of Montreal

Objectives: Research shows that offenders who commit serious and frequent assaults in intimate relationships are also more likely to engage in other types of violent and criminal behavior. However, few Canadian studies establish a link between intimate partner violence and other types of violent crime. The general objective of this study was to find out whether individuals convicted of intimate partner violence in Canada are also involved in other types of violent and criminal behavior. The study aimed to portray the official and self-revealed criminal careers of individuals convicted of intimate partner violence. Data/Methods: Data was coded from semi-structured interviews that were carried out between 2018 and 2020 with 121 violent spouses who had been convicted, and official criminal records. Results: Whether we take a short- or long-term perspective, results show that most

individuals interviewed did not limit their criminal career to offenses committed in a conjugal context. A detailed examination of the criminal career during a three-year window period preceding current incarceration shows that in many cases the nature of the offenses committed outside conjugal context is vast and frequent. Conclusions/Implications: Findings suggest that these individuals have several points in common with chronic and persistent offenders described in criminology.

#### **86124: Personality Profiles Of Perpetrators Of Intimate Partner Violence**

Jean Proulx - University of Montreal

Ingrid Menard - University of Montreal

Jonathan James - Université de Québec à Trois Rivières

Objectives: According to Holtzworth-Munroe and Stuart (1994), there are three personality profiles among male batterers: Borderline, antisocial and dependent. Marital rapists also present heterogeneity in their personality disorder profile, namely, avoidant, dependent, narcissistic and antisocial. Although these findings suggest that male batterers differ from marital rapists, no studies have been carried out to investigate this. Data/Methods: Seventy-five perpetrators of intimate partner violence (PIPV) and 19 perpetrators of intimate partner sexual violence (PIPSV) were compared on measures of psychopathology (MCMI-III; NEO-PI; Criminal Thinking Styles; Self-report of psychopathy). Results: On the MCMI scales, scores above the clinical threshold were found in PIPV (depressive; antisocial), but not for PIPSV. In addition, PIPV presented higher scores than PIPSV on some subscales of the CTS (entitlement; hostility) and some psychopathy subscales (interpersonal manipulation; erratic lifestyle). Conclusions/Implications: Results suggest that psychopathology and psychopathy are more relevant factors in physical rather sexual violence against intimate partners. Theoretical and clinical implications of these results will be discussed.

17:00 - 18:00

Alexander II/III

#### Session 18 Symposium

#### **1164532: The Current Variability of Insanity Approaches Across the United States and Relative to Europe**

Chair: Christopher King - Montclair State University

Discussant: Ira Packer - University of Massachusetts Medical School

The chair and discussant will offer comments about the updates provided by the symposium papers to his prior review of law, science, and practice concerning criminal responsibility and the insanity defense.

#### **86296: 51+ "Little Countries": Current Insanity Approaches Across United States Jurisdictions**

Christopher King - Montclair State University

Ira Packer - University of Massachusetts Medical School

Shelby Taylor - University of Alabama School of Law

Ivysmeralys Morales - Proud Moments ABA

Although the United States (US) was originally influenced by British law, including its M'Naghten rule for insanity, a number of insanity formulations and approaches have since evolved across the country. Given that the US is comprised of numerous jurisdictions, and many criminal law matters—such as the

defining of the contours of criminal responsibility—are generally reserved to the decision-making of these individual jurisdictions, the US is an optimal country for which to examine insanity approach variability. Notably, two major cases decided within the past 15 years by the Supreme Court of the US (SCOTUS) have taken stock of the history and current variability of insanity defenses in the US—ultimately toward upholding narrower insanity tests and approaches than that of M’Naghten. In this paper, we discuss the five primary insanity approaches summarized by SCOTUS in these cases. We also report SCOTUS’s counts of these approaches across states, the District of Columbia, and the federal government. Furthermore, we report our own counts using more refined categorizations of insanity approaches, and an expanded list of US jurisdictions that also include territories, commonwealths, freely associated states, and the military. Given the high degree of variability evident in these results, we discuss the need for better multijurisdictional monitoring of the details and effects of this intracountry variability, with implications for other regions of the world.

### **86298: Recent Insanity Decisions by the Supreme Court of the United States: M’Naghten is Not the Floor**

Danielle Rynczak - University of Massachusetts Medical School  
Christopher King - Montclair State University

In 2020, the Supreme Court of the United States (SCOTUS) decided the case of *Kahler v. Kansas*, in which it upheld Kansas’s insanity statute as being consistent with the Due Process Clause of the Fourteenth Amendment of the United States (US) Constitution. The state statute at issue in *Kahler* only permitted evidence of cognitive incapacity as it related to the issue of intent (i.e., *mens rea*), with other evidence of mental illness and its effects only being allowable at the punishment phase to mitigate sentencing. SCOTUS had also previously decided in 2006, in the case of *Clark v. Arizona*, that states have broad discretion in how they formulate the insanity defense and upheld Arizona’s statute, which limited the excuse insanity defense to the moral incapacity test. This paper will discuss *Kahler v. Kansas*, in light of *Clark v. Arizona*, including critiques of the majority’s reasoning and how SCOTUS’s recent decision raises specific concerns about the fate of the insanity defense in the US. For instance, scholars have thus far raised technical critiques of SCOTUS’s reasoning, such as the equating of the affirmative excuse defense of insanity with a defense of inadequate proof of a particular element of a crime. and more broadly, elimination of the moral incapacity test appears contrary to the essence of a longstanding legal tenant that the morally incapacitated should not be held criminally responsible—in part because such is inconsistent with the justifications for punishment.

### **86299: Insanity Defense Reform’s Potential to Contribute to the “Competence Crisis” in the United States**

Lauren Kois - The University of Alabama  
Ira Packer - University of Massachusetts Medical School

This paper focuses on potential impacts of insanity defense reform—i.e., variously narrowing or abolishing the insanity defense—in the United States (US). Previous research found that insanity defense reform was associated with a sharp rise in the number of accused opined incompetent. Researchers have also found that individuals with major mental illnesses were nearly twice as likely to be incarcerated for misdemeanor (less serious) offenses, and that major mental illnesses are common in competence and criminal responsibility evaluations. Recently, a review of sanity evaluations conducted in one US state found that approximately a fifth of accused were charged with only misdemeanor offenses, and that the prevalence of psychotic disorders was highest among this subgroup. It follows from such findings that unintended consequences of insanity defense reform may include increasing the number of accused opined incompetent, bottleneck competence evaluation and restoration waitlists, and ultimately contribute to the “competence crisis” currently being experienced

by many US jurisdictions. Furthermore, it is not clear that correctional facilities are sufficiently resourced to be able to meet the needs of an increased number of prisoners who would have more likely been adjudicated insane in jurisdictions with more traditional insanity defense approaches. Unique responses to such challenges, such as novel post-arrest diversion models and recent statutory revisions, are reviewed. It is concluded that insanity defense reform is woefully under researched, and that enhanced and widespread data collection is needed for policy makers to fully understand the impacts of such reforms.

**86300: Legal Approaches to Criminal Responsibility of Mentally Disordered Offenders in Europe**

Michiel van der Wolf - Universiteit Leiden

Hjalmar van Marle - Erasmus University Medical Center

The moral tradition of not holding mentally disordered persons criminally responsible for certain offenses seems to have similar roots across Europe in Hebrew and Roman law and Greek philosophy, while the church influenced its further development. However, the legal context and the national perspective on the contents of the tradition created a wide variety of doctrines and consequent assessment practices. This paper explains a few major distinctions in the legal approaches to criminal responsibility of mentally disordered offenders in European jurisdictions and its implications for assessment practice. In doing that, differences in relation to approaches in the United States come to light. First of all, differences in the “form” of the responsibility doctrine are related to the context within criminal law and procedure, as well as the context within sentencing law and mental health law. Secondly, differences in the “substance” of the responsibility doctrine are explained on three dimensions: the definition of insanity (legal versus medical competence), the test of insanity (a general versus a specific relation between disorder and offence), and the scale of responsibility (gradual versus dichotomous). Finally, the implications for the behavioural scientific disciplines that are generally asked to assess criminal responsibility will be discussed, as well as recent debates about the doctrine and their influence on legislation and practice.





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# Wednesday, June 15

## Sessions 19 – 24 [09:00 – 10:15]

09:00 - 10:15	Friedrich Wilhelm
<p><u>Session 19 Paper Presentation</u>  <b>1164527: A Prototypicality Analysis Of The Polish Translation Of The CAPP Model (Comprehensive Assessment Of Psychopathic Personality)</b>            Lukasz Barwinski - Institute of Forensic Research in Krakow; Andrzej Frycz Modrzewski Krakow University</p> <p>The CAPP is a dynamically developing model of psychopathy based on the lexical approach. It creates a map of psychopathic personality including 33 diagnostic symptoms grouped into 6 domains (Attachment, Behavioral, Cognitive, Dominance, Emotional and Self). The presented study was conducted after final translation of the original model to the Polish version. The research aimed to examine the prototypicality ratings obtained from community residents and mental health professionals. The results were also compared to the prototypicality of the original version. It seems that the Polish version of the CAPP is close to the original and ready to use by practitioners.</p>	
<p><u>Session 19 Paper Presentation</u>  <b>1163372: Validation of the Externalizing Spectrum Inventory - Brief Form in a Swedish Forensic Psychiatric Inpatient Sample</b>            Johan Berlin - Lund University            Märta Wallinius - Lund University            Thomas Nilsson - Gothenburg University            Malin Hildebrand Karlén - Gothenburg University            Carl Delfin - Lund University</p> <p>The Externalizing Spectrum Inventory-Brief Form (ESI-BF) is a broad measure of externalizing psychopathology but has so far seen little validation and use in forensic psychiatric settings. Therefore, this study investigated the basic psychometric properties, three previously proposed structural models and the retrospective criterion validity of the ESI-BF in a sample of 77 Swedish forensic psychiatric inpatients. Results indicated that internal consistency was good to excellent while the goodness of fit for the structural models was uniformly poor or mediocre. In regard to criterion validity however, the ESI-BF was robustly associated with a number of variables describing lifetime externalizing outcomes.</p>	
<p><u>Session 19 Paper Presentation</u>  <b>1164529: Identification Of Facial Emotional Expressions In Noncriminal Psychopathy</b>            Lukasz Barwinski - Institute of Forensic Research in Krakow; Andrzej Frycz Modrzewski Krakow University</p>	

Numerous studies indicate anomalies in the accuracy of recognizing emotional expressions by psychopaths. On the other hand, there are reports that successful psychopaths may have a fairly good level of it, otherwise they would not be able to efficiently manipulate other. The study examined how well people with higher psychopathy recognize emotional expressions of fear, happiness, anger, sadness, surprise, disgust. A sample of 196 of students and firefighters took part in the study. The results revealed quite good identification of all facial expressions and no global deficit. Detailed differences in perceiving of facial expressions will be discussed in the presentation.

Session 19 Paper Presentation

**1163360: Comparing The Effectiveness Of Self-Report Measures To Detect ADHD In A Swedish Correctional Sample**

Malin Pauli - Karolinska Institutet

Vanessa Etterlid - Swedish National Board of Forensic Medicine

Katarina Howner - Karolinska Institutet

In this cross-sectional study we aimed to investigate the screening and diagnostic properties of various self-report instruments to identify measures that most effectively detect ADHD in a male high security prison sample in Sweden (n = 198). Participants who reported previously having been assessed and diagnosed with ADHD (n = 65) obtained significantly higher total scores on all relevant self-report measures. However, investigating the diagnostic properties demonstrated clear differences comparing the measures. Results demonstrate the importance of investigating psychometric properties and diagnostic ability of measures in relevant samples in order to assure its usefulness in different contexts.

09:00 - 10:15

Grenander I

Session 20 Paper Presentation

**1164665: Addressing The Mental Health Needs Of Inmate Through Education For Correctional Officers**

Shaheen Darani - Dept of Psychiatry, Temerty Faculty of Medicine, University of Toronto

Kiran Patel - Centre for Addiction and Mental Health and University of Toronto

Laura Hayos - Centre for Faculty Development, University of Toronto

Tanya Connors - Centre for Addiction and Mental Health

Faisal Islam - Centre for Addiction and Mental Health

Anika Saiva - Centre for Addiction and Mental Health

Fabienna Hargreaves - Centre for Addiction and Mental Health

Stephanie Sleikers - Centre for Addiction and Mental Health

Alexander (Sandy) Simpson - Centre for Addiction and Mental Health; University of Toronto

Globally, there has been an increase in rate of incarceration of individuals with mental disorder. Front-line officers play a central role in dealing with mental health struggles of inmates. Nonetheless, training officers receive is often considered inadequate. A needs assessment was undertaken and a curriculum delivered at 3 correctional facilities in Canada. Curriculum included mental health awareness; risk assessment; communicating with inmates; self-care. Simulations provided the opportunity for participants to identify mental illness, assess risk, and de-escalate situations. Results were promising showing training can help officers meet the mental health needs of inmates.

Implications of this study will be discussed.

Session 20 Paper Presentation

**1163279: NGRI Patients Who Experience Difficulties In Getting Admitted: A Multi-Method Study In Belgium**

Habets Petra Habets - Knowledge Centre Forensic Psychiatric Care (KeFor), Public Psychiatric Hospital Rekem

Henryk Bukowski - Centre de Recherche en Défense Social, Tournai, Belgium; Faculté de psychologie et des sciences de l'éducation, UCLouvain, Louvain-la-Neuve, Belgium

Audrey Vinckier - Centre de Recherche en Défense Social

Denis Delannoy - Centre de Recherche en Défense Social

Thierry Pham - Centre de Recherche en Défense Social; Université UMONS; Centre de Recherche de l'Institut Philippe Pinel

Inge Jeandarme - OPZC Rekem Knowledge Center Forensic Psychiatric Care; Katholieke Universiteit Leuven

In Belgium, there is still a high number of 'not guilty by reason of insanity' (NGRI) patients who reside in prisons or have troubles being admitted in stepdown care facilities. This problem is still present despite significant changes in the forensic care system in the last decade, including a new law regarding NGRI and the opening of new care facilities. To understand this issue a multi-method research (literature reviews, quantitative analyses, focus groups) is undertaken to identify who and why some patients cannot progress through the forensic system and what can be done to reduce their number in the future.

Session 20 Paper Presentation

**1163284: Unexpected Events and Unexpected Opportunities - The Development Of Forensic Mental Health Services**

Lindsay Thomson - University of Edinburgh

All of us are likely to be involved during our careers in a major service review. This paper describes such an occurrence involving all forensic mental health services (FMHS) across Scotland. It considers identified issues, review process and its effects both positive and negative, recommendations including the development of a single FMHS system, response of Scottish Government and actions of the Forensic Network. It promotes the use of fundamental principles such as those of Realistic Medicine to ensure person-centred, consistent and quality driven care across all FMHS.

Learning: how to input to reviews, manage findings and promote positive outcomes.

Session 20 Paper Presentation

**1164639: Acceptance and Commitment Therapy and Dialectical Behavior Therapy In Offender Samples: An Integrative Review and Comparison Of Current Applications**

Linden Loutzenhiser - Fordham University

Third-wave cognitive-behavioral therapy approaches including Acceptance and Commitment Therapy (ACT) and Dialectical Behavior Therapy (DBT) have emerged as treatment modalities for forensic populations. The Risk-Needs-Responsivity (RNR) principle argues that interventions should be individualized (i.e., risk level, criminogenic needs, responsiveness to treatment) for best efficacy.

Target population differences between ACT and DBT, in conjunction with the RNR principle, may suggest substantial differences in the application and utility of ACT versus DBT in various offender subpopulations and settings. No known reviews have focused on the application of ACT broadly or specifically compared ACT to DBT in offender samples.

09:00 - 10:15	Grenander II
<p><u>Session 21 Paper Presentation</u>  <b>1158313: Conducting Trauma-Informed Forensic Mental Health Assessments: Ethical Tensions and Practical Implications</b>  Julie Goldenson - University of Toronto</p> <p>The utility of adopting a trauma-informed lens in the provision of treatment of criminal justice-involved individuals is becoming widely recognized; however, relatively little attention has been given to the application of trauma-informed practices to the forensic mental health assessment process. The term “trauma-informed” is operationalized and we discuss how these principles can apply to the entire assessment process including interviewing, psychological testing, diagnostic conclusions, feedback, and educating triers of fact.</p>	
<p><u>Session 21 Paper Presentation</u>  <b>1163978: Reasons For Migration and Trauma Symptomatology In Central American Migrants</b>  Aidan Collins - Fordham University  Maria Jimenez-Salazar - Fordham University  Emily Weinberger - Fordham University  Michelle Leon - Fordham University  Barry Rosenfeld - Fordham University  Allen Keller - New York University School of Medicine</p> <p>Migrants and asylum seekers from Central America frequently report a range of traumatic experiences and reasons for migrating from their countries of origin, including political violence and economic hardships. The current study examines forms of reported victimization among a sample of individuals (N = 519) from the 2018 Central American “caravan.” Statistical analyses will compare the frequency of victimization and PTSD symptoms for individuals who cited violence as the reason for migrating versus those who reported migrating for primarily economic reasons. Findings expand the existing literature on the experiences of Central American immigrants and their relation to mental health.</p>	
<p><u>Session 21 Paper Presentation</u>  <b>1163290: “My Past Will Not Dictate My Future” A Case Study Into Short-Term Trauma Treatment For A Forensic Psychiatric Patient</b>  Annabel Simjouw - De Forensische Zorgspecialisten  Vivienne de Vogel - Maastricht University, University of Applied Sciences Utrecht  Wineke Smid - De Forensische Zorgspecialisten</p> <p>Prevalence of trauma exposure is high within the forensic psychiatric population, making it a relevant</p>	



factor for the treatment of forensic patients. The present study focuses on the implementation of an intensive short-term trauma treatment within a Dutch forensic psychiatric hospital, using both quantitative and qualitative research methods. Insights from this study show that trauma treatment could be an essential part of forensic mental health care in promoting patients' resilience and responsiveness.

Session 21 Paper Presentation

**1164359: Perception Not Only Lies In The Eye Of The (Legal) Beholder: Victims' Acknowledgement Of Stalking Related Experiences**

Rosa Vinas-Racionero - University of Barcelona; University of Nebraska Public Policy Center

Miguel-Angel Soria-Verde - University of Barcelona

Mario Scalora - University of Nebraska

Carolina Bolea-Bardón - University of Barcelona

Juan-Carlos Hortal-Ibarra - University of Barcelona

The purpose of this study is to examine the different factors that drive stalking acknowledgement (i.e., ability to draw a nexus between self-definitions and legal definitions of stalking) in a sample of 525 Spanish college students. Preliminary results suggest that self-identified victims were more likely to be women involved in an abusive relationship who suffered more persistent and severe forms of stalking as well as instances of physical and sexual violence. Despite its limitations, this study indicates that co-occurring victimization experiences seem to be a driving factor behind stalking acknowledgement. Implications for victim protection and risk assessment will be discussed.

09:00 - 10:15

Grenander III

Session 22 Paper Presentation

**1162536: Child Criminal Exploitation: Three Critical Moments!**

Joanna Johnson - Lancashire and South Cumbria NHS Foundation Trust

Louise Hamer - Lancashire & South Cumbria NHS foundation trust

In March 2020, the Child Safeguarding Practice Review Panel from England and Wales commissioned a national review into the criminal exploitation of children. The review identified organised criminal crime groups (OCGs) that were skilled at using coercion, control and manipulation to entice children into criminal activity. The review identified three critical moments in children's lives that provide a 'window of opportunity' for professionals to intervene and make a difference to their long-term outcomes.

- 1) the point at which children are excluded from school
- 2) when children access an emergency department and
- 3) when children come into contact with custody.

Session 22 Paper Presentation

**1164640: Psychosocial Intervention For Youth With High Externalizing Behaviors Is Associated With Improvement In Impulsivity and Brain Gray Matter Volume Changes**

Nathan Kolla - University of Toronto

Areti Smaragdi - Scientist

Stop, Now and Plan (SNAP) is an evidence-based treatment for youth with high externalizing behavior. We conducted a pre-post investigation to evaluate whether SNAP treatment could improve externalizing behaviors and reduce impulsivity in a cohort of SNAP youth. We were also interested to discover whether clinical improvement would be related to any gray matter brain changes assessed using structural magnetic resonance imaging. Compared with a healthy control group, we found that SNAP reduced measures of impulsivity in the SNAP cohort but did not affect measures of externalizing behavior. Improved impulsivity was also associated with increased brain changes in frontotemporal regions.

Session 22 Paper Presentation

**1162782: Validation Of The Early Assessment Risk List Version 3 (EARL-V3) For Children With Antisocial Behaviour**

Areti Smaragdi - Child Development Institute  
Margaret Walsh - Child Development Institute  
Leena Augimeri - Child Development Institute

Identification of risk is necessary for successful risk management. The Early Assessment Risk List (EARL) is currently the only structured professional judgment (SPJ) instrument for children with antisocial behaviour. While previous versions of EARL have undergone extensive testing, the updated version (EARL V3) has only recently been published. This pilot paper assessed inter-rater reliability (IRR), concurrent validity, and predictive validity of the EARL V3.

Session 22 Paper Presentation

**1162407: Improving Social Networks Of Forensic Psychiatric Outpatients With An Add-On Forensic Network Coach: Preliminary Results Of A Randomized Controlled Trial**

Lise Swinkels - Inforsa Forensic Mental Health

A supportive social network is an important protective factor for mental health problems and criminal behaviour. In this study, we investigated the effectiveness of an informal social network intervention on mental wellbeing, psychiatric problems and criminal recidivism among forensic psychiatric outpatients. A RCT with two parallel groups, comparing (1) treatment as usual with (2) treatment as usual with the addition of a forensic network coach, was conducted. We included 106 participants, and completed follow up assessments at 3 to 12 months after baseline. At the 2022 IAFMHS Conference we will present our preliminary results of the baseline and follow-up assessments.

09:00 - 10:15

Grenander IV

Session 23 Paper Presentation

**1163776: Service Providers Perspectives On Women's Substance Use Programming In Forensic Mental Health**

Smita Tyagi - Centre for Addiction and Mental Health, Toronto  
Samantha Johnstone - Centre for Addiction and Mental Health, Toronto

Women in the forensic mental health system have unique biopsychosocial risk factors for substance use disorder, a key target area for recovery. However, there is a lack of evidence-based, gender-responsive programming that can address their needs. This study is part of a larger project to design gender responsive services for women. Focus groups and interviews were conducted with treatment providers in a large forensic hospital to gather their perspectives on existing substance use treatment programs' effectiveness with women. Overarching themes that emerged included issues with mixed gender groups, program content, program characteristics, challenges in staff training and program implementation.

Session 23 Paper Presentation

**1163786: Women'S On-Unit Therapeutic Program In Secure Forensic Setting**

Smita Tyagi - Centre for Addiction and Mental Health, Toronto

This paper describes the process by which a therapeutic program was developed and implemented on a secure forensic women's unit in a forensic hospital in Toronto. The program was developed based on input from women patients and knowledge of best practices in the field. The paper describes the modular program that was developed, the methodology used and implementation challenges in running a program in a secure setting. Implementation challenges included staffing, client participation, developing feedback loops between clients and staff, facilitation of programs etc. Discussed are ways in which these challenges were addressed.

Session 23 Paper Presentation

**1162175: Examining The Association Between Psychopathy and Gang Membership For Girls**

Jennifer Krentz - Simon Fraser University

Kevin Douglas - Simon Fraser University

Due to the long-term consequences of gang membership, it is important to reduce adolescent gang involvement by targeting risk factors such as psychopathy. As most research has used predominately male/male-only samples, it is unclear what role psychopathy has in explaining gang involvement among adolescent females. Using a sample of 184 female offenders from the Pathways to Desistance study, we examined the association between psychopathy and gang involvement. Results suggest there is an association between different features of psychopathy and gang membership for adolescent females. As such, gang intervention programs could also aim to reduce the severity of psychopathic traits.

Session 23 Paper Presentation

**1160749: Treating Women In Forensic Mental Health Care: A Profession In Its Own Right?**

Vivienne de Vogel - Maastricht University, University of Applied Sciences Utrecht, Forensische Zorgspecialisten

Marije Keulen-de Vos - Forensic Psychiatric Center (FPC) "de Rooyse Wissel"

Substantial differences have been found between female and male forensic psychiatric patients, relating to trauma, offense history and mental health needs. However, not many clear policies or gender-responsive treatment programs are currently available for working in gender-mixed forensic mental health settings. In the present project, practical guidelines were developed for treating women

in gender-mixed forensic mental health care. The literature into gender-responsive working was studied and experiences of both practitioners and forensic psychiatric patients were collected and analysed by means of an online survey (N = 295) and interviews with 22 professionals and 8 female patients and 3 male patients.

09:00 - 10:15

Alexander II/III

Session 24 Paper Presentation

**1163674: Progress In The Protection Of Sexual Rights Of Mentally Disordered Women: China**

Jinian Hu - China University of Political Science and Law

Women with mental disorders are more likely to be victims of sexual assault. In order to protect their sexual rights, a series of laws and regulations were promulgated. The Ministry of Justice issued the "Guidelines for assessment of sexual self-defense capacity in the mentally disordered (SF/T 0071-2020) " in 2020. These Guidelines will effectively promote the standardization of such assessment and improve the assessment consistent rate. There are however still many discrepancies in actual work. On the basis of discriminating the concept of sexual self-defense capacity, this paper puts forward some opinions on the assessment principles and matters needing attention.

Session 24 Paper Presentation

**1162248: Hearing Silenced Stories Of Slavery: Exploring The Impact Of Domestic Servitude On The Mental Health Of Migrant Women**

Karen Wright - University of Central Lancashire

Peggy Mulongo - University of Central Lancashire

This Community-Based Participatory Research (CBPR) project focussed on a hidden form of modern slavery, that of Domestic Servitude (DS). DS occurs in a subversive and hidden way, behind closed doors, as victims might have entered the UK as workers, brides or visitors. Some are married to their perpetrators and have valid visas, many are hidden and tortured. This research reveals the psycho-social impact of DS on these female survivors of DS and the recommendations for mental health and criminal justice services, revealed through 3 focus group interviews with 23 women between the ages of 25-55yrs.

## Sessions 25 – 30 [13:30 – 14:40]

13:30 - 14:40

Friedrich Wilhelm

Session 25 Symposium

**1163476: Scenario-based De-escalation Training for Frontline Police Mental Health Crisis Response:**

### **Emphasizing Community Co-Design**

Chair: Jennifer Lavoie - Wilfrid Laurier University

#### **86195: Mental Health Crisis Simulation Training for Frontline Officers**

Jennifer Lavoie - Wilfrid Laurier University

Natalie Alvarez - Ryerson University

Growing public dissatisfaction with police intervention in mental health crises coupled with waves of inquiries have culminated in persistent calls for police reform. Among numerous recommendations are those that centre on “specialized policing response” training for officers to enhance mental health knowledge and prioritize de-escalation. This presentation discusses the construction of a ground-breaking scenario-based training curriculum for police officers piloted in Ontario, Canada. The program was designed by a diverse stakeholder group and emphasizes the development of core competencies in de-escalation strategies, recognition of mental illness, and relational policing approaches. The learning paradigm borrows from performance theatre and the medical field and includes hybrid content delivery, applied experiential learning and scenario-based assessment. A suite of high-fidelity simulations was developed in consultation with SMEs. These scenarios feature a diversity of characters, crises, and contexts; and were designed to authentically replicate the high-intensity, varied, and fluid situations that officers encounter in the field. Scenario training provides officers opportunities to synthesize and apply their learning along a spectrum of scenarios. Officers begin with the curriculum by completing online modules to acquire a foundational knowledge base in mental health literacy, de-escalation techniques and anti-bias training. Next, a series of four Forum Scenarios are completed in person. These 90-minute, problem-based scenario sessions allow trainees to experience and rehearse core mental health crisis intervention skills and practice safe alternatives to lethal force with immediate SME feedback. Last, trainees complete a circuit of four 10-minute, high-intensity scenarios used to assess demonstrated competencies using the DePICT framework.

#### **86196: Meaningful Subject Matter Engagement in Designing Mental Health Education for Police Services**

Stephanie Penney - Centre for Addiction and Mental Health; University of Toronto

Despite that mental health training delivered to police has increased over the past 20 years, effective training in de-escalation and mental health crisis intervention continues to be insufficient. Interactions between police and people experiencing mental health crisis are still often reported as negative, and as disproportionately involving the use of force. Principally, there is a need to involve community experts and stakeholders as partners in crisis training development. Alongside calls for better, stakeholder-informed training initiatives, the shared decision-making model in mental healthcare generally has gained increased traction. This framework emphasizes collaborative approaches to healthcare decision-making and recognizes the expertise that is brought to the table by the service user themselves, alongside family members and clinicians involved in their care. These concepts have also become influential in corrections and forensic psychiatry, where assessments of risk for violence among persons with mental illness are increasingly conceptualized in collaborative terms, and as requiring input from all parties involved. Significant shifts in paradigm are not without challenges. For example, power imbalances between service users, clinicians and police may continue to be present with concomitant impacts on each group’s contributions to the co-production of knowledge. Further, the incorporation of diverse views and competing priorities can result in outcomes that appear lacking in a cohesive framework. This paper will describe the benefits of involving diverse stakeholders in the co-production of knowledge towards the development of mental health education for police, as well as some of the challenges encountered.



**86197: Development of the De-escalating Persons in Crisis Competencies Tool (DePICT)**

Krystle Martin - Ontario Shores Centre for Mental Health Services

Jennifer Lavoie - Wilfrid Laurier University

Police services have frequent daily contact with people living with mental disorders or experiencing a mental health crisis. Studies consistently show that these interactions are often experienced as negative, and tragically result in disproportionate injury or death of people in crisis. As such, there is a growing call for enhanced training in deploying de-escalation strategies to reduce the use of force in heightened encounters involving people in mental health crisis. Given the absence of an existing scale to assess relevant competencies for training in the policing/ law enforcement context, we set out to develop and validate such a tool. The measure was co-constructed in consultation with a national research team comprised of a multi-perspective subject matter expert group, including people with lived experience and mental health advocates, police instructors, clinicians and nurses, forensic psychologists, cultural safety experts, and scholars. The resulting tool, the De-escalating Persons in Crisis Competencies Tool (DePICT) is a 14-item rater-observer assessment scale that measures an officer trainee's demonstrated ability to de-escalate and respond to a person in crisis. In this presentation we will share how the tool was developed using our co-production approach and then tested and revised using live-action simulations where police officers were asked to de-escalate different high-intensity mental health crisis scenarios. We will also discuss the future uses of this tool to support evaluating the presence of target competencies that correspond to de-escalation and best practices in officer responses to a person in crisis.

13:30 - 14:40

Grenander I

Session 26 Paper Presentation**1160596: Initial Validation Of A Standardized Instrument To Assess Competency In Immigration Court**

Maria Aparcero - Fordham University

Barry Rosenfeld - Fordham University

Identifying immigration court respondents with mental illness who are unable to meaningfully participate in their cases is key to preserve their procedural due process rights. To date, there is no standard of practice to guide the evaluation of competency in immigration court. This study examines the psychometric properties of an adaptation of the Fitness Interview Test-Revised (FIT-R; Roesch et al., 2006) for use in immigration court (i.e., the FIT-IC) in a sample of 100 Spanish-speaking immigrants who are facing or have faced immigration proceedings. Feedback from mental health experts was also obtained to assess the content validity of the FIT-IC.

Session 26 Paper Presentation**1159877: How Do Latent Classes and Factor Loadings Differ Across Race With The PCL-R? A Factor Mixture Modelling Analysis**

Sebastian Baglole - SSHRC

The pre-eminent method of psychopathic evaluation is the Psychopathy Checklist- Revised, which may lack sensitivity to estimate psychopathy in minority justice-involved persons (JIPs). I examined

whether Black JIPs demonstrate similar latent classes and factor structure to White JIPs, applying factor-mixture modelling to a cross-sectional forensic meta-sample (N = 4,476). Racial groups were similar on two of three classes. Across group sizes, the Black group consistently had more non-significant factor loadings than the White group. Results indicate that Black and White groups have different classes of psychopathic offenders, and White offenders show better fit on standard four-factor PCL-R loadings.

Session 26 Paper Presentation

**1163565: Development Of A Tool For The Evaluation Of Cultural Competence Of Staff Members At A Secure Unit In The UK**

Piyal Sen - Elysium Healthcare

Megan Georgiou - Elysium Healthcare

Rima Basu - N/A

Doreen Kageha - TBC

Nadeen Myers - TBC

Diversity related issues and their role in the delivery of high-quality services is gaining increasing attention. In this presentation the subject of cultural competence, defined as the conscious application of general knowledge of different cultures to clinical environments, is explored. The presentation will describe the findings of a service evaluation of cultural competence among clinical and non-clinical staff members in a low secure forensic unit in the UK. The tool used in the study was adapted from an American tool, known as the Cultural and Linguistic Competence Policy Assessment (CLCPA).

Session 26 Paper Presentation

**1161497: 'Nothing About Us Without Us': Engaging High Secure Patients As Research Collaborators**

Cheryl Rees - University of Edinburgh

Data indicating high/medium secure patients lacked community, a sense of empowerment and life with purpose and meaning was evidenced through our previous study examining recovery at 20 year follow-up. We are building on our findings using Participatory Action Research (PAR) with researchers and patients working together in a flat power structure, to explore a problem and effect action to address it through an ongoing evaluative cycle. The high secure Patient Partnership Group are using previous and new qualitative/quantitative recovery data to create a peer-to-peer introductory material aimed at increasing peer support and nudging recovery to start in the best direction.

13:30 - 14:40

Grenander II

Session 27 Paper Presentation

**1163943: The Impact Of Race On Diversion Program Outcomes**

Erin Conley - Fordham University, New York, USA

Melodie Foelmi - EAC New York

Merrill Rotter - EAC/NYC TASC Mental Health Programs

Barry Rosenfeld - Fordham University

Alternative to incarceration treatment programs are often ineffective due to high numbers of treatment noncompletion. Because these programs are subject to court oversight, violations of program rules, or “status offenses” are subject to judges’ rulings. They can incarcerate the person after a single violation or offer multiple chances. Minorities may be disproportionately affected, but bias in these judicial decisions has yet to be examined. The current study uses existing data from a diversion program to assess racial differences in the response to program infractions. Results will provide insight into possible institutional bias and promote the reevaluation of ATI program policies.

Session 27 Paper Presentation

**1158533: Culturally Adapted Risk Assessment: Assessing Violence Risk Among Incarcerated Males In Mexico**

Alicia Nijdam-Jones - University of Manitoba

Eric García--López - Instituto Nacional de Ciencias Penales, Mexico City, Mexico

Libertad Merchan Rojas - Universidad Nacional Autónoma de México

Aura Itzel Ruiz - Instituto Nacional de Ciencias Penales, Mexico City, Mexico

Barry Rosenfeld - Fordham University

This prospective study investigated the utility of a culturally adapted violence risk assessment measure (HCR-20V3) and its predictive validity among a sample of 114 male offenders in a Mexico City prison. The study findings showed that the culturally adapted HCR-20V3 was able to predict institutional violence with a high degree of accuracy (AUC = .77). Additionally, several culturally relevant risk factors (e.g., machismo attitudes, indirect and direct violence exposure, and familismo) significantly predicted institutional violence. The results suggest that culture may play an important role in understanding and estimating violence risk. Future research and clinical implications are discussed.

Session 27 Paper Presentation

**1163281: Considering Ethnicity In Forensic Mental Healthcare: What Do We Know?**

Marjolein De Pau - University of Ghent, Department of Criminology, Penal Law and Social Law

Freya Vander Laenen - University of Ghent, Department of Criminology, Penal Law and Social Law

Stijn Vandevelde - University of Ghent, Department of Special Needs Education

Migrant and ethnic minorities labelled Not Criminally Responsible (NCR) are relatively overrepresented in forensic mental healthcare. In this respect, it is essential to provide cultural sensitive treatment in forensic mental healthcare in an attempt to reduce ethnic disparities. A scoping review is conducted to understand and discuss the available evidence for such practices in forensic mental healthcare. Results suggest this research field is still in its early stages. Research efforts mainly focus on the cultural sensitivity of forensic diagnostics instead of therapeutic frameworks or approaches. In conclusion, it is imperative that this topic emerges on the research agenda.

Session 27 Paper Presentation

**1162571: Cognitive Behavioral Therapy As An Act Of Oppression On Indigenous Peoples**

Joanne Thivierge - North Bay Regional Health Centre

The failure of Cognitive Behavioural Therapy (CBT) to address systemic racism, bias, and colonization is a microcosm of the problems that plague mental health care in Canada. In our forensic systems,

there is an over-representation of Indigenous peoples who are ordered to participate in treatment that was built on Eurocentric, colonial belief systems that fail to address the unique circumstances, historical trauma, and needs of Indigenous peoples. We suggest that the adherence to CBT as the dominant psychotherapy in our forensic system is an act of oppression.

13:30 - 14:40

Grenander III

Session 28 Symposium

**1158306: Extending The Trauma Lens In Forensic Mental Health Services**

Chair: Deborah Morris - St Andrew's Healthcare

**85870: Addressing The Trauma In The Room: The Differential Trauma Needs Of Women With Co Morbid EUPD and Complex PTSD In Secure Services**

Deborah Morris - St Andrew's Healthcare

Elizabeth Beber - St Andrew's Healthcare

Petch Umpunjun - St Andrew's Healthcare

Elanor Webb - St Andrew's Healthcare

Emily Fox - St Andrew's Healthcare

Emotionally Unstable Personality Disorder (EUPD) and Complex Post-traumatic-stress-disorder (cPTSD) have been characterised as related yet distinct and differential diagnoses. Accordingly, research with clinical populations suggests significant levels of comorbidity between EUPD and cPTSD in females diagnosed with EUPD. Yet, the potential impact of comorbidity for treatment and risk management needs is largely unexplored. This presentation reports on the differential treatment needs of females with EUPD only and women with EUPD and cPTSD detained in secure services. Data relating to PTSD, cPTSD and wider psychopathology was extracted for 42 females detained to inpatient Dialectical Behaviour Therapy (DBT) service for women with primary diagnoses of EUPD. Results. Women who met diagnostic criteria for EUPD and cPTSD reported greater levels of psychopathology, risks to self and others and lower levels of quality of life compared to women with EUPD only. Furthermore, a series of hierarchical regressions indicated that the 'disturbances in self-organization' (DSO) symptom cluster, which distinguishes CPTSD from PTSD, was a stronger positive predictor of wellbeing, risk needs and quality of life than core PTSD symptoms. By contract participants with EUPD only and EUPD+cPTSD did not report differences in overall functional impairment. Females with comorbid EUPD and cPTSD will likely present with elevations in psychopathology and risk needs compared to females with EUPD only. Whilst data indicated greater levels of psychopathology in comorbid participants, the absence of increased levels of corresponding functional impairment are explored within the framework of cPTSD and the mediating role that DBT treatment may play.

**85871: Re-Traumatisation: The Impacts Of Placement Breakdowns In Care For Adolescents With Developmental Disorders**

Elanor Webb - St Andrew's Healthcare

Deborah Morris - St Andrew's Healthcare

Epidemiological research demonstrates the pervasiveness of adverse childhood experiences (ACEs) in forensic populations, with particular elevations reported for people with developmental disorders.

The impact of ACEs across the life course is undeniable, and mental health services have an important role in preventing or, at the very least, reducing the associated consequences. Yet, consideration of how trauma may be exacerbated once placed into the care system has not been given equal focus. The current presentation will report on the impact of placement breakdowns, as a form of re-traumatisation, for adolescents with developmental disorders. Data was extracted from existing clinical records for 34 adolescents detained to a secure developmental disorder service. Of those detained into secure care, 39.9% had been subject to compulsory care orders to remove them from the home. Of the total sample, 47.1% had experienced subsequent placement breakdown whilst in institutional care, with most experiencing multiple breakdowns ( $M=3.94$ ,  $SD=2.14$ ). Participants' breakdowns were associated with longer periods in inpatient care, a greater number of ACEs, being subject to compulsory care orders and having a greater number of mental health diagnoses. Placement breakdowns were also significant predictors of obesity, above the effect of ACEs. Placement breakdowns, a form of re-traumatisation, whilst in care are frequently experienced by adolescents with developmental disorders. The findings illustrate the impacts of re-traumatisation on length of admission, and the potential risks to the physical wellbeing of those who have experienced repeated disruptions in care. Implications for policy and service delivery are discussed.

### **85872: The Prevalence and Clinical Impact of Moral Injury in UK Secure Care Settings**

Scott Steen - St Andrew's Healthcare

Deborah Morris - St Andrew's Healthcare

Moral injury is a type of trauma characterised by shame, guilt, betrayal, and loss of trust that develops following events in which an individual perceives violating their moral beliefs, either by what they have done, witnessed others doing, or from a sense of betrayal. It is a concept most commonly researched in military groups although an increasing focus on non-military populations including refugees, police officers, and health professionals has emerged in recent years. Despite the broadening interest, it has not yet been explored within a secure care setting. Adults residing in these settings have been subject to various traumas including events resulting from their actions or witnessing or failing to prevent traumatic events on others. Moral Injury is not a diagnosis and little is known about how to treat it risking further distress, victimisation, and ultimately offending behaviours. This presentation will report the findings of a prevalence study of Moral Injury in secure care hospitals across the UK. Other relevant and important factors relating to Moral Injury are considered including psychological distress, trauma, shame and guilt, and self-compassion. By understanding the nature of Moral Injury within these settings, including its shame and guilt-based components, it may be possible to improve the personalised care packages on offer by addressing the underlying difficulties not commonly addressed in services. Determining the level of moral injury will also help better understand the lived experience of residents and enhance the awareness of their treatment needs.

### **86150: Reconsidering Frameworks For Trauma In Healthcare Professionals: The Impact Of Exposure To Violence and Restrictive Practices: Theoretical and Support Implications**

Elizabeth Beber - St Andrew's Healthcare

Deborah Morris - St Andrew's Healthcare

Elanor Webb - St Andrew's Healthcare

Background: Staff in forensic psychiatric settings are frequently exposed to high levels of aggression and traumatic material, by virtue of the adverse experiences of those for whom they care. Burnout and secondary trauma reflect dominant conceptualisations of distress applied to explain ill-being in this population, in response to their direct and indirect trauma exposure. Nevertheless, the impacts of restrictive practices, which follow incidents of aggression, have not been considered, and exploration of distress beyond burnout and secondary trauma frameworks is limited. This study explored the



impacts of exposure to aggression and involvement in restrictive practices through various trauma frameworks in forensic mental healthcare staff. Method: Overall, 237 clinical staff working in secure services within a psychiatric hospital participated in a survey exploring profiles of wellbeing. This study reports on secondary analysis of data pertaining to exposure to physical or verbal aggression, self-harm, sexually inappropriate behaviour, level of involvement in restraints and seclusions, and measures of distress. Results: The findings showed exposure to risk behaviours and involvement in restrictive practices to have differential impacts on wellbeing, though all were significantly positively associated with moral injury and secondary traumatic stress (all  $p < .05$ ). Conclusion: Exposure to incidents of aggression, and the subsequent need for restrictive interventions that follow, reflect sources of distress for clinical staff working in forensic mental healthcare. The impacts of these traumatic experience extend beyond burnout, and should also be considered within a 'moral injury' framework, which conceptualises the problem as one that lies externally, rather than within the individual.

13:30 - 14:40

Grenander IV

### Session 29 Symposium

#### **1164629: Violence As A Treatment Need, Protective Factors and Serial Measurements**

Chair: Harry Kennedy - National Forensic Mental Health Service, Ireland and Trinity College Dublin

Treatment patients who are a danger to themselves and others can only be done in a safe and violence free therapeutic environment. Yet violence often occurs in secure forensic hospitals. These four studies from two different jurisdictions describe how often violence occurs and examines factors that protect against violence. Commonly used assessments of risk factors may be less significant than measures of treatment outcome, forensic recovery and global function.

#### **86313: Progress In Risk and Recovery and Moves Along The Therapeutic Care Pathway. A D-FOREST Study**

Eimear Ni Mhuircheartaigh - CMH Dundrum and Trinity College University of Dublin, Ireland  
 Hania Amin - National Forensic Mental Health Service, Ireland  
 Natasa Basrak - National Forensic Mental Health Service, Ireland  
 Harry Kennedy - National Forensic Mental Health Service, Ireland and Trinity College Dublin  
 Mary Davoren - National Forensic Mental Health Service, Ireland and Trinity College Dublin

Background: Secure forensic mental health services offer care and treatment to mentally disordered offenders who pose a serious risk of violence to others. Treatment in a secure forensic hospital has a dual role; to treat mental illness and to reduce violent recidivism. The aim of this study was to ascertain if progress over time in mental health and offending domains was associated with moves to less secure places in a cohort of forensic in-patients. Methods: This is a 3-year prospective study of a complete cohort of patients at the Central Mental Hospital, Dundrum, Ireland. Demographic data and data pertaining to diagnoses were gathered. Repeated measures of violence risk (HCR-20), Programme completion and recovery (Dundrum-3 & Dundrum-4) and symptoms of schizophrenia (PANSS) were taken at 6 monthly intervals. Generalised Estimating Equations analysed change over time for repeated measures. Results: 153 patients were observed at four time points, six months apart. The majority were male with diagnosis schizophrenia. The outcome measure was a positive move from higher to lower levels of therapeutic security. Dundrum-3 predicted positive moves as did Dundrum-4. Although HCR-20 total score and PANSS positive score predicted positive moves, when

included in the main effects model only Dundrum-3 programme completion scale and Dundrum-4 recovery scales remained significant. Progress is linked to engagement in treatment programmes aimed at reducing violence and also development of skills such as engagement, rapport and working alliance and recovery from violence and rule breaking behaviour so as to reduce violence and rule breaking behaviour

#### **86314: Zero Violence Or Zero Seclusion: Which Do We Want In Our Secure Hospitals?**

Kezanne Tong - National Forensic Mental Health Service, Ireland

Annika Gibbons - National Forensic Mental Health Service, Ireland

Orla Byrne - National Forensic Mental Health Service, Ireland

Thomas Conlon - National Forensic Mental Health Service, Ireland Harry Kennedy - National Forensic Mental Health Service, Ireland and Trinity College Dublin

Mary Davoren - National Forensic Mental Health Service, Ireland and Trinity College Dublin

Background: There is a clear and established link between serious mental illness and violence. Secure forensic mental health services provide care and treatment to patients with histories of serious violence. Mental health services are under significant pressure to reduce the use of seclusion and restrictive practices, whilst being mandated to provide violence-free environments for patients and staff. Methods: A retrospective review of all incidents in Central Mental Hospital, Dublin between March 2019 and August 2021 was completed. Incidents were categorised into physical assaults and other incidents. Diagnostic categories, demographic details and scores on HCR-20 and DUNDRUM toolkits were collated. Results: 91 out of 320 incidents involved physical violence, with 47 involving actual physical assault perpetrated by patients. Victims of assaults were more likely to be patients (57.4%) and males (91.5%). Patients whose incident involved attempted or actual physical assault had significantly higher scores on historical (ANOVA  $F=5.139$ ,  $p=0.024$ ), current (ANOVA  $F=24.951$ ,  $p<0.001$ ), future (ANOVA  $F=7.906$ ,  $p=0.005$ ) and dynamic (ANOVA  $F=32.224$ ,  $p<0.001$ ) risks of violence. These patients also had worse scores on measures of programme completion (ANOVA  $F=41.181$ ,  $p<0.001$ ) and recovery (ANOVA  $F=41.041$ ,  $p<0.001$ ), as well as higher baseline security needs (ANOVA  $F=7.231$ ,  $p=0.008$ ) and urgency needs (ANOVA  $F=6.159$ ,  $p=0.014$ ). Violent incidents happen in psychiatric units, including secure forensic hospitals. Reviews of rates of the use of seclusion and other restrictive practices rarely include data on antecedent violence. Restrictive practices, used in accordance with the law, are necessary at times to prevent serious harm to patients and staff in psychiatric hospitals.

#### **86315: Protective Measures Against Violence In An Italian Secure Forensic Patient Cohort**

Felice Carabellese - University of Bari

Donatella Lategola - University of Bari Aldo Moro

Mary Davoren - National Forensic Mental Health Service, Ireland and Trinity College Dublin

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

Background: The Italian system for secure forensic psychiatric care is now the Residences for Execution of Security Measures (REMS) alongside community residences for forensic mental health probation orders and also community residences for non-forensic psychiatric care. It is essential to compare forensic and non-forensic populations and services if any true understanding of forensic distinctions and social dangerousness is to be possible. In this study, forensic and non-forensic patients can be compared. Methods: A random sample of residents in three REMS ( $n=26$ ), seven probation residences ( $n=75$ ) and two community psychiatry residences ( $n=25$ ). All participants who consented were interviewed by researchers who also accessed file data. Paired t-tests were used to compare follow-up data. Results: At baseline, 126 patients were assessed: 27 female 21.4%; age 40.1 (SD 7.3). Length of stay was 1.3 years (1.7). Mini Mental State did not differ between groups

(26.7(3.1)); GAF was lower in REMS 47.3(9.2) v 54.5(14.1) in probation and 58.6(14.7) in community psychiatry residences ( $p=0.01$ ). Psychopathy check list-revised factor 1 scores were higher in REMS 8.6(3.1) vs 5.5(3.7) in probation and 4.7(3.6) in community residences ( $p<0.001$ ). SAPROF protective scores were lower in REMS than in other residences ( $p=0.011$ ) while HCR-20 sub-scale scores did not differ. At follow-up one year later for 107 residents, HCR-20, GAF were unchanged, PCL-R total fell 14.3(8.1) to 12.5(7.6)  $p=0.001$ ; BPRS total fell 48.5(15.7) to 42.8(17.8)  $p<0.001$ . The changes in PCL-R and BPRS are surprising and positive. These may represent revisions or remissions for some rather than gradual change for most.

### **86316: Protective Factors For Violence In A Secure Forensic Hospital: Global Function, Treatment Response and Recovery**

Mary Davoren - National Forensic Mental Health Service, Ireland and Trinity College Dublin

Kezanne Tong - National Forensic Mental Health Service, Ireland

Natasa Basrak - National Forensic Mental Health Service, Ireland

Tim Quane - National Forensic Mental Health Service, Ireland

Michael Murray - National Forensic Mental Health Service, Ireland

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

Background: We have previously shown that the SAPROF has a protective effect against in-patient violence. In this study, we took a rigorous definition of violence as physical assault causing harm to another person. We hypothesised that predictors of violence would include treatment response and forensic recovery factors, violence proneness, protective factors and global function. Methods: A total of 104 patients in a secure forensic hospital were rated at baseline using observer rating scales. We assessed HCR-20, DUNDRUM-3, DUNDRUM-4, SAPROF and GAF. Violent incidents were recorded over the next nine months by a triangulation method. There were 15 violent incidents. Results: Using binary logistic regression with violence as outcome, we found DUNDRUM-3, DUNDRUM-4 and HCR-20 predicted violence. Higher (protective) scores on SAPROF and GAF predicted less violence. In binary logistic regression, forward likelihood ratio, only GAF remained a significant factor (Wald  $\chi^2 = 33.9$ ,  $df = 1$ ,  $p<0.001$ ,  $\exp(B) = 0.951$ , 95% CI = 0.935-0.967). 85.6% of cases were correctly classified. We found that a measure of global function (GAF) appears to account for most of the variance in inpatient violence in a secure forensic hospital. Higher (better) global function protects against violence, with an odds ratio of 0.932 or 7% reduction in likelihood for every extra point gained in GAF score suggesting that this is a confounding factor accounting for the apparent effects on violence of risk and recovery measures.

13:30 - 14:40

Alexander II/III

#### Session 30 Symposium

### **1164072: Adapting DBT to Facilitate Community Reentry for Repeat Criminal Offenders**

Chair: Barry Rosenfeld - Fordham University

### **86307: Development of a Brief DBT Intervention for Repeat Criminal Offenders**

Michele Galietta - John Jay College of Criminal Justice

The first presentation in this symposium will focus on the treatment model and modes of delivery for the 12-week counseling intervention. The intervention utilizes a brief form of Dialectical Behavior

Therapy to identify core treatment targets and DBT intervention strategies. Following an intake process, Behavior Chain Analyses are conducted on prior violence, instant offense, and criminal offending patterns to identify treatment targets that appear most helpful in managing risks factors for re-offending. The treatment utilizes commitment strategies to assist the client in identifying meaningful “best life” goals and therapists connect the utility of learning new behaviors in order to achieve these goals. Specific DBT skills that have been found to be useful with this population will be described, along with adaptations to the standard DBT treatment approach, including the use of video-based sessions and web-based skill delivery. In addition, strategies designed to keep clients connected to treatment, and to assist therapists in managing difficult client behaviors, including poor motivation and engagement will be presented.

### **86308: Adapting DBT to Facilitate Community Reentry for Repeat Criminal Offenders**

Barry Rosenfeld - Fordham University

This symposium describes an adaptation of Dialectical Behavior Therapy (DBT) designed to improve adherence and outcomes for repeat criminal offenders participating in an intensive reentry program. The symposium will present a brief overview of the reentry program model, followed by description of the treatment model, using a structured risk-responsive intervention relying on DBT techniques to targeted identified treatment needs. Study therapists will present brief case studies that illustrate successful and unsuccessful applications of the treatment, followed by a summary preliminary program outcomes to date.

### **86309: Treatment Experiences using a Brief DBT Adaptation**

Linden Loutzenhiser - Fordham University

Obianujunwa Anakwenze - Fordham University

Emily Weinberger - Fordham University

This presentation will discuss a short series of cases describing clients treated in the pilot phase of this program. Case studies will describe treatment targets and trajectories, illustrating both successful and unsuccessful cases. Examples will be used to highlight many of the treatment elements described in the first presentation, including strategies to match DBT skills to key treatment targets, obstacles to treatment engagement and techniques used to overcome resistance and management of acute crisis situations. In addition, challenges to the application of DBT skills, along with examples of successful skill utilization of will elucidate the treatment approach. Finally, the strengths and limitations of the video-based intervention approach will be discussed, as well as techniques utilized to apply these techniques to a structurally and economically disadvantaged population, as well as problems encountered in rapport development and crisis management will be reviewed. challenges to the application of DBT skills, along with examples of successful skill utilization of will elucidate the treatment approach.

### **86311: Preliminary Outcome Data for a Brief Adaptation of DBT in a Probation Setting**

Aidan Collins - Fordham University

Linden Loutzenhiser - Fordham University

Barry Rosenfeld - Fordham University

This presentation will summarize preliminary outcome data on the three cohorts of clients treated with the abbreviated DBT adaptation (N=40). The presentation includes description of client demographic characteristics, criminal histories, and legal status, as well as qualitative and quantitative data on case outcomes. Preliminary analyses will address correlates of treatment completion and recidivism, as well as therapist perceptions of the utility of specific DBT skills. The implications of

these findings, as well as future directions for both treatment development and outcome research will be summarized.

## Sessions 31 – 36 [14:50 – 16:00]

14:50 - 16:00	Friedrich Wilhelm
<p><u>Session 31 Symposium</u>  <b>1160628: Advancing The Dynamic Appraisal Of Situational Aggression (DASA) To Reduce Aggression and Use Of Restrictive Interventions</b>            Chair: Tess Maguire - Swinburne University of Technology/Forensicare</p> <p><b>86000: Modification Of The DASA To Encourage Patient Participation and Implementing The Finnish Version Of Edasa+APP</b>            Tella Lantta - University of Turku</p> <p>In this presentation, an overview and preliminary results of two Finnish DASA projects will be shared. Short-term violence risk assessment is not standard practice in forensic or general mental health services in Finland. Integrating assessment scales, such as DASA, into daily clinical practice has been a challenge. The two projects presented here aim to overcome previously detected barriers to the use of DASA. First, according to our previous results, patient engagement in short-term risk assessment has been minimal. Therefore, we designed a study to see if patient risk assessment and engagement in risk management would be feasible. Here results will be shared about modifying DASA into a patient version, which involves two parts: risk assessment with a nurse, and selecting risk management methods together. This intervention is being tested in a PICU unit in Finland that treats patients with psychosis and acute violent behavior. Outcome measures include aggressive incidents, use of coercive measures, patient experiences of self-determination, and engagement in care. Second, as risk assessment using a paper-and-pencil format has been experienced as a separate task from other nursing duties, a new project was established to transform DASA into an electronic version. Developed in Australia, eDASA + APP will be integrated into the Finnish electronic patient data management system of a large hospital district, and aggression prevention protocol will be culturally adapted. The Finnish version of eDASA + APP will be tested in all adult psychiatric units in the district (~30 units) during the years 2022-2023.</p> <p><b>86001: Exploring Suitable Teaching Methods For The Edasa + APP Training</b>            Tess Maguire - Swinburne University of Technology/Forensicare            Brian McKenna - Auckland University of Technology            Michael Daffern - Centre for Forensic Behavioural Science (CFBS), Swinburne University of Technology</p> <p>Inpatient aggression is a concern for staff, patients and mental health services, and poses risk to individuals and the milieu (Daffern et al., 2015). Services are required to provide evidenced-based training to their staff to prevent and manage aggression, and cover strategies to reduce the use of</p>	



restrictive practices (Department of Health and Human Services, 2017). Two recent studies investigating an electronic version of the DASA (eDASA), linked to an Aggression Prevention Protocol (APP), designed to structure nursing intervention according to the level of risk assessed by the DASA (the eDASA + APP), found reductions in aggression, use of restrictive interventions, and use of PRN medication (Griffith et al., 2021; Maguire et al., 2019). While the eDASA+APP, has produced positive findings, in its current form it requires approximately five hours of face-to-face training, posing challenges for training large numbers of staff. Against this background this study was designed to explore effective teaching approaches to prevent aggression in mental health services, and determine suitable training methods for the eDASA+APP. Data were collected from repeat focus groups, engaging experts in the management of aggression training from across Australia and New Zealand. This presentation will share some of the preliminary findings, including the need for training to be place-based and responsive to local need, and adapted to ensure that training includes the appropriate clinical, cultural, consumer/carer and contextual factors are incorporated. The need for ongoing reinforcement in the clinical setting beyond initial introduction will also be explored.

**86002: Establishing Risk Bands For The Dynamic Appraisal Of Situational Aggression: Youth Version**  
 Michael Daffern - Centre for Forensic Behavioural Science (CFBS), Swinburne University of Technology  
 Tess Maguire - Swinburne University of Technology/Forensicare  
 Steven Bowe - Deakin University

The Dynamic Appraisal of Situational Aggression: Youth Version (DASA:YV) is a brief actuarial risk assessment instrument designed to assist unit-based mental health service staff identify young people at risk of imminent aggression. The Youth Version is an extension of the DASA; it comprises all seven items from the adult version, and four novel 'youth-specific' items. There has been limited empirical evaluation of the Youth Version and thus far, there has not been a clear delineation of risk bands. In practice, Youth Version ratings have been interpreted in a linear manner, with total scores corresponding with risk of imminent aggression (low scores corresponding with low-risk ratings and ever-increasing scores corresponding with higher-risk). The production of risk bands has potential to assist unit-based mental health staff prioritise interventions to prevent aggression. The adult version of the DASA includes three risk bands, Low/Moderate/High-Risk. A Clinical Decision Support System (CDSS) that integrates the DASA and an Aggression Prevention Protocol (APP) links interventions to the three risk bands (eDASA+APP). Tests of the eDASA+APP have shown reductions in restrictive practices and a lessening of some forms of aggressive behaviour (Griffith et al., 2021; Maguire et al., 2019). A prerequisite of the development of a comparable CDSS for the DASA:YV is the establishment of risk bands. Using data from a sample of youth in an Australian forensic mental health service, this research elucidates three risk bands. This analysis, as well as indications for when the Youth Version may be ceased for some young people will be described.

14:50 - 16:00

Grenander I

Session 32 Paper Presentation

**1160775: Substance Use Treatment For Forensic Mental Health Patients**

Daniel McFadden - Queen's University Belfast

Emma Barrett - University of Sydney

Katrina Prior - University of Sydney

A 2018 study of New South Wales forensic mental health inpatients showed that 75% had a comorbid substance use disorder. Cognitive Behavioural Therapy and Motivational Interviewing both have strong empirical support in addressing substance use problems in the general population. The Substance Use Treatment Programme (SUTP) developed in the United Kingdom and based on these approaches was adapted and piloted in a New South Wales setting. The study aimed to evaluate feasibility, acceptability and preliminary efficacy. Low attrition and high levels of satisfaction were found. Participants also demonstrated a significant shift towards an internal drug related locus of control.

Session 32 Paper Presentation

**1163471: The Role Of Mental Health and Substance Use In Clemency Seekers' Perceptions Of Crime and Desistance**

Madeline McPherson - George Mason University  
 Evan Lowder - George Mason University  
 Ashley Rodriguez - George Mason University  
 Madeline McPherson - George Mason University

The authors present evidence of the role of behavioral health (i.e., mental illness and substance use) in pathways to crime and desistance by examining the United States clemency process. Analysis of approximately 500 applications submitted in 2018 to clemency authorities in a Mid-Atlantic U.S. state will show the prevalence of behavioral health needs among clemency applicants and the role of recovery and stabilization in crime desistance. This research will shed light on the clemency process and how individuals ascribe meaning to behavioral health in clemency narratives.

Session 32 Paper Presentation

**1164263: Severe and Lethal Violence: Characterizing Swedish Female Offenders With and Without A Severe Mental Disorder**

Karin Trägårdh - University of Gothenburg  
 Thomas Nilsson - University of Gothenburg  
 Malin Hildebrand Karlén - Gothenburg University  
 Peter Andiné - University of Gothenburg

In this ongoing descriptive study, all records for Swedish female offenders (N=175) who underwent a court ordered forensic psychiatric investigation (FPI) in connection with charges for attempted lethal or lethal violence between 2000-2014 were scrutinized, and data concerning demographics, mental health, substance use, and crime characteristics including victim-offender relationship were systematized, and comparisons for those with versus without a severe mental disorder (SMD) were carried out. The findings demonstrate differing features of female offenders with and without an SMD concerning several of the studied areas, which have implications for future preventive measures as well as risk management and treatment.

14:50 - 16:00	Grenander II
<p><u>Session 33 Paper Presentation</u>  <b>1164017: Family Psychoeducation In Forensic Mental Health Services</b>          Claire Nagi - Swansea Bay University Healthboard          Jason Davies - Swansea University, UK</p> <p>International research indicates that family therapy is used relatively infrequently within forensic services due to problems around the implementation of such treatment (e.g. lack of training in therapy). In order to bridge this service gap, a brief family psychoeducation treatment package was developed for individuals housed within a UK low secure setting. This presentation will describe the content of the intervention, how it may fit as a precursor to more traditional family therapy for some and use case studies demonstrate its feasibility in other forensic services. Future plans on how to develop and evaluate the intervention will be discussed.</p>	
<p><u>Session 33 Paper Presentation</u>  <b>1163975: Family Recovery and How This Concept Is Experienced and Described By Family Members Of Forensic Patients</b>          Sara Rowaert - Ghent University</p> <p>Family recovery is a concept that is not yet profoundly being explored in forensic mental health research. Therefore, this study focuses on the lived experiences of family members and their description of 'family recovery', with seven family members being interviewed. Results show that the situation a forensic patient is in, has a huge impact on the lives of family members which is often at the cost of their own emotional and physical well-being. Still, family members experience family recovery rather as a recovery process of the relationship with their relative than an individual process they are going through.</p>	
<p><u>Session 33 Paper Presentation</u>  <b>1163723: A Family Support Group: From Fracture To Repair, Hope Out Of Despair</b>          Richard Robins - Royal Ottawa Health Care Group          Jori Armishaw - Royal Ottawa Health Care Group          Caitlin Carter - Royal Ottawa Health Care Group          Katy Eaton - Royal Ottawa Health Care Group          Danielle Hicks - Royal Ottawa Health Care Group</p> <p>Family members of individuals served by the forensic system are often overlooked in clinical practice and research. In response to family members' needs, such as emotional and psychological stressors and stigma, a virtual support group was developed. Attendees will gain a greater awareness of the importance for caregiver support, the significance of collecting feedback to inform program development, and the impact of the support group on family members' psychological distress levels and burden of caretaking. We hope to encourage other clinicians and family members to engage in similar collaborative processes to ensure family members receive the support they need.</p>	
<p><u>Session 33 Paper Presentation</u></p>	

1165001

Israa Altwaijiri - Swinburne University

14:50 - 16:00

Grenander III

Session 34 Paper Presentation**1164466: The Risk Screener Youth. A New Tool For Easy and Efficient Evaluation Of Recidivism Concerns For Juveniles and Young Adults**

Michiel de Vries Robbé - Amsterdam University medical center

Anneke Kleeven - Amsterdam University medical center

The structured evaluation of risk for violence or criminality appears difficult to carry out consistently for many youth treatment/supervision services. In those settings where comprehensive risk assessment is not always possible, risk screening may offer a relatively simple and efficient insight into the most important risk and protective factors for young offenders. The Risk Screener Youth (RS-Y) can provide useful in allocation and placement, serve as triage for comprehensive risk assessment and offer a starting point for interventions and monitoring progress. Additionally, its self-assessment version may bring new insights for clients. The RS-Y, user feedback and research findings are presented.

Session 34 Paper Presentation**1163994: Protective Factors For Children With Serious Problem Behavior: Development Of and Initial Findings With The SAPROF-Child Version**

Ed Hilterman - Justa Mesura, Consultancy &amp; Research

Areti Smaragdi - Child Development Institute, Canada

Michiel de Vries Robbé - Amsterdam University medical center

The importance of protective factors for the effective assessment of serious problem behavior in children is increasingly recognized. Complementing the existing risk-focused approach, the specific focus on protective factors offers new guidance to designing strength-based preventive interventions. In the footsteps of its older counterparts a SAPROF-Child Version was developed explicitly for the assessment of protective factors for serious problem behavior in children (age 6-15) to be used together with the risk-focused new version of the EARL. In this presentation the SAPROF-Child Version is introduced and initial user experiences as well as interrater reliability findings with this new instrument are presented.

Session 34 Paper Presentation**1164479: Assessing Risk and Protective Factors In Justice-Involved Youth In Transition To Adulthood: Data From A 4-Year National Risk Assessment Study**

Anneke Kleeven - Amsterdam University medical center

Michiel de Vries Robbé - Amsterdam University medical center

Risk assessment tools are invaluable for the prediction of reoffending and the ability to provide appropriate interventions aimed at reducing risk level. This paper presents results from a national risk assessment study in youth released from juvenile justice institutions in the Netherlands. In particular, it

aims to investigate psychometric properties of the SAVRY and SAPROF-YV, and the role of protective factors in predicting reoffending, focusing specifically on youth in transition to adulthood. Implications for clinical practice are discussed and recommendations are provided for an increasingly effective strengths-based risk assessment practice in juvenile and young adult offenders.

14:50 - 16:00

Grenander IV

Session 35 Symposium

**1161391: The Establishment and Evaluation of Perpetration Focused Prevention Programs in Canada**

Chair: Skye Stephens - Saint Mary's University

**86046: Examining Dynamic Risk Factors For Detected Sexual Offending In A Community Sample Of Individuals With and Without Sexual Interest In Children.**

Skye Stephens - Saint Mary's University

Ian McPhail - Université de Montréal

Ainslie Heasman - Centre for Addiction and Mental Health

Cory Gerritsen - Centre for Addiction and Mental Health

Background: To advance the development of child sexual abuse perpetration prevention programs, we need to understand the treatment needs of individuals with sexual attraction to children, which should include the relevance of dynamic risk factors (DRFs) relevant to this specific population. The present study examined whether DRFs for sexual offending differentiate those with sexual interest in children who have and have not committed a sexual offence and a community control group. Method: An anonymous online survey was advertised via online forums and TurkPrime (community control group). The survey was completed by 39 individuals with sexual interest in children with an offending history, 172 individuals with sexual interest in children and no offending history, and 65 community controls. Participants completed several established measures of DRFs (e.g., hypersexuality). Results/Discussion: The overarching finding was that both groups of individuals with sexual interest in children had elevations on DRFs in comparison to community controls, but there were very few differences between those with sexual interest in children with and without an offending history. The only relevant DRF that differentiated those with and without an offence history was hypersexuality, though there were several medium to large effects noted. Several factors that are not conceptualized as DRFs, such as adverse childhood experiences, distinguished all three groups. Implications for clinicians who provide assessment and perpetration-focused prevention programs, including Talking for Change, will be considered.

**86047: Professional Perspectives On The Development Of A Prevention Program For Childhood Sexual Abuse**

Jennifer McArthur - Saint Mary's University

Skye Stephens - Saint Mary's University

Ian McPhail - Université de Montréal

Ainslie Heasman - Centre for Addiction and Mental Health

Background. In Canada, the response to childhood sexual abuse occurs almost exclusively after an offence has occurred and there are limited prevention programs that target individuals at-risk of perpetration. The present study explored the perspectives of professional stakeholders (e.g.,



clinicians, law enforcement, community services) on the development of a secondary prevention program for individuals at risk of perpetrating childhood sexual abuse. Method. Semi-structured interviews were conducted with 20 stakeholders who work to prevent and/or respond to sexual violence. Topics covered during each interview included the ideal program candidate, recruitment strategies, program content, as well as program evaluation. Following Clarke and Braun's (2016) guidelines, verbatim transcripts were thematically analyzed using an inductive approach. Results/Discussion. All interviews have been coded and the identification of candidate themes is underway. Preliminary findings highlight the importance of representation of skilled clinicians from diverse backgrounds and the importance of broader community support. Contrasting views were also highlighted. For example, interviewees emphasized how there is a need to destigmatize sexual interest in children via an open dialogue with clients and the public, which seemed to be at odds with the perspective that perpetration-focused prevention programs need to be conducted anonymously and under a shroud of secrecy. The findings of this study will inform the ongoing development of programs for individuals at risk of perpetrating sexual abuse against children. Recommendations for practice, including the Talking for Change program, will be discussed.

#### **86048: The Establishment of Talking for Change**

Ainslie Heasman - Centre for Addiction and Mental Health

Ian McPhail - Université de Montréal

Skye Stephens - Saint Mary's University

Cory Gerritsen - Centre for Addiction and Mental Health

This presentation details the development and evaluation of Canada's first federally funded perpetration prevention program, Talking for Change. We will discuss all phases of the project to date, including the development, implementation, and evaluation of a website, an anonymous help and chat line, and non-anonymous assessment and psychotherapy with individuals self-identifying as sexually attracted to children and/or who are concerned about their risk to offend (online or offline) involving children. A review of the self-report and professionally scored tools used for the non-anonymous arm of the program, as well as an outline of the treatment targets in the prevention program will be discussed. There will be careful attention paid to the development of these services in an environment with mandatory reporting laws. This presentation will also consider the benefits and challenges of providing these services in a virtual and/or in-person format, given the realities of the pandemic, and the large geographic area we serve (five Canadian provinces).

#### **86049: Preliminary Feasibility Results for Talking for Change**

Cory Gerritsen - Centre for Addiction and Mental Health

Skye Stephens - Saint Mary's University

Ian McPhail - Université de Montréal

Ainslie Heasman - Centre for Addiction and Mental Health

Background. This paper highlights early findings from an extensive feasibility and client satisfaction evaluation of the Talking for Change group psychotherapy intervention Method. Clients underwent comprehensive pre-treatment assessments evaluating static and dynamic risk to offend (or re-offend among those with previous offenses), protective factors, psychosexual factors (e.g., hypersexuality, emotional congruence with children, criminogenic thought, internalized stigma), and psychological diagnosis prior to enrollment in Talking for Change. They then participated in 16 weeks of web-based group psychotherapy, including weekly risk and symptom monitoring and weekly group evaluation. Post-treatment assessments and satisfaction interviews were also conducted. Results/Discussion. Early results support the feasibility of the assessment and treatment components of Talking for Change. Client satisfaction and acceptability ratings for these components were high. Client

qualitative reports highlighted strengths of the approach and areas to strengthen in future iterations of the group. Early data on the ability of the assessment measures to reliably detect change, appropriateness of existing measures for this novel population, and moderators of success in group will be briefly examined.

14:50 - 16:00	Alexander II/III
<p><u>Session 36 Symposium</u></p> <p><b>1164315: A Population-Based Study Examining Mental Health, Substance Use, and Co-Occurring Disorders, Risks, Referrals and Recidivism Among People Admitted To Prison</b>            Chair: Tonia Nicholls - University Of British Columbia; BCMHSUS            Discussant: Alexander (Sandy) Simpson - Centre for Addiction and Mental Health; University of Toronto</p> <p><b>86262: How Do Mental Health Screening Measures, Measure Up?: Cross-Walking The Jail Screening Assessment Tool (JSAT) With International Guidelines</b>            Tonia Nicholls - University Of British Columbia; BCMHSUS</p> <p>Correctional facilities have been many nations' largest mental health providers for decades. The challenges presented by the rapid admission and discharge process in many remand provincial correctional centres range from serious mental illness to substance use disorder, acute intoxication, unhealed trauma, and a diverse array of social and physical determinants of health (poverty, homelessness) that can manifest in adverse events in the institution and demand treatment. The American Psychiatric Association (2000/2016), the US National Commission on Correctional Health Care (NCCHC, nd), the National Institute for Clinical Excellence (NICE, 2017) and the Mental Health Strategy for Corrections in Canada (2012) and internationally recognized experts' (Forrester et al., 2018) recommendations are consistent and call for: Screening to be done immediately, using a sound measure, by a trained staff member, followed by rapid triaging. Developed and implemented through close collaborations between clinicians and leadership at BC Corrections and researchers and clinicians in academia at Simon Fraser University and the University of British Columbia, the Jail Screening Assessment Tool (JSAT) has been in place in all BC Correctional Centres since the early 1990s. It was implemented across Ontario provincial correctional centres in 2015. Nicholls will provide an introduction to the BC Corrections Mental Health model based on the STAIR model (Screening, Triage, Assessment, Intervention, and Reintegration, Forrester et al., 2018; Nicholls et al., 2018) and JSAT, demonstrating how the JSAT is the only known available measure that satisfies the criteria set out by international guidelines for mental health screening in correctional institutions.</p> <p><b>86263: Using The JSAT To Examine Changes and Regional Differences In The Characteristics, Risks, and Needs Of The BC Provincial Custodial Population</b>            Abigail Yuen - University Of British Columbia            Tonia Nicholls - University Of British Columbia; BCMHSUS            Sirui Wu - University of British Columbia            Amanda Butler - University of British Columbia            Maureen Olley - BCMHSUS</p> <p>Research suggests that people who are incarcerated are increasingly socially marginalized (e.g.,</p>	

higher rates of Indigenous individuals) and have greater mental health needs and associated referrals (e.g., comorbid mental health and substance use needs). We have two main objectives in exploring the profiles of people admitted to custody in BC correctional centres. First, we will examine the characteristics, risks, and needs of the BC provincial custody population and how the profile has changed over the past decade. Second, we will determine whether the profile varies by health authority and the extent to which any regional differences have remained stable or whether we are seeing new trends. From 2008 to 2017, individuals admitted to provincial correctional centres were assessed using the JSAT upon admission into any provincial correctional centre. A total of 148,188 records were collected among 48,141 unique individuals. For the first objective, we will use correlation analyses to assess relationships between characteristics and risks. Analyses to test differences (t-test and ANOVA) will also be conducted to determine whether prevalence has changed over time. For the second objective, HLM will be conducted to compare the profile characteristics and trends across different geographic regions. Consistent with prior national and international research, our results suggest that Indigenous people are vastly over-represented among people incarcerated in British Columbia provincial (30% vs. 4% in general population). As many as 1/5 individuals were noted to require specialized placement and/or management. The vast majority of inmates (94%) were not considered to be at imminent risk.

#### **86264: Prevalence of Mental Health Needs, Substance Use, and Co-occurring Disorders Among People Admitted to Prison**

Amanda Butler - University of British Columbia

Tonia Nicholls - University of British Columbia; BCMHSUS

Ruth Lavergne - Simon Fraser University

Hasina Samji - Simon Fraser University

Sheri Fabian - Simon Fraser University

**Background and Purpose:** People who are incarcerated experience social exclusion and have higher rates of mental and substance use disorders than the general population. Prisons are not suitable for treating mental illness, and understanding how the profile of prison populations changes provides essential information for correctional service planning. This study examined changes in the prevalence of mental and substance use disorders among people admitted to provincial prisons in British Columbia (BC), Canada. **Methods:** The study included all people admitted to any of the 10 provincial prisons in BC from 2009 through 2017 (N = 47,117). Using the Jail Screening Assessment Tool, a validated intake screening tool designed for rapid identification of mental health needs, the authors calculated the period prevalence (by calendar year) of mental health needs, substance use disorders, and drug use. **Results:** The proportion of people with co-occurring mental health needs and substance use disorders increased markedly per year, from 15% in 2009 to 32% in 2017. Prevalence of methamphetamine use disorder increased nearly fivefold, from 6% to 29%, and heroin use disorder increased from 11% to 26%. The proportion of people with any mental health need and/or substance use disorder increased from 61% to 75%. **Conclusion:** The clinical profile of people admitted to BC prisons has changed, with dramatic increases in the proportion of people with co-occurring disorders and reported methamphetamine use.

#### **86266: Clinical and Policy Implications Following From A Population-Based Study Of All Inmates Admitted To BC Corrections 2009-2017**

Alexander (Sandy) Simpson - Centre for Addiction and Mental Health; University of Toronto

Dr. Alexander (Sandy) Simpson led the implementation of the Jail Screening Assessment Tool (JSAT) across Ontario provincial remand correctional centres that has now been rolled out to the whole province. Dr. Simpson has published extensively on mental health processes in corrections leading to

the development of the STAIR model. He was responsible for launching the Forensic Early Intervention Service at the Toronto South Detention Centre, the largest provincial remand centre that triages and assesses over 4500 people per annum. FEIS provides ongoing assessment and support to individuals who are at risk of being unfit to stand trial and / or may choose to pursue a not criminally responsible defence. The program uses the JSAT as part of its intake triaging. Dr. Simpson will (1) offer clinical and operations insights regarding the use of the JSAT in diverse settings as part of a larger system of structured intake assessments and clinical service delivery, and (2) comment on the value and utility of the JSAT data for QI and research initiatives.

### **86273: Examining The Relationship Between Mental Health Needs and Substance Use, and Reincarceration Outcomes Using A Population-Level Prison Sample**

Amanda Butler - University of British Columbia

Tonia Nicholls - University of British Columbia; BCMHSUS

Ruth Lavergne - Simon Fraser University

Hasina Samji - Simon Fraser University

Sheri Fabian - Simon Fraser University

**BACKGROUND:** People with mental health needs and substance use disorders (MHN/SUD) are dramatically overrepresented in prisons. No Canadian studies have yet examined the relationship between MHN/SUD and reincarceration using a population-based prison sample. **METHOD:** We created four mutually exclusive MHN/SUD categories: substance use only (SUD), mental health needs only (MHN), co-occurring disorder (COD), and no disorder. MHN/SUD status and model covariates were ascertained using the JSAT. Our sample included all adults released from provincial prison between January 2009 and January 2017 (N = 42,412). Using a subset of the cohort released from custody between 2012-2014, we estimated time to reincarceration by MHN/SUD status over a three-year follow-up, using Cox proportional hazards model. In our second study, we examined specific substance use profiles among the entire sample, and the relationship to frequency of incarceration using negative binomial regression. We created mutually exclusive drug use categories based on diminishing severity. **RESULTS:** The most important predictor of reincarceration in the Cox model was COD (aHR =1.82, 95% CI 1.70-1.94) followed closely by SUD alone (aHR = 1.71, 95% CI 1.62-1.82). MHN alone remained significant in the adjusted model but with a significantly lower aHR of 1.17 (95% CI 1.08-1.26). The negative binomial analyses revealed that all drug categories were significantly predictive of reincarceration, but to varying degrees. Marijuana use disorder presented the lowest risk, with an aRR of 1.17, compared to methamphetamine + heroin which presented the highest risk (aRR = 2.75).

## **Sessions 37 – 42 [16:30 – 17:30]**

16:30 - 17:30

Friedrich Wilhelm

### Session 37 Symposium

**1161240: Restorative Justice Practices in Forensic Mental Health Settings**

Chai: Krystle Martin - Ontario Shores Centre for Mental Health Sciences

**86031: Restorative Justice Practices in Forensic Mental Health Settings - A Scoping Review**

Krystle Martin - Ontario Shores Centre for Mental Health Sciences  
 Sayani Paul - Ontario Shores Centre for Mental Health Sciences  
 Erin Campbell - Ontario Shores Centre for Mental Health Sciences  
 Korri Bickle - Ontario Shores Centre for Mental Health Sciences

Restorative justice (RJ) principles include justice that focuses on repairing harm, holding offenders responsible, and addressing the needs of all parties affected by illegal and/or harmful behaviour - victims(s), offender and community - in order to prevent future harm. This approach has had widespread and successful application as an alternative lens within the criminal justice system: at a systems level, in 2015, the Canadian federal government directed the Minister of Justice and Attorney General to increase the use of RJ processes in Canada. Despite this, application of RJ specifically within forensic mental health settings is limited. To develop a better understanding of the global application of this approach in these settings, we conducted a scoping review. Our objective was to synthesize the available information on the application, evidence for use, and barriers or unique considerations for restorative justice practices within forensic mental health settings. After conducting an extensive review of the literature, only six peer-reviewed articles and five gray literature documents were included. Our results suggest that restorative justice interventions are appropriate in forensic mental health settings with positive impacts on three levels, with patients, victims, and organizations. Information about the unique considerations that should be made and how restorative justice in forensic mental health differs from use in other populations will be discussed.

**86032: Fostering Recovery In Patients Found Not Criminally Responsible On Account Of Mental Disorder By Facilitating Restorative Justice Though Family Interventions**

Sergio Santana - Southern Alberta Forensic Psychiatry Centre

The difficulties of people with severe mental illness to come to terms with their disorders took a significant paradigm change with the advent of the recovery movement that focused on the patient's personal recovery rather than on illness remission. Relational Recovery aimed to shift the emphasis of recovery from the individuality of "personal recovery" to a more systemic process that stressed the social needs of the recovery process. Within the relational recovery model, families became the centre stage of recovery, not only for the patient but also for their families. In the Not Criminally Responsible on account of Mental Disorder (NCR-MD) population, recovery appears to be hindered by the lack of systemic interventions that help their support system come to terms with the damage caused by their offences. Restorative Justice (RJ) emerged as a potential solution to this obstacle in the recovery of the NCR-MD population. Consequently, in 2011, family interventions were developed at a Maximum Secure Hospital in Alberta to facilitate RJ practices with the NCR-MD population. To confirm the hypothesis that these interventions would prove beneficial to the recovery of NCR-MD patients in general and their violent recidivism in particular, a sample of NCR-MD from Alberta that engaged in this systemic approach were compared to those NCR-MD that were not involved in this type of intervention. This presentation discusses the RJ model developed in Alberta and the preliminary findings of this intervention.

**86033: Restorative Justice in a Secure Mental Health Rehabilitation Unit in Queensland, Australia**

Michael Power - Queensland Health

Restorative Practice is being implemented for the first time in Australia in mental health services at The Prince Charles Hospital (TPCH) in the Secure Mental Health Rehabilitation Unit (SMHRU). This



medium secure in-patient ward is primarily for the treatment and rehabilitation of people on forensic orders. This work is a collaboration between mental health services at TPCH and the Queensland Health Victim Support Service (QHVSS). QHVSS is a state-wide service assisting victims of violence and their families in cases referred to the Mental Health Court and the forensic mental health system. The Restorative Practice model partners with the Adult Restorative Justice Conferencing (ARJC) Unit within the Department of Justice and Attorney General. Implementation of this model of Restorative Practice commenced in December 2019 at the SMHRU with the aim of reducing the potential for harm (including violence) and responding to incidents of harm. The model includes a continuum of Restorative Practice interventions from Affective Statements; Restorative Questions; Impromptu Restorative Meetings; Circles and more formal Restorative Practice Meetings. The interventions are focused on building relationships to prevent conflict and harm and repairing relationships after incidents of harm. Michael Power, Director, QHVSS has lead the development of the model and will discuss its approach, implementation, collaborative efforts, and outcomes to date. This work was built on the opportunity provided by the Churchill Fellowship which facilitated travel to meet with practitioners, clinicians, trainers and key stakeholders using restorative practice in forensic mental health services.

16:30 - 17:30

Grenander I

Session 38 Paper Presentation

**1161487: The Future Of Forensic Psychiatry: Biocueing In Forensic Outpatients With Problematic Aggressive Behavior**

Annemieke Ter Harmsel - PhD student | Psychologist

Biocueing (real time biofeedback) is a promising intervention for forensic patients who have difficulty to recognize psychophysiological signals that precede aggressive behavior. In a pilot-study, we explored whether the Sense-IT system (using a biosensor and a mobile app) is a feasible, user-friendly intervention for forensic outpatients, treated at Inforsa, the Netherlands. In the last two years, we conducted another study, investigating the effectiveness of the addition of biocueing to aggression regulation treatment, using a single case experimental design with multiple baselines. At the IAMFHS the results of both studies will be presented and clinical implications will be discussed.

Session 38 Paper Presentation

**1160096: Evaluating Validity Of A Measure Of Antisocial Attitudes (Criminal Sentiments Scale - Modified) Within Civil Psychiatric Patients**

Natasha Usenko - Simon Fraser University

Kevin Douglas - Simon Fraser University

Criminal thinking and antisocial attitudes are well-established predictors of violence and remain a foundational pillar of "Big 4" criminogenic needs. A measure of this construct, the Criminal Sentiments Scale (CSS-M), has been empirically validated with various offender samples. Little attention, however, has been given to assessing the validity of antisocial attitudes and the CSS-M within other risk-elevated settings, such as civil psychiatric contexts. The study evaluates the validity of the CSS-M by examining the extent to which antisocial attitudes are associated with putatively similar constructs (i.e., anger) and relevant behaviours (i.e., violence) in a civil psychiatric sample (n = 159).

Session 38 Paper Presentation**1159051: Mandatory Reporting Of IPV - Pre-and Post-Test Of Awareness, Attitudes, and Experience Among Service Providers Participating In An Educational Intervention.**

Solveig Vatnar - Oslo university hospital

Thea Brevik - Molde University College

Kjartan Leer-Salvesen - Volda University College

Stål Bjørkly - Molde University College

MANREPORT-IPV is a cross-professional study examining professionals' mandatory reporting of intimate partner violence (IPV). In most intimate partner homicides, the perpetrator or the victim has been in contact with professionals previous to the homicide. We will explore if an educational intervention, in a master program in mental health and social services, can influence service providers' awareness, attitudes, and experience of mandatory reporting of IPV. The outcomes will be examined by pre-and post-tests, through a validated questionnaire for measuring attitudes, awareness, and experiences (The Institute for Studies of the Medical Profession (Norway)). Preliminary results from t0 and t1 will be presented.

Session 38 Paper Presentation**1164334: Amygdala Neurofeedback In Military Aggression (ANIMA)**

Tim Varkevisser - Research and Documentation Centre Ministry of Justice and Security

Max Van den Boom - Department of Physiology and Biomedical Engineering, Mayo Clinic

Karljin Kouwer - Brain Research and Innovation Centre, Ministry of Defence

Jack Van Honk - University of Cape Town, University of Utrecht

Elbert Geuze - Brain Research and Innovation Centre, Ministry of Defence

The amygdala is a region of the human brain that has long been associated with emotional processing. In this study, we sought to ascertain the feasibility of targeting the amygdala in the treatment of impulsive aggression problems. To accomplish this goal, we tested the utility and suitability of a dynamic facial expression (DFE) task in a real-time fMRI neurofeedback paradigm designed to teach active-duty and post-active military personnel with impulsive aggression problems to control the activity of their own amygdala. Pilot data on the DFE task in a sample of non-military and non-aggressive (healthy) volunteers will also be presented.

16:30 - 17:30

Grenander II

Session 39 Paper Presentation**1163995: National Implementation Of The Risk Screener Violence Across All Dutch Prisons**

Marijn van den End - Netherlands Institute of Forensic Psychiatry and Psychology (NIFP)

Michiel de Vries Robbé - Amsterdam University Medical Center

Maaïke Kempes - Netherlands Institute of Forensic Psychiatry and Psychology (NIFP)

In 2021, a risk-screening tool was implemented nationally across all Dutch prison. This screener, the Risk Screener Violence (RS-V), facilitates initial and periodic evaluation of violence risk for all adult detainees based on a relatively simple historical and dynamic risk-strength focus. The structure and course of this national implementation across 25 prisons simultaneously will be presented. Moreover,

preliminary findings of the predictive validity of the RS-V will be presented. The predictive validity is tested in both prison practice and a case file study and for both violence inside and outside prison for a large sample of detainees.

Session 39 Paper Presentation  
113793 Bjorkly

Session 39 Paper Presentation

**1162939: The Forensic Clinical Specialist Program: An Innovative Approach To Risk Minimisation and Service Enhancement In Mainstream Mental Health Services.**

Patrick Seal - Victorian Institute of Forensic Mental Health / Monash Health

Calvin Jutasi - Monash Health

Glenn Batterley - Monash Health

The Forensic Clinical Specialist Program (FCSP) is a government funded program in Victoria, Australia in which expert allied health clinicians enhance the service capacity of public mental health services. It aims to assist the general mental health workforce to better assess, treat and manage people with mental illness and co-morbid offending behaviours. The program has achieved some success in fostering improved service provision to forensic clients in Victoria's public mental health system. But after ten years, challenges remain in enabling a more comprehensive cultural shift in staff working with this cohort of typically stigmatised and marginalised clients.

16:30 - 17:30

Grenander III

Session 40 Symposium

**1160781: Resilience and Adversity: Evolution of Relational Issues in Forensic Mental Health Nursing**

Chair: Cindy Peternelj-Taylor - University of Saskatchewan

**86014: "Us" and "Them" - Othering in Forensic Mental Health and Correctional Nursing**

Cindy Peternelj-Taylor - University of Saskatchewan

Forensic mental health and correctional nurses are entrusted with providing care to clients who are frequently marginalized, stigmatized, stereotyped, and alienated. How nurses view those in their care, "the Other", and how they "language" their care as they engage the Other, is fraught with ethical tensions not often encountered in more traditional health care environments. Othering, a negative form of engagement, is contrary to ethical health care practices. It influences the creation and maintenance of the therapeutic relationship; it may result in a failure to individualize care, to provide less supportive care, or in providing care that is only physical, thereby negating psychosocial needs. It may further result in under-involvement whereby care providers are less likely to explore concerns brought forward, or take the necessary time to conduct thorough assessments that would lead to problem identification and appropriate interventions. Othering is grounded in relationship. Through the exploration of relational and contextual factors contributing to this phenomenon, audience members will be invited to situate themselves within the dialogue as they reflect upon, relate to, and

refute othering. In doing so, they will be better positioned to work in a competent and ethical manner with criminal justice involved persons. Othering represents a contemporary practice issue of moral significance, one that addresses the provision of competent and ethical nursing care and one that requires ongoing discourse within forensic mental health and correctional communities.

### **86015: Forensic Nursing & the Changing Dynamics in Therapeutic Nurse-Patient Relationships**

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

The focus in forensic care has shifted and the forensic nurses' therapeutic nurse-patient relationship has changed with new challenges to be navigated. Nurses learn relational skills that help them develop, maintain and safely terminate therapeutic relationships with clients. There are many issues that impact the ability and resilience of the nurse and client to engage in a collaborative therapeutic relationship. For example, forensic environments by virtue of their mandates are restrictive, coercive, dis-empowering and often traumatizing or re-traumatizing for both patients and nurses. Therapeutic relationships are purposeful and goal directed. The relationship is mutual, interpersonal, reflective, and involves awareness and understanding of self and the client. It can provide patients with the opportunity to explore and reflect on their relational patterns with others and learn new knowledge and skills. For the relationship to flourish, nurses must overcome adversity and work in environments that support the value of the relationship and cultural safety. Research indicates that a therapeutic alliance within the nurse-patient relationship is associated with many positive outcomes. This presentation will provide an overview of the change and inter-play between person-centered care, trauma- and violence-informed care, and strengths-based and recovery approaches to innovation and evidence-based care within the therapeutic relationship amidst global change. Future research and practice implications will be explored.

### **86026: Adapting Practice: The Evolution of Relational Issues within Forensic Mental Health Nursing**

Maria Åling - Swedish Red Cross University

Power relationships between care recipients and health care personnel have become more horizontal in recent years. Globalization and facilitated access to the internet across the globe (and its open access resources), together with vast digitalization have contributed to some paradigm shifts in the power relationships between healthcare professionals and care recipients. Patients, and their significant others, are more educated and equipped with the skills to search and find relevant information regarding their diagnoses, treatments, and care alternatives. This has also created challenges for forensic mental health nurses when the information gleaned is incorrect, or lacking in evidence-based findings, which ultimately can jeopardize the patient's health. As a result, healthcare professionals experience a different kind of encounter with patients, when compared to the encounters that existed in the pre-internet era. This means the relational issues between nurses and patients in forensic mental health need to be adapted to reflect contemporary practice issues in person-centered care. Forensic nurses need to be aware of this changing landscape, and the implications for relating to patients, addressing their individual situations, and collaborating with them as they confront their challenges. Furthermore, they need to be proactive in providing patients with updated information about their diagnoses and treatment, and assist them in accessing resources with accurate information that is easy to understand. They also need to explore the patients' comprehension of information as the patient's misinformation may explain some of their behaviours and worries. This exploration will be of interest to nurses in practice, research, and education.

16:30 - 17:30	Grenander IV
<p><u>Session 41 Symposium</u></p>	
<p><b>1163339: Covid-19 in Forensic Psychiatric Care. A Multi-disciplinary Perspective</b> Chair: Morten Terkildsen - Aarhus University Hospital</p>	
<p><b>86190: Patient Perspectives On COVID-19 Prevention Measures: A Qualitative Study</b> Morten Terkildsen - Aarhus University Hospital Lea Vestergaard - Aarhus University Hospital Jette Møllerhøj - Competence Centre for Forensic Psychiatry, Mental Health Centre Sct. Hans Lisbeth Sørensen - Aarhus University Hospital</p>	
<p>Background: Patients in secure forensic psychiatric wards require special attention during the COVID-19 pandemic. Implementing COVID-19 prevention measures is a salient necessity to prevent the risk of infection at forensic psychiatric wards. Taking existing treatment trajectories and the special needs of patients at the wards into account is essential when implementing prevention to avoid setbacks in inpatient recovery. Yet, few have studied the impact of COVID-19 prevention measures from the perspectives of forensic psychiatric patients. This paper examined how forensic psychiatric patients in medium secure wards perceived COVID-19 prevention measures and how the measures affected the patients' everyday lives and recovery processes. Method: The study was based on a qualitative ethnographic approach focusing on collecting two strands of data: A documents study and analysis was used to document the implemented measures. Semi-structured interviews with 11 patients and a thematic analysis were used to collect and analyze patient experiences of the implemented measures from the two medium secure wards. Results: Out of several prevention measures, patients emphasized three as particularly influential on their everyday lives and treatment at the wards. These were the implementation of new hygienic measures, communal isolation measures, and individual isolation measures. These measures were, found to challenge the establishment of therapeutic relations, autonomy, and some gave rise to feelings of individual ambivalence and fear. Yet, despite posing challenges to personal recovery, patients underlined how small attunements by the staff helped diminish the negative impacts of the implemented measures on the recovery process.</p>	
<p><b>86199: Forensic Mental Health Services' Response To The COVID-19 Pandemic: Learning From Adversity</b></p>	
<p>Lindsay Thomson - The State Hospital Caroline Kelly - NHS State Hospitals Board for Scotland</p>	
<p>The COVID-19 pandemic has presented secure inpatient services with significant challenges and posed a number of practical and ethical questions in relation to patient care. To facilitate the remobilisation, recovery and transition of forensic mental health services (FMHS) following the pandemic, changes to practice and any new strategies and measures need to be examined and reviewed in order to inform future policies and practices. In March 2021, Scottish Government requested that the Forensic Network examine the response of FMHS to COVID-19. This paper describes the learning from this. Method: A COVID-19 Response and Learning Short-Life Working Group (SLWG) was formed to examine the response of FMHS to COVID-19. Questionnaires were sent to all FMHS and Advocacy Services; and feedback obtained from the Forensic Network Carer Co-ordinators Group. Infection rates: Sixty C-19 positive cases across FMHS (500 beds) between March 2020 and August 2021 with 3 deaths. Identified Themes: Themes identified: by services - Infection control; communication; transitions, leave and discharge processes; digital access; and staff support and wellbeing; by patients - activity levels; digital access; infection control; transitions, leave</p>	



and discharge process; and meal provision; by carers - shared decision making; quality of life; activity levels; infection control; and appreciation. Recommendations: Recommendations were made on pandemic planning; incorporating lessons learned into business continuity plans; flexibility; stakeholder forum; bed capacity; information sharing; patient communication; pre-transfer virtual familiarisation visits; resources for e-health upgrades; and preventative health and wellbeing approaches for staff and patients.

#### **86202: Assessing risk of vulnerability to Covid-19 in a secure forensic hospital: social, biological or random?**

Harry Kennedy - National Forensic Mental Health Service, Ireland; Trinity College Dublin

Hania Amin - Dundrum Hospital Dublin and Trinity College University of Dublin

Natasa Basrak - Dundrum Hospital Dublin and Trinity College University of Dublin

Tilde Pedersen - Aarhus University Hospital

Forensic patients with severe mental illnesses such as schizophrenia have life shortening illness. There is more to our practice than the prevention of violence. Method: Actuarial risk assessment tools calculate risk of adverse outcomes in Covid-19. These weigh age, gender, ethnicity and physical vulnerabilities including metabolic syndrome and immunosuppression. All patients resident in a secure forensic hospital had risk scores calculated using three actuarial calculators. Scores were calculated by research psychiatrists in training using detailed primary care records including six monthly routine physical health checks. All patients were followed prospectively until the commencement of the vaccination programme. Results: Outbreaks occurred on three wards. Fortyone patients were at risk, 17 tested positive. Four required transfer to hospital. Comparing uninfected and infected: chronological age 40.1(7.8) v 50.2(11.0),  $p < 0.001$ ; Covid Age 56.3(21.5) v 70.1(17.6),  $p = 0.027$ ; Q-Covid risk rank 47.5(20.5) v 65.9(18.2),  $p = 0.005$ ; BMA Covid risk 2.2(1.5) v 2.9(1.5), NS. ROC AUC ranged from 0.712 to 0.752 and were statistically significant except for BMA Risk Score. Scores did not distinguish the four who had to be transferred to hospital because of respiratory insufficiency. Rate of transfer was 4 of 17, (23.5%, 95% CI 6.8-49.9%). Q-Covid and ALAMA scores predict infection but not hospital transfer. BMA risk score was not predictive. We interpret these findings as showing two vulnerability steps: vulnerability to infection and then vulnerability to respiratory compromise. Both risks are elevated compared to population rates. Risk scores may not identify the biological vulnerability to severe lung disease in this patient group (Sars-CoV-2).

#### **86235: A Study Of Long Covid-19 Symptoms and Pattern Of Vaccination In Secure Service Patients: Lessons Learnt**

Quazi Haque - Elysium Healthcare

Veena Kumari - Brunel University of London

Krupa Vakani - Brunel University of London

Piyal Sen - Elysium Healthcare and University of London, Brunel

Background: Detained in-patients within forensic settings are considered particularly vulnerable to persistent chronic symptoms post Covid-19 infection, complicated by differential rates of vaccine uptake amongst specific sub-groups. Method: A questionnaire survey (developed with Brunel University, London for a study of Long Covid symptoms in a community sample) was used by all clinicians within Elysium Healthcare to rate the presence and severity of persistent physical and psychological symptoms across 23 areas in routine clinical care of patients with Covid-19. From these ratings long Covid-19 symptom data became available for a national sample of forensic patients (N~200), alongside demographic history. In addition, a separate review of Covid-19 vaccines uptake data collected within the context of routine clinical care from Elysium Healthcare (in-patient medium and low secure settings) across the UK for patients with psychosis, personality disorder (PD) or

learning disability (LD), was undertaken. Results: Significant symptoms of Long-Covid were reported in patients, including exhaustion/fatigue, mild cognitive problems, insomnia, headaches and irritability. Much lower vaccine uptake and higher decline rates were observed in the group of people with psychosis compared to the PD and LD groups. Implications The presentation will consider whether there is a distinct long term syndromal presentation following Covid-19 infection; the specific vulnerabilities and risk factors for inpatients within forensic services with more enduring symptoms post-Covid; the impact of vaccination on the severity and chronicity of physical and psychiatric sequelae. Data will also be presented on differential vaccine uptake rates within forensic sub-group, and exploration of ethical and practice implications.

16:30 - 17:30

Alexander II/III

#### Session 42 Symposium

#### **1161279: The Canadian Guidelines for Forensic Psychiatry Assessment and Report Writing**

Chair: Graham Glancy - Centre for Addiction and Mental Health

Discussant: Todd Tomita - University of British Columbia

This presentation outlines the process by which the guidelines were conceived, developed, written and distributed. After approval by the Canadian Academy of Psychiatry and the Law (CAPL) Board in November 2020, a Steering Committee drafted all of the guidelines. A National Working Group, selected based on expertise, regional representation and interest, was then created to review each of the guidelines. This was followed by an expert peer review, final approval by the CAPL Board, and publication on the CAPL website. The guidelines provide a review of legal and psychiatric principles and offer practical guidance in the performance of forensic evaluations, taking into account regional and legislative differences across Canada. They are intended for forensic psychiatrists and other clinicians working in a forensic assessor role, to be used for education, reference, and self-assessment.

#### **86035: The Process of the Development of Canadian Guidelines for Forensic Psychiatry Assessment and Report Writing**

Lisa Ramshaw - Centre for Addiction and Mental Health

This presentation outlines the process by which the guidelines were conceived, developed, written and distributed. After approval by the Canadian Academy of Psychiatry and the Law (CAPL) Board in November 2020, a Steering Committee drafted all of the guidelines. A National Working Group, selected based on expertise, regional representation and interest, was then created to review each of the guidelines. This was followed by an expert peer review, final approval by the CAPL Board, and publication on the CAPL website. The guidelines provide a review of legal and psychiatric principles and offer practical guidance in the performance of forensic evaluations, taking into account regional and legislative differences across Canada. They are intended for forensic psychiatrists and other clinicians working in a forensic assessor role, to be used for education, reference, and self-assessment.

#### **86036: The General Principles of Forensic Assessment and Report Writing**

Sumeeta Chatterjee - Centre for Addiction and Mental Health

This presentation provides an overview of the criminal justice-mental health interface in Canada and the General Principles Guideline. The General Principles Guideline provides an overview of the ethical considerations and the complexity of any dual role in forensic psychiatry. Other general areas include communication with third parties, establishing the focus and limitations of an assessment, and the import of considering the reliability of information. In the assessment section of the General Principles Guideline, the approach to the questions posed is reviewed, as well as the sources of information an assessor may seek out. Issues related to safety and privacy, the limits to confidentiality, and the contribution of social determinants of health are addressed. The section of this guidelines detailing forensic psychiatry report preparation are also reviewed.

### **86037: Structure of the Canadian Guidelines for Violence Risk Assessment and Report Writing**

Treena Wilkie - Centre for Addiction and Mental Health

The nine specific Canadian guidelines that provide overviews of forensic psychiatry topics are reviewed in this presentation (Fitness to Stand Trial; Criminal Responsibility; Violence Risk Assessment; Dangerous Offender and Long-Term Offender Assessments; Sexual Behaviour and Sexual Offending Risk Assessments; Disability, Fitness for Work, Personal Injury, and Psychiatric Malpractice). The guidelines can be used for education, reference and self-assessment. There is a focus on the structure of one of the guidelines, that being the Canadian Guidelines for Violence Risk Assessment and Report Writing, to review the applicable legislation and case-law, and areas of importance for assessment and report writing.

16:30 - 17:30

Zoom

### Mental Health Courts and Diversion Program Special Interest Group Zoom Meeting

Chair: Evan Lowder - George Mason University

Meeting: Jun 15, 5.30 pm via Zoom

Zoom Link: <https://gmu.zoom.us/j/98350910709?pwd=bFVLeMl5ZWFKdnlvNU8vb2M3cGJJdz09>

This special interest group is interested in better addressing the problems associated with mentally ill individuals entering the criminal justice system. Two of the main vehicles established by the criminal justice system to deal with this population are Mental Health Courts and Diversion Programs. Both of these come in many different shapes and sizes. The general expansion of interest in a specialized judicial process to deal with mentally disordered accused, and increased writings and research in the area, lead us to the conclusion that the association should create an international forum dedicated to mental health courts. As we are well into the second decade since the establishment of the first mental health courts and as the proliferation of mental health courts and diversion programs continues at an impressive pace it was decided at the Vienna Conference in 2008 that the time had come to create a forum where issues surrounding mental health courts and diversion programs may be discussed and ideas exchanged.



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## **DR. BERNARD LE FOLL**

**Vice-President, Research and Academics and Chief Scientific Officer**

Dr. Le Foll is a clinician-scientist specializing in drug addiction who joined the Waypoint team in February 2022. He is the Chair of Addiction Psychiatry at the University of Toronto and a Professor in the departments of Psychiatry, Family and Community Medicine, Pharmacology and Toxicology, as well as the Institute of Health Policy, Management and Evaluation at the Dalla Lana School of Public Health.

Dr. Le Foll has practiced in the area of addiction medicine at the Centre for Addiction and Mental Health (CAMH) in Toronto since 2006. His multi-disciplinary research approach seeks to better understand the neurobiology of addiction and develop novel therapeutic strategies.



## **DR. NATHAN KOLLA**

**Research Chair in Forensic Mental Health Science**

Dr. Nathan Kolla, a psychiatrist with a PhD in Neuroscience/Neuroimaging from the Institute of Medical Science, University of Toronto, has been with the Waypoint team since 2017. He has completed the U of T Department of Psychiatry Clinician Scientist Program and has a Master of Science in Forensic Mental Health Science (Distinction) from the Institute of Psychiatry, King's College London.

Dr. Kolla is an Associate Professor of Psychiatry within the University of Toronto's Faculty Medicine, with cross-appointments in Pharmacology and Toxicology, Criminology and Sociological Studies, and Psychological Clinical Sciences. He has worked in a variety of clinical roles within the Forensic Division at the Centre of Addiction and Mental Health (CAMH) since completing his clinical fellowship in forensic psychiatry at New York University in 2011. He is also a Clinician Scientist within the Brain Health Imaging Centre at CAMH.

# Thursday, June 16

## Sessions 43 – 48 [09:00 – 10:15]

09:00 - 10:15	Friedrich Wilhelm
<p><u>Session 43 Paper Presentation</u>  <b>1160144: The Forensic Psychiatric Network Of Observation and Documentation: At The Intersection Of Review Board Hearings and Nursing Practice</b>            Jean-Laurent Domingue - University of Ottawa            Jean-Daniel Jacob - University of Ottawa            Amélie Perron - University of Ottawa            Thomas Foth - University of Ottawa            Pierre Pariseau-legault - Université du Québec en Outaouais</p> <p>The presentation details the results of a critical ethnography which explored nurses' contributions to the identity (re)construction of persons unfit to stand trial (UST) or not criminally responsible on account of mental disorder (NCRMD) during review board hearings. The main finding is that the forensic psychiatric structure leverages nursing interventions and documentation as evidence of deviancy, allowing for persons UST or NCRMD to be objectified and produced as dangerous. Indeed, structures sustaining the forensic psychiatric system inscribe nursing care within a disciplinary and punitive scheme, rendering the care-and-custody dichotomy insufficient to explain complex processes at play in forensic psychiatric nursing.</p>	
<p><u>Session 43 Paper Presentation</u>  <b>1163325: Practice Supervision For All In A 'Post Covid' World?</b>            Jason Davies - Swansea University, UK</p> <p>In response to the challenges experienced by staff and organisations in the face of COVID-19 and its management, the importance of staff wellbeing has been recognised. Consequently, many services have introduced facilitated and self directed opportunities for staff to engage in personal reflection, self care and support. This paper argues that the widespread acceptance of such support opportunities presents a basis upon which practice supervision and coaching can be introduced across a workforce. By supplementing the support and wellbeing functions with opportunities for staff development and practice review, staff can be better supported to deliver high quality evidence informed practice.</p>	
<p><u>Session 43 Paper Presentation</u>  <b>1164430: Searching For Stability: Case Manager Turnover and Treatment Outcomes In An Alternative To Incarceration Program</b>            Melodie Foellmi - EAC Network            Maggie Walsh - EAC Network            Fanny Kuang - EAC Network            Barry Rosenfeld - Fordham University</p>	



Merril Rotter - Albert Einstein College of Medicine, Department of Psychiatry

In alternative to incarceration settings, clients meet with case managers, whose job it is to support and monitor their progress. Little is known about the effects of case manager professional experience and turnover on the clients. In a sample of over 300 court-mandated patients, this study examines the relationship between case manager variables (e.g., experience, turnover) and client treatment mandate outcomes (e.g., duration and completion of mandate), while considering the impact of clinical and contextual variables. The results of this study will help alternative to incarceration programs better understand staffing considerations to help vulnerable clients succeed in their treatment mandates.

Session 43 Paper Presentation

**1163929: A Conceptual Framework For The Management Of A Covid-19 Outbreak On A Secure Forensic Inpatient Unit**

Shaheen Darani - University of Toronto

Patti Socha - Centre for Addiction and Mental Health

Carley Sims - Centre for Addiction and Mental Health

Margaret Mahendrian - Centre for Addiction and Mental Health

Abanti Tagore - Centre for Addiction and Mental Health

Treena Wilkie - Centre for Addiction and Mental Health; University of Toronto

Response to outbreaks of COVID-19 in secure forensic settings has included several interventions. Forensic facility design and patient population can make compliance with protocols challenging. We report on a COVID-19 outbreak on a secure forensic inpatient unit in a large mental health hospital. For the 17 patients, we compared data from the 22-day outbreak period to the pre outbreak 30-day period. We developed patient profiles and a framework to manage the outbreak. Nicotine replacement therapy use decreased and average Dynamic Appraisal of Situational Aggression scores increased slightly during the outbreak. Leveraging alliance and providing tools can benefit outbreak management.

09:00 - 10:15

Grenander I

Session 44 Paper Presentation

**1163392: Longstay-Patients In Dutch Forensic Mental Health Settings: Evaluation Of 'Care Conferences' As A Means To Break Impasses In Treatment Progress**

Michiel van der Wolf - Leiden University & University of Groningen

Joni Reef - Leiden University

Lotte Gunnink - Leiden University; University of Groningen

'Care conferences' are meetings - in which all parties involved conference over a single case - that are being held in the Netherlands to try to break an impasse in a trajectory of forensic mental health patients. This government commissioned research focused on a group of patients that have been in a forensic mental health clinic for more than 15 years and who have been involved in care conferences. The evaluation entails their characteristics as well as the outcome of the care conference, the opinion of participants and a comparison with similar practices in other countries.

Session 44 Paper Presentation**1163897: Joint Crisis Plan : A Pilot Study To Reduce Coercive Measures**

Christine Cassivi - Université de Montréal

Marie-Hélène Goulet - Université de Montréal

Sophie Sergerie-Richard - Université de Montréal

Christine Genest - Université de Montréal

The joint crisis plan is the most studied and promising form of advanced directives in mental health. Using a participatory approach and a mixed methods design, this pilot study aims to assess the feasibility, acceptability, and preliminary results of joint crisis plan in civil and forensic mental health settings. The outcomes will contribute to the prevention and management of crisis, and to the reduction of coercive measure use, mainly through patients' involvement.

Session 44 Paper Presentation**1163400: Reporting Of Unwanted Events In Evaluations Of Psychological and Psychosocial Interventions With Forensic Patients: A Systematic Review Of Current Practice**

Lindsey Gilling McIntosh - University of Edinburgh

Sarah Janes - University of Edinburgh

Suzanne O'Rourke - The University of Edinburgh

Lindsay Thomson - University of Edinburgh

Psychological treatment cannot be simultaneously helpful and harmless. Negative treatment effects, from brief and mild side effects, to clinical deterioration and even lasting harm, do occur during interventions which are considered beneficial overall or for most patients. This paper describes the first review undertaken describing current practice in reporting of the measurement and occurrence of 'unwanted events' from evaluations of psychological interventions delivered in forensic mental health services. The findings will be used to highlight a radical need for change in practice by researchers and practitioners in the conceptualisation, measurement and reporting of unintended and unwanted therapeutic outcomes.

Session 44 Paper Presentation**1164692: Longitudinal Change Of Risk Factors During Treatment In High-Security Forensic Psychiatry**

Sophie Verschueren - FPC Antwerp

Inge Jeandarme - FPC Antwerp

Ilse Libijn - FPC Ghent

Stefan Bogaerts - Tilburg University

Changes in risk factors of 341 high-security forensic psychiatric patients in Flanders were investigated, using latent growth curve modeling. Annually assessments of the risk assessment instrument Historical Clinical Future - Revised at three time points were taken into account, starting at time of admission. Significant improvement was found on the clinical factors regarding problem insight, responsibility for the offence, addiction, social skills and the influence of risky network-members. Progression was also seen in almost all future factors. These empirical findings can help clinicians to pinpoint the specific risk factors where improvement is necessary and adjust the treatment program accordingly.

09:00 - 10:15	Grenander II
<p><u>Session 45 Paper Presentation</u>  <b>1162220: Measuring The Experience Of Restrictiveness In Forensic Mental Health Patients In Germany. Translation and Adaptation Of The Forensic Restrictiveness Questionnaire</b>  Peggy Walde - Universitätsmedizin Rostock  Birgit Völlm - Universitätsmedizin Rostock</p> <p>The feeling of restrictiveness becomes recognized as particularly relevant in forensic psychiatry. It is often associated with coercive practices or restrictions of the freedom of movement. Despite these obvious points more subtle characteristics, like psychological, social and organizational characteristics, can also feel restrictive. Reactions to feeling restricted can include hostility, increased verbal and physical aggression and depression as well as suicidal intentions. To promote research in the field of restrictiveness in Germany, the Forensic Restrictiveness Questionnaire by Tomlin (2019) was translated and pretested. The translational procedure is described and results of the pretest are presented.</p>	
<p><u>Session 45 Paper Presentation</u>  <b>1163956: Development Of The Deviant Behaviour Scale - A Measure Of General Antisociality</b>  Michael Rowlands - Monash University</p> <p>A unitary construct might account for a wide range of anti-social behaviour, as well as relate to fast life strategies. The current research hypothesised that a self-report measure (Deviant Behaviour Scale; DBS) will capture general deviance and predict fast-life strategies. 323 individuals (M = 41.37, SD = 18.74) participated online. Results from a factor analysis showed that all DBS items loaded onto a single general deviancy factor (<math>r = .40, p &lt; .0001</math>), and a logistic analysis predicted fast life strategies (<math>\chi^2(1) = 6.984, p &lt; .001</math>). This novel scale shows promise in capturing an underlying trait of deviancy.</p>	
<p><u>Session 45 Paper Presentation</u>  <b>1158410: Which Forensic Case Formulation Features Can Significantly Contribute To The Prediction Of Offender Outcomes?</b>  Victoria Wheable - Swansea University &amp; Offender Personality Disorder Pathway</p> <p>In the past decade, forensic case formulation (FCF) has become a key activity in many forensic services. However, little is currently known about what constitutes a high-quality FCF. To address this, the current study aimed to assess whether offender outcomes could be predicted by scores on existing quality tools or by the presence/absence of any particular formulation features. A sample of 48 formulations written by psychologists within the Offender Personality Disorder Pathway were obtained and analysed. Results indicated that scores on one particular quality tool item were able to significantly contribute to the prediction of positive offender outcomes.</p>	

09:00 - 10:15	Grenander III
<p><u>Session 46 Paper Presentation</u>  <b>1162769: Childhood Criminological Risk Factors - A Review Of The Role Of Gender and Culture</b>  Areti Smaragdi - Child Development Institute  Margaret Walsh - Child Development Institute  Leena Augimeri - Child Development Institute</p> <p>The research on criminogenic risk has relatively recently turned increased attention toward the scientific study of gender and culture. Similarly, risk assessments are lagging behind in their responsiveness to ethnic and cultural diversity, and often apply the same risk factors to females as to males without much consideration. In the process of updating the Early Risk Assessment List (EARL) for children, we conducted a systematic review of all risk factors with a specific focus of gender and culture. The findings of this review will be shown and discussed in this presentation.</p>	
<p><u>Session 46 Paper Presentation</u>  <b>1164395: Comparison Of Murderers Who Are Not Guilty By Reason Of Insanity and Murderers Who Were Convicted By The Law</b>  Anat Yaron Antar - The Max Stern Yezreel Valley College; Sha'ar Menashe Mental Health Center  Tomer Einat - Bar-Ilan University</p> <p>The aim of this study is to analyze the sociodemographic and forensic differences between 72 individuals who committed murder and were not guilty by reason of insanity and 56 murderers who were convicted by the law. The main sociodemographic findings are that murderers from central residential areas of Israel are more likely to be categorized as psychotic than murderers from peripheral areas and that Muslim are more likely than Jewish murderers to be categorized as criminals rather than psychotic. The main forensic findings are that participants who had left the murder scene were less likely to be categorized as psychotic.</p>	
<p><u>Session 46 Paper Presentation</u>  <b>1164021: Patient Experiences With Victimization During Forensic Psychiatric Treatment</b>  Nienke Versteegen - Research department Van der Hoeven Kliniek  Vivienne de Vogel - Maastricht University, University of Applied Sciences Utrecht, Forensische Zorgspecialisten</p> <p>Few studies have examined how forensic psychiatric inpatients experience the aggressive behaviour from their fellow patients. Therefore, a qualitative study was conducted on patient experiences with victimisation during forensic psychiatric treatment. Data were analysed in consensus between three researchers using a Grounded Theory approach. Patients' exposure to aggression resulted in intrapersonal consequences, such as fear, hypervigilance, reactive aggression, flashbacks and avoidance and withdrawal, and in interpersonal consequences, such as increased power differences between patients and treatment consequences, such as difficulties with self-esteem. Options to increase the level of trauma sensitivity in forensic mental health care are discussed.</p>	

09:00 - 10:15	Grenander IV
<p><u>Session 47 Paper Presentation</u>  <b>1163748: Self-Legitimacy Of Service Providers In Forensic Psychiatry</b>  Ciska Wittouck - Ghent University; IRCP</p> <p>Supportive relationships between service providers and service users have been identified as crucial in the process and outcomes of forensic psychiatric treatment. These relationships are however challenged by the presence of both care and control. Applying principles of legitimacy and procedural justice theories can reconcile this tension between care and control, which has already been demonstrated in empirical studies starting from the viewpoint of service users (audience legitimacy). Nevertheless, the viewpoint of service providers should be taken into account too (self-legitimacy). In the present qualitative literature review we therefore focus on gaining insight into self-legitimacy of forensic service providers.</p>	
<p><u>Session 47 Paper Presentation</u>  <b>1160718: Mind Your Mind? A Mixed-Method Study Into Mental Resilience Of Forensic Social Professionals</b>  Anne Koppe - Maastricht University, University of Applied Sciences Utrecht, Forensische Zorgspecialisten  Vivienne de Vogel - Maastricht University, University of Applied Sciences Utrecht, Forensische Zorgspecialisten</p> <p>The focus of research in the forensic domain has long been on evidenced-based, effective treatment programs and methods. In the past decade, there has been increasing awareness about the importance of personal characteristics of professionals working in the forensic field. The present study focuses on the development and maintenance of mental resilience among forensic social professionals. This study applied both quantitative and qualitative research methods, like an online survey and interviews. Based on the insights gained from this study, guidelines can be formulated for interventions that can be applied directly in practice and used for the education of professionals.</p>	
<p><u>Session 47 Paper Presentation</u>  <b>1164409: Staff Gender Ratio In Nursing Staff In Belgian Forensic Hospitals</b>  Louis De Page - Centre Hospitalier Jean Titeca  Marie Boulanger - HP Saint Martin Dave  Steven Degrauwe - St Kamillus Bierbeek  Habets Petra Habets - Knowledge Centre Forensic Psychiatric Care (KeFor), Public Psychiatric Hospital Rekem, Belgium  Ingeborg Jeandarme - KULeuven  Michel Martin - Vivalia Bertrix  Kevin Pesout - OPZC Rekem</p> <p>Staff gender ratio in forensic psychiatry nursing teams is a difficult debate that is associated safety concerns. There is a risk of gender discrimination: men are thought to be a deterrent to aggression. We collected data staff gender ratio's from several units from Belgian forensic hospitals. Preliminary findings suggest that there are approximately 70% of women in all hospitals, in all units, in all functions. Findings suggest that a 95% male patient population is cared for by a predominantly female</p>	



staff. We will explore the subjective pressure on staff, both men and women, that this situation generates.

09:00 - 10:15	Alexander II/III
<p><u>Session 48 Equity, Diversity, &amp; Inclusion Special Interest Group Meeting</u> Chair: Alicia Nijdam-Jones - University of Manitoba</p> <p>IAFMHS is committed to fostering equity and diversity in our organization and in forensic mental health and intellectual disability services. The Association promotes diversity in our membership and an inclusive environment that enables the contributions of all members. IAFMHS takes a proactive response to ensure that organizational activities, protocols and structures are culturally sensitive, non-discriminatory and responsive to the needs of our members, especially those from under-represented groups. IAFMHS has established an Equity, Diversity, Inclusion Committee (EDIC) to achieve these ends. The intent of the Equity, Diversity and Inclusion Special Interest Group (EDI SIG) is to inform the direction of this Committee.</p>	

## Sessions 49 – 54 [13:00 – 14:10]

13:00 - 14:10	Friedrich Wilhelm
<p><u>Session 49 Symposium</u> <b>1162875: Culture and Forensic Psychiatry</b> Chair: Treena Wilkie - Centre for Addiction and Mental Health</p> <p><b>86139: Renewing The Call For The Integration Of Culture Into Forensic Practice</b> Alexander (Sandy) Simpson - Centre for Addiction and Mental Health; University of Toronto</p> <p>This presentation provides an overview of the status of integration of culturally informed procedures and practices into forensic assessment and rehabilitation services. The presentation will address the absence of culturally informed domains in all current risk assessment tools, noting that a culturally informed practice embracing culture, faith and identity is greatly needed. The import of cultural safety, as opposed to cultural competence, as a strategic goal for forensic services is emphasized, noting the dearth of evidence on how to address and measure the effectiveness of cultural responsiveness initiatives. Examples of how measurement based practice address challenges of achieving equity of outcome are raised. Reference: Khan BG and Simpson AIF. Integrating culture into forensic therapeutics: a(nother) call to action, Journal of the American Academy of Psychiatry and the Law, in press.</p>	

**86140: Patient and Provider Perspectives On The Implementation Of The Cultural Formulation Interview (CFI) In A Forensic Mental Health Setting**

Treena Wilkie - - Centre for Addiction and Mental Health

Suraya Faziluddin - - Centre for Addiction and Mental Health

This presentation outlines the process by which the Cultural Formulation Interview (CFI) was implemented as one component to improve cultural responsiveness within the forensic model of care at a large Canadian mental health hospital. The results of a survey, administered to physicians and social workers prior to, and after, training the CFI are reported. Further discussed, are the primary themes derived from focus groups and implementation activities with physicians, social workers and patients: acceptability of the CFI, barriers and facilitators for implementation, utility of the tool, and validity and translation in a forensic setting. Overall, there was stakeholder consensus with regard to acceptance of implementing the tool given the importance of cultural responsiveness, patient centered care, and standardization.

**86138: The Development Of An Equity, Diversity and Inclusion (EDI) Strategy In A Forensic Mental Health Service**

Sumeeta Chatterjee - Centre for Addiction and Mental Health

This presentation outlines the process of development of an EDI strategy in a forensic service in a large Canadian mental health hospital. The involvement of multiple stakeholders, including patient empowerment representatives, and recommendations from a pilot project in the forensic division involving external consultants are detailed. The authors contemplate education, action, and metrics required for each component of this evolving strategy.

13:00 - 14:10

Grenander I

Session 50 Paper Presentation

**1162701: Systematic Review and Meta-Analysis Of Criminogenic Thinking and Related Constructs In Schizophrenia**

Cory Gerritsen - Centre for Addiction and Mental Health; University of Toronto

Tamsen Kitt - Centre for Addiction and Mental Health

Destiny Walsh - University of Toronto, Mississauga

Abanti Tagore - Centre for Addiction and Mental Health

Alexander (Sandy) Simpson - Centre for Addiction and Mental Health; University of Toronto

Several thought processes influence moral and criminal behaviour, and these have been conceived and measured differently across many studies. No measure of these processes has been developed specifically for those with schizophrenia, although several have been applied in this population. We will present a systematic literature review and meta-analysis of these studies, spanning measures of criminogenic thinking, moral reasoning, moral disengagement, and related constructs. Implications for applying these measures in schizophrenia, likely causes of elevations observed in some of these measures, and suggestions for their improvement in future research and clinical practice will be given.

Session 50 Paper Presentation

**1164626: Neurite Orientation Dispersion and Density Imaging In Forensic Psychiatric Patients With Psychosis Versus Incarcerated Males Without Psychosis**

Nathan Kolla - University of Toronto  
 Keith Harenski - Scientist  
 Carla Harenski - Scientist  
 Kent Kiehl - Scientist

Forensic psychiatric inpatients with psychosis show different gray matter volumes compared with incarcerated males without psychosis matched on psychopathic traits. Here, we will present new data investigating brain white matter microstructure in these two groups of individuals. We have scanned 69 non-psychotic, incarcerated offenders and 68 psychotic, forensic psychiatric inpatients who were matched on psychopathic traits. We anticipate that alterations in white matter microstructure will distinguish the two groups. Because groups were matched on psychopathic traits, our findings could provide insight into biomarkers of psychosis in forensic psychiatric patients. These results could provide the impetus for more tailored treatment.

Session 50 Paper Presentation

**1164404: Do We Prefer Psychotic Patients With Insight and What Does That Tell About Our Implicit Expectations?**

Louis De Page - Centre Hospitalier Jean Titeca  
 Patrizio Di Virgilio - Centre Hospitalier Jean Titeca  
 Pierre Titeca - Centre Hospitalier Jean Titeca

Countertransference, defined as the whole of conscious and unconscious, emotional and cognitive, intrapsychic and behavioural response from caregiver to patient, is a normal everyday reaction in all therapeutic contexts. If left unchecked, countertransference can grow out of hand and provoke iatrogenic results (e.g. acting-out from staff, distorted clinical decision making, failure to intervene when necessary, ...). Preliminary results of this study suggest that insight into psychotic symptoms may well tilt our countertransference from negative to positive. We infer that this reveals something about our implicit clinical expectations.

Session 50 Paper Presentation

**1164140: A Meta-Analysis Of Pathways Leading To Violence Among Individuals With Severe Mental Illness: An Update**

Arianne Imbeault - Université de Montréal  
 Victoria Allard - University of Montréal  
 Yanick Charette - Université Laval  
 Laurence Roy - McGill University  
 Sheilagh Hodgins - Université de Montréal  
 Anne G Crocker - Université de Montréal

Studies show that several factors modify the fact of engaging in violent behaviour among individuals with severe mental illness. Previous reviews have examined these factors by focusing on specific populations (e.g. individuals with schizophrenia) and settings (e.g. hospital inpatients). The present meta-analysis aims to extend knowledge of violence engagement by including a wider range of mental illness and settings (e.g. prison inmates, hospital inpatients, community sample). This meta-analysis was conducted as part of the Pathways to Violence and Desistance project, an initiative to create a

multidisciplinary and comprehensive model of violence and desistance.

13:00 - 14:10	Grenander II
<p><u>Session 51 Symposium</u>  <b>1164612: Working with Justice Involved Persons: Improving Health through Peplau's Interpersonal Relations</b>            Chair: Cybele Angel - Alberta Health Services</p> <p><b>86305: Therapeutic Integrity, Professional Closeness, and Boundary Violations</b>            Cindy Peternelj-Taylor - University of Saskatchewan</p> <p>The ability to create and maintain professional boundaries with criminal justice involved persons is one of the most important competencies required by clinicians practicing in the correctional milieu. When nurses fail to establish or maintain therapeutic boundaries, they are at risk of “crossing the line” and becoming over involved with those in their care. All too often they are warned about getting “too close” to their patients; a decree rarely coupled with guidance regarding how to become engaged in a professional manner that safely promotes therapeutic integrity in the achievement of treatment goals for those in their care. In this presentation, the ethical and clinical implications of boundary violations within the correctional milieu will be considered within the context of Peplau’s discussion of professional closeness. Professional closeness is a matter of being closer to the truth of the patient’s challenges and using professional knowledge and judgement as the basis of effective nurse-patient relationships. It is hoped that participants will move toward a more complex understanding of boundary violations that occur within the correctional milieu, which may allow them to enact, in a better way, their relationships with criminal justice involved persons in their care. Strategies need to be developed within practice that address issues of therapeutic integrity, professional closeness, and boundary violations before, during, and after they arise. Heightened awareness and understanding of the nature of boundary violations within the correctional milieu, will, regardless of one’s professional discipline, contribute to effective risk management.</p> <p><b>86306: Shedding Light on Hildegard Peplau, Interpersonal Relations and Correctional Healthcare Settings</b>            Cybele Angel - Alberta Health Services</p> <p>Hildegard Peplau states that the interpersonal relationship between a nurse and patient has a qualitative effect on health outcomes for patients. Specifically, Peplau asserted that through the professional relationship the nurse can make a positive change in the health of the patient. Peplau went on to clarify that the development of personality (what each nurse becomes) impacts how the nurse will interact with a patient in every nursing situation; in turn it means how well a nurse understands themselves will determine how well they can understand the patient’s situation and their point of view. Thus, for Peplau, the nurse-patient relationship was situated at the center of nursing practice. For all healthcare practitioners in correctional settings, Peplau’s Interpersonal Relations can provide a framework for therapeutic relationships with criminal justice involved people. A positive therapeutic relationship may mitigate the health burdens patients’ face and decrease their disempowerment. The aim of this presentation is to shed light on this relationship, to understand how these therapeutic relationships are constructed in correctional settings; including potential barriers</p>	

providers face. By uncovering what it means to live and work in a correctional setting, the health experience of criminal justice involved people may be changed for the better.

### **86310: The Past Influencing the Future: Ramsden & Peplau**

Tanya Park - University of Alberta

Cybele Angel - Alberta Health Services

Intersections abound in the experience of people in the criminal justice system requiring health care. The social determinants of health can guide us in understanding some of these intersections but can Ramsden & Peplau help us to navigate the intersections? In this presentation the concept of cultural safety first developed in the 1980s by Irihapeti Ramsden and Hildegard Peplau's theory of interpersonal relations will be used as tools to navigate the intersection of working with people involved in the criminal justice system who are experiencing mental health issues. Prevalence rates for major depressive disorder (MDD), bipolar disorders, and substance use disorders in the criminal justice system are higher than for people not involved in the criminal justice system. Experiences of disempowerment, distrust and limited or no access to healthcare or treatment are common. Cultural safety at its core focuses on reflective practice, knowing the self and developing safe relationships. Peplau's theory also focuses on knowing the self, developing relationships that are significant and therapeutic. Each phase of the nurse-patient relationship provides an opportunity for nurses to practice cultural safety. In this presentation we will link the nurse-patient relationship phases (Peplau) with the principles of cultural safety (Ramsden) to show a clear way to navigate the complicated intersections of mental health care for people in the criminal justice system. The evidence is clear, developing culturally safe interpersonal relationships is good nursing practice.

13:00 - 14:10

Grenander III

#### Session 52 Paper Presentation

### **1164385: Forensic Mental Health Care For Repeat Offenders In The Netherlands: Interplay Between Public Safety and Individual Care**

Sanne Struijk - Erasmus School of Law, Erasmus University Rotterdam

This paper addresses the interplay between legislation and practice concerning a specific penal sanction for repeat offenders in the Netherlands. This two-year custodial sanction came into force in 2004 and is based on previous recidivism and social nuisance caused by the offender as well as a high risk of future recidivism. The target group is a rather heterogeneous group of repeat offenders with severe personal (mental health) problems. Yet, according to the statutory regulation the sanction primarily aims at public safety and reducing recidivism, instead of individual problem solving. To what extent does this impede the prevention of recidivism?

#### Session 52 Paper Presentation

### **1164318: Transfer Of Care From Prison Mental Healthcare: Outcomes For 911 Consecutive Discharges From A Remand Prison, Over A 3-Year Period.**

Jamie Walsh - National Forensic Mental Health Service, Dundrum, Dublin, Ireland.

Conor O'Neill - National Forensic Mental Health Service, Dundrum, Dublin, Ireland

Damian Smith - National Forensic Mental Health Service, Dundrum, Dublin, Ireland



Philip Hickey - National Forensic Mental Health Service, Dundrum, Dublin, Ireland  
 Martin Caddow - National Forensic Mental Health Service, Dundrum, Dublin, Ireland  
 Enda Taylor - National Forensic Mental Health Service, Dundrum, Dublin, Ireland  
 Mark Joynt - National Forensic Mental Health Service, Dublin, Ireland

This three-year retrospective observational study aimed to determine the outcomes for all discharges from a prison in-reach service, and the proportion of mentally ill remand prisoners referred to community and prison in-reach mental health services who achieved contact within one month of discharge (transfer of care). Of those referred for community outpatient follow up 39.7% (N=94) of the total (N=237) achieved successful transfer of care within one month of release from prison. Those patients with an ICD diagnosis of F20-31 were significantly more likely to achieve transfer of care within one month.

#### Session 52 Paper Presentation

##### **1164672: Fitness Training: Our Experience In S. Alberta, Canada**

Olujemisi Ajeh - Alberta Health Services

Fitness training or Competency restoration is a controversial area in the field of forensic psychiatry. Research suggests that attempts at fitness training have been largely successful. The commonest diagnoses associated with being found unfit to stand trial include psychotic disorders, intellectual disability, or neurocognitive disorders. Several factors are associated with improving and maintaining fitness to stand trial but there are limited studies describing methods of fitness training in detail or the success or otherwise of fitness training. We reviewed the practice of fitness training in both in-patient and outpatient populations of the Southern Alberta Forensic Psychiatry Service.

#### Session 52 Paper Presentation

##### **1163662: Confessing Extrafamilial Homicide In Police Interrogation: Offenders' Motive and Psychosocial Characteristics**

Pascal Bahary - Université du Québec à Trois-Rivières

Suzanne Léveillé - Université du Québec à Trois Rivières

In police interrogation, confession outcomes can be studied in three categories: no confession; partial admission; full confession. Little is documented about the confession of extrafamilial homicide offenders or the influence of the motive on confession. The objective of this study is to describe and compare EHO' confession profiles using Coroner's office files. Results indicate that half of EHO confessed, a quarter gave a partial admission or no confession. The motive was often quarrel or criminal activity but rarely mental illness or sexual. Differences were found for the means used to kill and the presence of antisocial, borderline, narcissistic personality disorders.

13:00 - 14:10

Grenander IV

#### Session 53 Symposium

##### **1164646: Autism Spectrum Disorder and the Justice System**

Chair: Julian Gojer - University of Ottawa

**86319: Introduction - Scope and Magnitude of the Problem**

Ionna Kokozaki - Royal Ottawa Health Care Group

Autism spectrum disorder is a term that encompasses what was previously known as Pervasive Development Disorder, Asperger's Disease and Autism. We discuss the prevalence of this condition in the general population, the prevalence within the forensic legal setting, and the unique features of Autism Spectrum Disorder that may contribute to risk or increase their vulnerability when in the criminal justice system. We look at the prevalence of sexual offences and violent offences in persons with ASD (Del Pozzo et. al, 2018), comparing it to the general population, and identifying risk of offending and recidivism rates.

**86318: Making A Difficult Concept Meaningful To The Justice System.**

Jennifer Newman - Royal Ottawa Health Care Group

An Autism Spectrum Disorder is a condition that is often difficult to diagnose. It may be confused for intellectual delay and personality disorders. At one end of the spectrum, neurocognitive deficits complicate the diagnosis as there may be overlapping developmental delay. On the other end of the spectrum, behavioural disturbances may lead to a diagnosis of a personality disorder, and the underlying ASD may be missed. ASD is commonly misdiagnosed in children (Fusar-Poli et. al, 2020) as Attention Deficit and Hyperactivity Disorder, learning disabilities, or developmental delays. It is also common to misdiagnose ASD as shyness in children. In adults, ASD is commonly misdiagnosed as, Attention Deficit and Hyperactivity Disorder, Generalized Anxiety Disorder, Social Anxiety Disorder, or Avoidant Personality Disorder when displaying symptoms related to social interactions. Ritualistic behaviours, fastidiousness and pickiness, especially with food, can often be misattributed to Obsessive Compulsive Disorder, or eating disorders. These behaviours can also be dismissed as individual eccentricity. Another compounding factor is an unwillingness by parents to report symptoms that they observe in their children. Many parents downplay symptoms as immaturity, laziness or lack of focus from their children. Many parents also fear their child being diagnosed with ASD, and the subsequent labels that can be placed on them, causing them to hide symptoms or downplay the symptoms to avoid their child being diagnosed. We will discuss the difficulties in diagnosing ASD in children and adults, and in particular those who run afoul of the law.

**86320: Risk Assessment and Management**

Marie-Eve Turpin - Royal Ottawa Health Care Group

Risk assessment instruments traditionally used to evaluate general offenders may not be applicable to this population. Furthermore, comorbidity with psychosis, sexual deviations, and violent offending complicate the risk assessment. Management of ASD within the forensic and/or the carceral system requires a unique blend of medication, individual and/or group counselling, life coaching, and life skills development. It is important to address the unique features of ASD that can contribute to a propensity to certain types of offending behaviour. However, this must be tempered by the actual statistical reality of offending behaviour displayed by persons with ASD. Although a link has been established between ASD and offending in the minds of the public and pop culture, it should be noted that academia has had a much more difficult time examining the correlation. Deficits in social interaction may predispose those with ASD to boundary violating behaviours. Emotion regulation difficulties and deficiencies in executive functioning can further contribute to offending behaviours. Managing risk in custody, in forensic settings and in the community will be discussed (Melvin et. al, 2017). We will also examine the unique difficulties in managing offending behaviours in ASD clients.

**86321: Navigating Clinical and Legal issues in Four Complex Individuals**

Julian Gojer - University of Ottawa

We will be discussing the case of R v. Minassian (A), a case of multiple homicides, as well as 3 complex forensic cases who have been in our care. Patient B was charged with multiple counts of harassing several physicians. Patient C was a transgender patient with ASD, who was found NCRMD, who was difficult to manage under the Ontario Review Board. Lastly Patient D, who presented with ASD, psychosis and serious boundary violation, posed significant treatment difficulties which resulted in a therapeutic impasse.

13:00 - 14:10

Alexander II/III

Session 54 Service Development, Organization, Strategy, and Delivery Special Interest Group Meeting

Chair: Lindsay Thomson - University of Edinburgh

Across the world models of treatment services for mentally ill or personality disordered offenders differ greatly. This special interest group would give an opportunity for those people responsible for running or buying these services to exchange ideas. To date the IAFMHS and many other organisations cater for comparison, study and research of scientific and clinical matters but there appears to be no opportunity for similar study or research into the management of these organisations. This special interest group is a forum for the exchange of experiences and ideas where the participants do not have to represent any formal system but can be open for discussion. In recent years section members have shared ideas and collaborated on subjects such as quality standards, risk management, treatment programs and outcomes, service specifications and much, much more! We believe that the opportunity to study, compare and benchmark services will enable us to run our services more effectively leading to a better quality of care and more efficiently enabling us to provide a better quality service within finite budgets.

**Sessions 55 – 60 [14:20 – 15:30]**

14:20 - 15:30

Friedrich Wilhelm

Session 55 Symposium**1163976: Applying Approaches From Forensic Mental Health To Policing Of Family Violence: How The RNR Principles Can Improve Outcomes**

Chair: Troy McEwan - Swinburne University of Technology

**86223: Applying Principles From Forensic Mental Health To Policing Of Family and Intimate Partner Violence**

Susanne Strand - Örebro University

Troy McEwan - Swinburne University of Technology

Family violence (including intimate partner violence) is common, can cause severe physical and psychological harm, and is a significant burden on individuals and communities (Australian Institute of Health and Welfare, 2018). In industrialised, democratic nations, police play a key role in responding to family violence but are often rightly criticised for failing to recognise families at increased risk and take sufficient protective action to prevent further harm (Stark, 2012). In Melbourne, Australia, the state police agency, Victoria Police, responded to such criticism in 2015 by approach the state forensic mental health service to help them develop, implement and evaluate an evidence-based approach to assessing and managing risk in family violence cases. Expanding on existing Swedish research, the researchers developed a system based on the core principles of the RNR framework to guide police responses to family violence reports. This included a tiered risk assessment protocol that directed higher risk families to specialist police family violence teams, and implementation of a structured approach to case formulation to identify key dynamic risk factors requiring management. Between 2016 and 2018 this approach was trialled in two police Divisions, with psychologists from the forensic mental health service embedded with the police teams to provide risk assessment and management supervision. This paper describes the rationale for such an approach to policing family violence, how the project was undertaken, and the challenges of applying the core principles of the RNR framework in a policing environment.

#### **86224: Can Police Apply The Risk and Needs Principles To Guide Their Responses To Intimate Partner Violence?**

Benjamin Spivak - Swinburne University of Technology  
Ilana Lauria - Swinburne University of Technology

This study tested whether police were able to implement an RNR-informed approach to their risk management of intimate partner violence in an operational setting. 709 cases of male-perpetrated intimate partner violence were assessed by police at the time of report. Police were able to adhere to the Risk Principle, with the number of implemented risk management strategies being moderately correlated with the B-SAFER case priority level (Kendall's  $\tau = .41$ ,  $p < .001$ ) and high risk cases receiving significantly more risk management than moderate or low risk cases. Application of the Need Principle was assessed by examining whether the type of risk management used reflected the nature of the dynamic risk factors that were present. Using logistic regression modelling to control for other risk factors, there was a significant relationship between the presence of a risk factor indicative of recent aggressive behaviour (e.g., threats, escalation, violent acts, violation of court order) and the presence of risk management strategies relevant to such factors (e.g., safety planning, perpetrator monitoring and proactive contact, prioritise address for response, enforce breach of restraining order). However, among other criminogenic needs, only the presence of perpetrator mental health problems was associated with risk management strategies specifically targeting that area of need. The results of this study suggest that while police can adhere to the Risk Principle relatively well, implemented risk management strategies did not necessarily reflect dynamic risk factors that were present, with a heavy focus on the presence of aggressive behaviour over other contributing factors.

#### **86225: The Positive Impact Of RNR-Informed Policing On Future Severe Family Violence**

Zhi On - Swinburne University of Technology

This study examined whether targeting police risk management strategies using an RNR-informed approach produced meaningful change in family violence outcomes. It was hypothesised that a) RNR-informed policing would be associated with lower odds and lower rates of further family violence reports and family violence reports with charges for severe violence within the sample over a nine month follow-up period. The study used a prospective between groups design, contrasting family violence outcomes in two police Divisions that implemented the RNR-informed approach (the

experimental divisions, N = 6127 family violence reports) and a neighbouring Division that continued to use standard police practice (the control division, N = 1553 family violence reports). Logistic and binomial regression modelling was used to examine each family violence outcome while controlling for perpetrator and victim age, gender, relationship status and actuarially assessed risk level. While the odds and rate of any family violence report did not differ between the experimental and control divisions, the odds (though not the rate) of severe family violence being reported was significantly lower in the experimental division. Possible reasons for these results will be discussed.

### **86226: Applying Principles From Forensic Mental Health To Policing Of Family and Intimate Partner Violence**

Troy McEwan - Swinburne University of Technology  
Susanne Strand - Örebro University

Family violence (including intimate partner violence) is common, can cause severe physical and psychological harm, and is a significant burden on individuals and communities (Australian Institute of Health and Welfare, 2018). In industrialised, democratic nations, police play a key role in responding to family violence but are often rightly criticised for failing to recognise families at increased risk and take sufficient protective action to prevent further harm (Stark, 2012). In Melbourne, Australia, the state police agency, Victoria Police, responded to such criticism in 2015 by approaching the state forensic mental health service to help them develop, implement and evaluate an evidence-based approach to assessing and managing risk in family violence cases. Expanding on existing Swedish research, the researchers developed a system based on the core principles of the RNR framework to guide police responses to family violence reports. This included a tiered risk assessment protocol that directed higher risk families to specialist police family violence teams, and implementation of a structured approach to case formulation to identify key dynamic risk factors requiring management. Between 2016 and 2018 this approach was trialled in two police Divisions, with psychologists from the forensic mental health service embedded with the police teams to provide risk assessment and management supervision. This paper describes the rationale for such an approach to policing family violence, how the project was undertaken, and the challenges of applying the core principles of the RNR framework in a policing environment.

14:20 - 15:30

Grenander I

#### Session 56 Paper Presentation

### **1163859: Reducing Restrictive Practices In Nsw'S Highest Secure Health Setting**

Tobias Mackinnon - UNSW Sydney

Andrew Ellis - UNSW Sydney

Dale Owens - Justice Health and Forensic Mental Health Network

Restrictive practices have been under scrutiny over the last decade, leading to national statements of principle about reduction of restraint and seclusion. This paper describes the reduction of restrictive practices in a high secure hospital setting in New South Wales, Australia. The hospital had high seclusion rates and long-term seclusions. An organisation-wide process with extensive staff and consumer involvement led to change, through a focus on Six Core Strategies for reducing restrictive practices. Ongoing reductions in restrictive practices were achieved: 76% reduction in seclusion episodes, 42% reduction in physical restraint, 35% reduction in staff injuries, and cessation of long-term seclusion.



Session 56 Paper Presentation**1164341: Coercive Bullying Among Forensic Inpatients: What Are Clinical Staff Perceptions Of This Common Behaviour?**

Lindsay Healey - Carleton University

Despite knowing that it is common (Cooper et al., 2011), no research has examined the motivations or antecedents of coercive bullying among forensic inpatients. Coercive bullying is defined as when one inpatient puts pressure on another inpatient to do something they do not want to do. A secure forensic setting has unique features (e.g., disproportionate access to goods, antisocial individuals) which enhances opportunities for this behaviour to occur. The presentation will highlight qualitative results from interviews with forensic inpatient staff regarding their perceptions and experiences with coercive bullying in the forensic patients they work with.

Session 56 Paper Presentation**1160129: Translating Suicidal Thoughts Into Behaviour In Prison: Cross-National Findings**

Louis Favril - Ghent University

Suicidal thoughts and behaviour are common in prisoners. Cross-national data from two representative samples of adult prisoners in Belgium (n = 1326) and New Zealand (n = 1212) suggest that factors associated with suicidal ideation are distinct from those that govern the transition to suicidal behaviour. Specifically, prison-specific stressors were found to increase the likelihood of developing suicidal thoughts, whereas vulnerabilities characterised by behavioural disinhibition facilitated the transition towards suicidal behaviour. These findings point to differential mechanisms through which prisoners come to think about suicide and subsequently progress to suicidal behaviour.

Session 56 Paper Presentation**1163992: Older Offenders In Prison and Forensic Psychiatric Hospitals -Comparison In Terms Of Cognition and Depression**

Sandra Verhülsdonk - LVR-Hospital Düsseldorf; Heinrich Heine University Düsseldorf

Tillmann Supprian - LVR Hospital Düsseldorf; Heinrich Heine University Düsseldorf

Sylvia Hufnagel - LVR Central Department of Forensic Psychiatry

In line with the demographic changes in Western countries, the number of elderly individuals living in prisons and forensic hospitals is increasing. In both types of institutions, prevalence of mental illness, depression in particular, is increased compared to the extramural population, which in turn may also be related with poorer cognitive abilities. Cognitive impairment can negatively impact criminal recidivism, reduce treatment effectiveness in forensic hospitals, and result in individual suffering. This study is the first to compare elderly prisoners and forensic inpatients in Germany in terms of cognitive performance and affective state.

14:20 - 15:30

Grenander II

### Session 57 Symposium

#### **1164456: Review Of Service For Vulnerable People Detained In Prisons In Northern Ireland**

Chair: Andrew Forrester - Cardiff University

#### **86279: Prisons and prison healthcare in Northern Ireland: why was there a need to review the quality of services for vulnerable people in custody?**

Leanne Morgan

Northern Ireland (NI) has a 25% higher prevalence of mental ill-health than the rest of the United Kingdom (UK). This higher level of need is reflected within its prison population<sup>2</sup>. It has been highlighted in a number of prison inspection and review reports that the care of vulnerable people in custody required significant improvement. Following the deaths of five prisoners within a twelve month period, and the publication of a Prisoner Ombudsman report which was highly critical of the care provided to a vulnerable prisoner, it was announced that there would be a review into services for vulnerable people in Northern Ireland prisons. In July 2020, the Regulation and Quality Improvement Authority (RQIA) was commissioned to undertake this work. For the purposes of the review, a 'vulnerable person' was defined as "a person with mental ill-health at increased risk of self-harm or suicide". In keeping with its Terms of Reference, the Review Team were primarily interested in whether the needs of people with mental ill-health and other vulnerability factors were being met by the existing arrangements for planning, commissioning and delivery of care. A bespoke methodology was developed and agreed. Key Lines of Enquiry were derived through the development of an evidence-based framework. The review team sought the views and experiences of people in prison through focus groups with prisoners and engagement with Independent Monitoring Boards. Pre-review questionnaires were disseminated and structured focus groups were held with commissioners, along with management-level and front-line staff across prison and prison healthcare services.

#### **86289: Findings From The Review Part I - Systems Issues**

Theresa Nixon

This talk presents systems issues that were found to arise in the 3 prisons in Northern Ireland - Maghaberry, Magilligan and Hydebank Wood - that contribute to the care of vulnerable people in these settings. It provides an overview of what is going well, and what requires improvement, based on the final output from this review, which was published in October 2021: Reference: The Regulation and Quality Improvement Authority. (2021). Review of services for vulnerable persons detained in Northern Ireland prisons. Belfast: RQIA. Available at the following link: <https://www.rqia.org.uk>

#### **86280: Findings From The Review Part II - Mental Health and Addictions Services**

Andrew Forrester - Cardiff University

We found many committed staff working within services in the three prisons in Northern Ireland, and we commend them for the hard work they do, often in difficult circumstances. However, we also found that the overall service vision requires improvement, and that there are specific deficits in a number of areas. In particular, we found delays to urgent and routine mental health assessments in the prisons, with an under-supply of staff within the prison's specialist mental health service, including within psychiatry and psychology. Although addictions services had recently improved, the small service faced very significant demands, with lengthy waiting lists, and overall provision fell short of agreed standards. We also found inappropriate use of the care and separation units (or segregation units) to hold people who were acutely mentally unwell while awaiting transfer to secure hospital beds. Related

to this, we found a likely under-supply of secure psychiatric beds, with lengthy delays to hospital transfer for those requiring such care. Finally, we found service deficits in areas relating to specific vulnerabilities - e.g., neurodevelopmental conditions, cognitive impairment and dementia. All of the above were compounded by the absence of an up-to-date needs assessment or prevalence estimate. We make 16 core recommendations that will be discussed during the symposium.

### **86285: Findings From The Review Part III - Personality Disorder**

Mick Burns - NHS England

This talk describes the current management of people with personality disorder in prisons in Northern Ireland and comments on services that are available for this purpose. It highlights some areas of good practice, and a number of gaps in service provision within this important area, and describes a future need for the development of integrated services to manage people with personality disorder. It compares the management of personality disorder with what is provided in other jurisdictions, with specific reference to the offender personality disorder pathway operating in some other parts of the United Kingdom. Some lessons are drawn from other jurisdictions and consideration is given to how service improvements might practically proceed in Northern Ireland.

### **86283: Review Recommendations and The Role Of The RQIA In Driving Improvement**

Emer Hopkins - RQIA

The Review makes 16 recommendations that if fully implemented will facilitate improvement in the services and support available to vulnerable people in custody. A specific government-led strategy, accompanied by additional funding, is essential to improving the quality and accessibility of mental health services in order to reduce the risk of self-harm and suicide amongst vulnerable prisoners. Going forward, the planning and commissioning of services must be based on sound needs assessment and bench-marking; and must be underpinned by robust accountability arrangements which assure the quality of services delivered. The prison environment and the support available must be trauma-informed and take into account the needs of people with personality disorder. Segregation in the CSUs should only be used for the shortest time possible and as a last resort. There is a need for a regional strategy to increase acute mental health and forensic inpatient provision so that the CSU is used only in exceptional circumstances and that those with acute mental ill-health are looked after in the appropriate therapeutic environment. The RQIA has a responsibility as a member of the National Preventative Mechanism and as a regulator of healthcare to safeguard the rights of service users within places of detention. Sustained success requires commitment at all levels from across the NI criminal justice and health and social care systems. There will be a continued role for the RQIA, in partnership with Criminal Justice Inspection Northern Ireland, to monitor and drive improvements in the quality of care provided to people in custody.

14:20 - 15:30

Grenander III

#### Session 58 Paper Presentation

### **1164438: Determinants Of Access and Utilization Of Mental Healthcare Among Forensic Service Users**

Marichelle Leclair - Université de Montréal

Yanick Charette - Université Laval

Anne G Crocker - Université de Montréal

Almost 90% of people with a verdict of not criminally responsible due to a mental disorder (NCRMD) sought mental healthcare in the years prior to their offense. The present study examines the administrative health data of 1,014 individuals found NCRMD in Québec. Findings highlight the importance of access to family physicians and suggest that proximity to services, access to primary care doctors and family support play key roles in the pathways to care experienced by those future forensic mental health service users.

Session 58 Paper Presentation

**1161079: Self-Regulation and Goals Of Forensic Psychiatric Patients**

Eva Billen - University of Amsterdam

Patients in forensic psychiatric clinics lead a highly regulated life, but even within this setting, self-regulation is an important factor. This study investigates the types of goals of 67 forensic psychiatric patients, over 3 high-security treatment facilities through interviews done with the patients. We look at the goal content (e.g., related to work, family, network), as well as the type of goals (e.g., approach/avoidance) set by patients. Associations of goal content and type with several self-report measures of self-regulation will be reported on in order to see if these measures are also related to goal setting behavior.

Session 58 Paper Presentation

**1164420: Quantified Desistance: A Scoping Review Of Conventions In The Scientific Literature**

Marichelle Leclair - Université de Montréal

Ann-Pierre Raiche - Université de Montréal

Marjolie Latulippe - Université de Montréal

Théo Lepage-Richer - Brown University

Yanick Charette - Université Laval

Laurence Roy - McGill University

Anne G Crocker - Université de Montréal

This paper adopts a conventionalist approach to shed light on the measurement problems that underlie the quantification of desistance from crime in the scientific literature. Analysis of 100 papers spanning three decades indicates that approaches based on theoretical classification have recently lost ground in favor of more sophisticated techniques aimed at empirically identifying subgroups, conveying the impression of objectiveness among statistics users and consumers. As a result, the classification “desisters” and “persisters” are increasingly reified. Findings suggest that the quantification of desistance is intimately linked to the maintenance of a classification system that constitutes delinquency as a stable category.

Session 58 Paper Presentation

**1164030: How To Meet The Unique Needs Of Veterans In The Criminal Justice System**

Matthew Stimmel

Military Veterans in the criminal justice system have high prevalence rates of mental health and substance use disorders, are more likely to be homeless, and are at higher risk for suicide and opioid

overdose than Veterans in the community. Understanding and meeting their needs requires collaboration among multiple systems and intervention must occur across the continuum of criminal justice involvement. The Veterans Health Administration (VA) Veterans Justice Programs (VJP) are designed to foster just such intervention. This paper will describe the unique needs of Veterans as well as examples of collaborative programming designed to serve them.

14:20 - 15:30

Grenander IV

Session 59 Symposium

**1164202: Improving Quality In Forensic Assessment and Forensic Health Care In The Netherlands**

Chair: Maaïke Kempes - Netherlands Institute For Forensic Psychiatry and Psychology

**86247: Neurobiology and Criminal Behavior: Usefulness Of An Information Office For Forensic Evaluators**

Thijs van de Kant - Netherlands Institute For Forensic Psychiatry and Psychology  
Maaïke Kempes - Netherlands Institute For Forensic Psychiatry and Psychology

The increasing scientific evidence about the role of neurobiological factors in criminal behavior may affect daily practice of forensic assessment of criminal offenders. However, research shows that these functions are rarely assessed by forensic evaluators. One explanation is that this kind of assessment requires specialised knowledge that most evaluators are unfamiliar with. The Netherlands institute for forensic psychiatry and psychology therefore established an information office manned by a clinical neuropsychologist and neurologist to assist forensic evaluators regarding questions about the role of neurobiological factors in criminal behavior in individual cases. In addition, in cases where neurobiological factors are thought to be prominent in delinquent behavior e.g., neurodegenerative diseases such as Alzheimer, the information office assists in performing additional neuropsychological of neurological assessment, including MRI scans. This service is assumed to improve the adequate use of neurobiological information in forensic assessment. In addition, it will improve insight about the questions forensic evaluators have about the role of neurobiological factors in delinquent behavior and when extra expertise is useful to improve forensic assessment. This will fuel education programs for forensic evaluators and new scientific research to improve knowledge in areas where it is missing. In this presentation we will explain the design of the information office and its usefulness by presenting a few case studies.

**86248: Advanced Psychiatric Care To Prison Populations In The Netherlands**

Sabine Roza - Erasmus University Rotterdam

High levels of mental disorder in prisoners worldwide have long been acknowledged. Also in the Netherlands, prisoners experience an excess of almost every type of psychiatric morbidity, including mood disorders, psychotic disorders, personality disorders, substance use disorders, and post-traumatic stress disorders. Also, high levels of intellectual disability, (acquired) traumatic brain injury and, increasingly, neurodegenerative disorders such as dementia, have been noted. Next to a relatively widespread forensic mental health system with different intensity of care at different security levels, many Dutch pre-trial suspects or persons sentenced to imprisonment, also those with high needs on psychiatric care, stay for months or years in jails or prisons. In this presentation, we will present data from one of our Dutch designated prison hospitals that provide high intensive psychiatric



care (~1,500 detained patients per year, i.e. 7,3% of total prison capacity). Since 2013, we kept record of demographic characteristics, judicial and psychiatric history, as well as routine outcome measures, including risk assessment. We will present additional data on coerced care and standard screening for traumatic brain injury, as well as some clinical cases in elderly prisoners. Quality of care is best served by standardization of diagnostic procedures and clinical (risk) management, as well as intensive collaboration efforts between psychiatric teams in prison, prison management, probation services, community mental health services, and local authority social and housing services. Done effectively, this mitigates both mental health difficulties and the risk of recidivism.

#### **86249: Improving The Quality Of Forensic Assessment By Providing Feedback On The Effects Of A Legislative Change Allowing For Diversion**

Michiel van der Wolf - Universiteit Leiden

Lucia Mebius - Netherlands Institute For Forensic Psychiatry and Psychology

In 2020 a legislative change came into force, creating a possibility for diversion of mentally disordered offenders, to be applied by criminal courts. In all stages of the criminal proceedings - pre-trial, at trial or post-sentence - they are competent to warrant obligatory civil mental health care. At trial (including sentencing), courts will have to take into consideration all relevant aspects of punishment and care. As forensic evaluators are generally asked to assess the defendant in service of the trial, they may also conclude that this option for diversion may be the most suited in a certain case. At the Netherlands institute of forensic psychiatry and psychology, we keep record of all evaluations in which this option has been considered or advised, including the characteristics of the case and explicit arguments. The judicial decisions based on these evaluations are also collected, including explicit arguments, allowing for a comparison between advice and verdict. It showed that in many cases the advice to divert the offender to civil mental health care was not followed by the courts. Reasons for this were e.g., an inadequate level of security, no options for placement, the voluntary acceptances of treatment, and the preference of a penal sentence. In frequently presenting evaluators, as well as legal practitioners, with the follow up and consequences of forensic evaluations, we try to better align these disciplines for optimal decision-making in case of mentally disordered offenders.

14:20 - 15:30

Alexander II/III

#### Session 60 Forensic Mental Health Nursing Special Interest Group Meeting

Chair: Tess Maguire - Swinburne University of Technology/Forensicare

Although the roles and responsibilities vary across countries, Forensic Mental Health Nurses (FMHN) play a key role in assessing, managing and treating mentally disordered offenders. IAFMHS is committed to increasing the involvement and contribution of FMHNS in the organisation in order to learn from their experiences, improve dialogue and collaboration between professionals working in Forensic Services and to promote the valuable work of FMHNS.

## Sessions 61 – 66 [16:00 – 15:00]

16:00 - 15:00	Friedrich Wilhelm
<p><u>Session 61 Symposium</u>  <b>1161398: The Long-Term Supervision Act For (Mentally Ill) Sex and Violent Offenders: Legislation, Applications, Crucial Elements and Efficacy Of Restraining Orders</b>            Chair: Maria Nagtegaal - Centre Ministry of Justice and Security</p> <p><b>86193: The Long-Term Supervision Act (LTSA) In The Netherlands: Legal Background and Expectations By The Legislator</b>            Tim Varkevisser - Centre Ministry of Justice and Security            Eva Fechner - Centre Ministry of Justice and Security            Jennifer Kool -Centre Ministry of Justice and Security            Maria Nagtegaal -Centre Ministry of Justice and Security</p> <p>The Long-Term Supervision Act (LTSA) in the Netherlands was fully implemented on the 1st of January 2018 and consists of three components that organize the long-term supervision of (mentally ill) sex and violent offenders during and after conditional release (CR). The first component involves Conditional Release after Forensic Psychiatric treatment (FPCR) of patients on a tbs-order. The tbs-order is a sentence to mandatory treatment in a forensic psychiatric hospital for mentally ill offenders. Prior to the LTSA, FPCR was maximized to nine years. Now it can be prolonged indefinitely for one or two years at each prolongation hearing. The second part of the LTSA is the mandatory CR of one year for (mentally ill) offenders from the prison system. During CR, all offenders have to abide by the general condition of not committing any further crimes and in addition, special conditions may apply such as mandatory community treatment. Further, the LTSA introduces possibilities to prolong CR when the offender is still considered dangerous. The third and final component of the LTSA is the Measure on Behavioral Influence and limitation of freedom (MBI), a new supervision measure that is combined with a prison sentence or a tbs-order. As an introduction to this symposium, the LTSA and its components will be explained in more detail. An analysis of the legislators' expectations of the Act will be presented, as well as a comparison of these expectations to the international literature. The implications of these findings for clinical practice will be discussed.</p> <p><b>86191: Applications Of The Dutch Long-Term Supervision Act For (Mentally Ill) Sex and Violent Offenders In 2017-2020</b>            Maria Nagtegaal - Centre Ministry of Justice and Security            Jennifer Kool - Centre Ministry of Justice and Security            Eva Fechner - Centre Ministry of Justice and Security            Tim Varkevisser - Centre Ministry of Justice and Security</p> <p>The Long-Term Supervision Act (LTSA) in the Netherlands was fully implemented on the 1st of January 2018 and consists of three ways to impose long-term and possibly life-long supervision of (mentally ill) sex and violent offenders during and after conditional release (CR). The goal of the LTSA is to reduce recidivism and rehospitalization by imposing CR or Forensic Psychiatric Conditional Release (FPCR) for as long as the offender or patient is considered dangerous. Personalized conditions are imposed addressing each individuals' risks and needs such as mandatory treatment in the community and supervision by probation officers, with or without electronic monitoring. As part of a five-year research program into the efficacy of this new legislation, the applications of the LTSA are</p>	

monitored. This presentation will focus on the applications in 2017-2020 and will compare them with the goals of the legislator. To this end, datasets from three different Dutch judicial organizations involved in the (FP)CR system, the Custodial Institutions Agency (DJI), Council for the Judiciary (Rvdr), and the Central Judicial Collection Agency (CJIB), were retrieved and analyzed. Further, a literature review was conducted to determine the legislators' goals and expectations and to map the state-of-the-art international literature on effective long-term supervision strategies. The results show that although some applications are in line with the expectations of the legislator, no large-scale results may be expected from the LTSA in reducing recidivism and/or rehospitalization. The implications of these findings for clinical practice will be discussed.

### **86192: The Efficacy Of Long-Term Restraining Orders For (Mentally Ill) Sex and Violent Offenders: Is The Long-Term Supervision Act Effective?**

Eva Fechner - Centre Ministry of Justice and Security  
 Maria Nagtegaal - Centre Ministry of Justice and Security  
 Jennifer Kool - Centre Ministry of Justice and Security  
 Tim Varkevisser - Centre Ministry of Justice and Security

The reintegration of former (mentally ill) violent and sex offenders in society can be an uneasy process in which the (perception of) safety plays an important role. Especially when the former offender is planning to relocate to the area in which the victim(s) or the next of kin live, this can cause considerable stress and anxiety and may also lead to more general societal uproar. The most straightforward judicial way of preventing unwanted confrontations, is the imposition of a restraining order. Since the implementation of the Long-term Supervision Act (LTSA) in the Netherlands, there are three ways restraining orders can be indefinitely imposed to (mentally ill) violent and sex offenders within the (forensic psychiatric) conditional release system. However, little is known about the effectiveness of such long-term restraining orders. Therefore, in the present study, we examined the effectiveness of restraining orders within the LTSA as well as possibilities to impose restraining orders within other Dutch judicial frameworks that could be of additional value to the LTSA (e.g., civil law, other parts of the Dutch Criminal Code). Further, we studied case law and offender records to gain insight in the applications of restraining orders in clinical practice and conducted interviews with victims and persons involved. We will present the results of our research to the audience and discuss implications for clinical practice.

### **86194: Crucial Elements Of Long-Term Back-Door Supervision Of (Mentally Ill) Sex and Violent Offenders**

Jennifer Kool - Centre Ministry of Justice and Security  
 Tim Varkevisser - Centre Ministry of Justice and Security  
 Eva Fechner - Centre Ministry of Justice and Security  
 Maria Nagtegaal - Centre Ministry of Justice and Security

Since the implementation of the Long-Term Supervision Act (LTSA) in the Netherlands, it is possible to prolong the supervision of (mentally ill) sex and violent offenders. Under specific circumstances, this can lead to life-long supervision for these patients and offenders after serving their prison sentence or finishing forensic psychiatric inpatient treatment. The LTSA consists of three components: the indeterminate duration of Conditional Release after Forensic Psychiatric treatment (FPCR), the mandatory conditional release (CR) for the minimum duration of one year for offenders from the prison system and possibilities to prolong their CR and the Measure on Behavioral Influence and limitation of freedom (MBI), a new supervision measure that can be imposed in combination with a prison sentence or forensic psychiatric treatment. The crucial elements of effective supervision in generality are well known, but the evidence on effective long-term supervision is less readily available. To this

end, a meta-review of all reviews and meta-analyses on long-term supervision as a back-door initiative published between 2000 and 2020 was set up. Supervision at the back-door is set up as part of the (conditional) release system of offenders while front-door initiatives generally serve as a diversion strategy keeping offenders out of prison. The crucial elements of long-term supervision were deducted from the literature and compared to important elements of more general supervision strategies. In this presentation, the results of the meta-review are presented. The implications of these findings for clinical practice will be discussed.

16:00 - 15:00	Grenander I
<p><u>Session 62 Paper Presentation</u>  <b>1162017: Examining Ethnic Differences In The Association Between Relationship Problems and Violence</b>  Sanam Monjazez - Simon Fraser University  Kevin Douglas - Simon Fraser University</p> <p>Risk assessment instruments regard relationship problems as a marker of violence risk. As risk tools are operationalized through a Western lens, certain risk items may be more normative and therefore less salient for ethnic/cultural minority groups. The current study examined cross-cultural differences in the postdictive validity of various relationship problems (e.g., relationship conflict, antisocial peers). Caucasian, African American, and Hispanic ex-offenders completed risk measures and reported lifetime engagement in violence. Several risk items were less accurate for ethnic minorities and/or misclassified these groups as high risk. Findings bear implications for the ethical use of risk assessment with minority groups.</p>	
<p><u>Session 62 Paper Presentation</u>  <b>1163331: “Fighting Against Many Walls”: The Challenges Of Addressing Elder Abuse</b>  Silvia Fraga Domínguez - Glasgow Caledonian University  Jennifer E. Storey - University of Kent  Emily Glorney - Royal Holloway, University of London</p> <p>Elder abuse (EA) has received little attention in the field of forensic psychology and forensic mental health. Knowledge about the characteristics of EA victims and perpetrators and the help-seeking experiences of victims and informal supporters can inform the work of professionals, who are increasingly likely to interact with these populations. This paper will present data from two studies: a large scale study involving 1,623 EA cases self-reported to a UK helpline and a qualitative study where 19 informal supporters shared their help-seeking experiences. These two studies highlight challenges in servicing this population and have implications for professionals in the field.</p>	
<p><u>Session 62 Paper Presentation</u>  <b>1161306: Online Stalking Of Instagram Influencers</b>  William Fox - Simon Fraser University  Sarah Coupland - Forensic Psychiatric Services Commission  Stephen Hart - Simon Fraser University</p>	

Social media influencers may be a particularly vulnerable population when it comes to online stalking. This study is the first to investigate how prevalent stalking victimisation is among this population and what patterns of stalking behaviour they may experience. The results of our online survey of Instagram influencers suggest that this population does experience a higher prevalence of stalking than the general population, and that as they grow in popularity on their platform they are more likely to be exposed to a larger number of stalking behaviours.

16:00 - 15:00

Grenander II

Session 63 Symposium

**1163410: Recovery In Forensic Mental Health Services: Issues In Operationalisation and Measurement**

Chair: Lindsey Gilling McIntosh - University of Edinburgh

**86209: Exploration Of Recovery Among Patients Experiencing High Secure Care**

Cheryl Rees - University of Edinburgh

The recovery approach for patients within high secure care explored the recovery of 241 patients first interviewed as part of the whole population State Hospital survey conducted in 1992/93 (Thomson et al 1997). Data have been collected from a diversity of sources including clinical and keyworker interview, case note review and extraction from health, national records and Police Scotland datasets. This comprehensive data review permitted examination of clinical, functional, offender, personal and social recovery. This presentation aims to provide an overview of the results through a range of outcomes including; pathways through services and progress, reoffending, social outcomes, health and mortality and patient self-assessment of their recovery. Over half of the cohort (56.0%), where data were available, resided out with secure services at some point during follow up, with only 12% unable to transition from high secure care. Reported sadness (MADRS) at baseline were negatively correlated with recovery scores (QPR) at follow up although qualitative data presented a picture of progress and personal development. There was little evidence of sustained social or functional recovery with reference to societal measures. The overall conviction rate was 22.7% with 7.9% violent recidivism. Almost 37% of the overall cohort died, primarily of natural causes (91%). Clinical and criminogenic outcomes were good although there was a distinct lack of sustained social recovery. Large numbers of deaths were observed however previously described high rates of suicide or unnatural deaths were not observed. Subjective depressive symptoms may impact long term upon wider aspects of recovery.

**86210: The Achievement Of Clinical and Functional Recovery In A Cohort Of High-Security Patients**

Lindsay Thomson - The State Hospital

Assessment of clinical and functional recovery from mental illness has traditionally been rooted in the medical model. Torgalsbøen (1999) proposed five criteria for achievement of full recovery in individuals with schizophrenia: 1) a reliable previous diagnosis of schizophrenia, 2) no longer fulfilling diagnostic criteria for schizophrenia at present, 3) out of hospital for at least 5 years, 4) present psychosocial functioning within a 'normal' range (e.g. scores > 65 on Global Assessment of Functioning), and 5) not on antipsychotic medication or only on low dosage. Four of Torgalsbøen

(1999)'s five criteria for recovery were applied to a cohort of high-security patients with a diagnosis of schizophrenia (n = 169) who were followed up over a 20-year period. No reliable data were available from this study to assess whether individuals met diagnostic criteria for schizophrenia at the time of follow-up. By Torgalsbøen's definition of recovery, the data present a bleak picture for forensic patients, with 68% remaining inpatients or having experienced an admission within the previous 5 years, limited recovery for 27% and only 5% evidencing good recovery. The implications of these findings for clinical practice will be discussed. We will use these data to offer what we consider major limitations to use of such an objective interpretation of recovery, and propose that a superior approach for recovery measurement with forensic patients with chronic illness should be more individualistic and holistic to the whole person's experience and aspects of life that provide them with meaning and purpose.

### **86211: Use Of Psychological Therapies To Support The Personal Recovery Of Forensic Inpatients**

Lindsey Gilling McIntosh - University of Edinburgh

Psychological therapies have significant promise in supporting the recovery of forensic patients. Yet recent reviews find recovery is not a commonly adopted outcome of such interventions. In Scotland, the planning and delivery of psychological therapies for forensic patients is guided by the Forensic Matrix, which proposes a stepped care psychological services model and which subsequently spurred the development of low and high intensity intervention protocols underpinned by recovery principles. Low intensity interventions are particularly targeted at recently admitted forensic patients, with the intention of getting patients who are early in their admission to consider what 'recovery' means to them and envisioning their recovery journey. NHS services, particularly psychological therapies services, should be subject to routine and ongoing evaluation. The use of evidence-based tools with good psychometric properties established in forensic patient populations to support this is particularly emphasised. There is however a lack of evidence-based recovery tools for forensic groups. Recognition of this gap led to recent work to examine the psychometric properties of two outcome measures suitable for use with psychological interventions: the Questionnaire on the Process of Recovery (QPR) and the Scale for Assessment of Forensic Experience of Recovery (SAFER). In two studies we tested and compared a range of psychometric properties for these measures in samples of current and former high security patients. Recommendations on the value and proposed use of these measures will be offered with focus on the established psychometric properties and with reflection on item coverage against major themes arising from forensic recovery research.

16:00 - 15:00

Alexander II/III

### Session 66 Long-Term Forensic Psychiatric Care Special Interest Group Meeting

Chair: Peter Braun

The purpose of this special interest group is to establish an ongoing forum where issues and best practices regarding Long-term Forensic Psychiatric Care (LFPC) can be discussed and shared. LFPC will concern itself with patients who do not profit enough from treatment to return safely to society. After years of various treatment attempts, some patients remain too dangerous or disruptive, and are still in need of substantial care. The seriousness and complexity of their problems, the strong societal response they evoke, the ethical considerations about the proportionality between their offences and the length of their custody, as well as the daily issues professionals on LFPC wards have to deal with will be subjects of this forum.

Meeting Agenda:

1. Opening and welcome



2. Why is there a SIG on Long-term Forensic Psychiatric Care necessary?
3. Developments throughout the world: Ireland, Belgium (open discussion) regarding clinics
4. Research-efforts on Long-term Forensic Care (and / or the elderly among forensic psychiatric care)
5. Publications on the topic that are interesting
6. Whatever comes to the floor or needs to be said on the topic
6. Change of Chair
7. Closing

# Poster Session #1

June 15, 2022

Alexander I

Submission ID	Poster Title	First Author
1163880	The Psychometric Properties of the LS/CMI: Assessing and Managing the Risk of Recidivism in offenders Who Present Mental Health Problems	Ajrrouche, Kawssar
1163974	Examining the Characteristics and Intervention Outcomes of Individuals Referred to Counter-Terrorism and -Extremism Initiatives in Victoria, Australia	Bairami, Qemalie
1164370	Was It Appropriate to Open and Then Close the Wells Unit (An Adolescent Forensic Secure Unit)	Balasubramaniam, Sinthujah
1164657	Factors Associated with Judges' Verdict in A Context of Violent Crimes Against the Person	Beauvilliers, Laurie
1160029	Electroencephalographic and Morphometric Impairments in Psychopath Offenders	Calzada-Reyes, Ana
1164193	Exploring the Dual Role of Victim and Perpetrator of Intimate Partner Violence Among Women in Two Community-Based Settings	Chabot, Julie
1162451	Predictive Validity of the VRAG-R in a Sample of Individuals Incarcerated in Mexico	Cortvriendt, Jordan
1159499	A Psychological and Criminological Portrait Of Female Inmates Involved In Human Trafficking For Sexual Exploitation: Implications For Intervention and Research	Da Silva Guerreir, João
1161575	A Taxometric Investigation of Sexual Sadism: Can Phallometric Assessment Provide Further Proof of Dimensionality	Dauphinais, Léanne
1163551	Comparing Radical and Non-Radical Violence: A Review of Meta-Analyses and Systematic Reviews on Mental Health Related Risk and Protective Factors.	Deli, Caroline
1164544	Challenges and Complexities of Trauma and Violence Informed Seclusion Care	Gabriel, Samantha

Submission ID	Poster Title	First Author
1163414	What Ends Sexual Offending? A Scoping Review on Psychological and Interpersonal Protective Factors.	Garant, Etienne
1161403	Sadistic Sexual Aggressors: Developmental and Psychological Profile, and Heterogeneity in Modus Operandi	Gauthier, Alexandre
1164356	Has the COVID-19 Pandemic Had an Impact Seclusion and Restraint Use?	Goulet, Marie-Hélène
1164023	Virtual Reality-Assisted Assessment of Psychotic Symptoms in Forensic Psychiatric Patients	Hedström, Richard
1161077	Virtual Reality Treatment in the Swedish Prison and Probation Service: A Pilot of Virtual Reality Aggression Prevention Training (VRAPT).	Ivarsson, David
1162709	Is Non-Completion of Treatment Related to Security Need?	Jeandarme, Ingeborg
1163381	Discharges From High Security in Flanders	Jeandarme, Ingeborg
1162536	Child Criminal Exploitation: Three Critical Moments!	Hamer, Louise
1162763	Evaluation Of Medical Reasons in the Divorce Cases Decided By Bakırköy Family Courts	Kilic, Ferhat
1164003	Jumping Off the Deep End - Protocol for the Evaluation of the Biofeedback VR-Game 'DEEP' in Forensic Psychiatric Inpatient Clinics	Klein Haneveld, Lisa
1164005	The Puzzle of E-health - Protocol for A Mixed-Method Study on the Effectiveness of Internet-Based Interventions in Forensic Outpatient Care	Klein Haneveld, Lisa
1163988	Differences Between Readmitted and Non-Readmitted Men from Italian Forensic Unit	Parente, Lia
1163991	Primary and Secondary Prevention in the Forensic Transcultural Psychiatric Context: The Role of Forensic Psychotherapy in A Transcultural Integrated Approach	La Tegola, Donatella

Poster Session 1	Alexander I
<p><b>1163880: The Psychometric Properties Of The LS/CMI: Assessing And Managing The Risk Of Recidivism In Offenders Who Present Mental Health Problems</b>            Kawssar Ajrouche - Laval University            Yanick Charette - Laval University</p> <p>The Level of Service/Case Management Inventory (LS/CMI) is a risk assessment tool used to guide restrictive measures decisions and manage convicts' criminogenic needs. Little is known about its properties specifically for offenders with mental health problems. This poster presentation aims to introduce our Masters' research project. Using classical test theory and item response theory, the aim of this study is to explore the specificities of the risk items for offenders who present mental health problems in order to evaluate the internal consistencies and the predictive validity of the LS/CMI for this population.</p>	
<p><b>1163974: Examining The Characteristics And Intervention Outcomes Of Individuals Referred To Counter-Terrorism And -Extremism Initiatives In Victoria, Australia</b>            Qemalie Bairami - Centre for Forensic Behavioural Sciences; Swinburne University of Psychology,            Stephane Shepherd - Swinburne University of Technology            Benjamin Spivak - Swinburne University of Technology; The Centre for Forensic Behavioural Science            Cieran Harries - Centre for Forensic Behavioural Sciences; Swinburne University of Technology</p> <p>The events of 9/11 have resulted in an increasing interest in understanding the nature of, and pathways toward terrorism. Most perspectives on terrorism have focused on Islamic terrorist/extremist organisations and transnational Islamist networks (Australian Security Intelligence Organisation, 2021). Yet, this somewhat singular focus on Islamic extremism/terrorism is limiting; it fails to consider threats to security from individuals and groups who are less motivated by religious-cultural ideology and, instead, hold grievances relating to varied ideologies/beliefs. This research aims to examine the characteristics of such individuals from a sample of individuals referred to counter-terrorism and -extremism initiatives in Victoria, Australia.</p>	
<p><b>1164370: Was It Appropriate To Open And Then Close The Wells Unit (An Adolescent Forensic Secure Unit)</b>            Sinthujah Balasubramaniam - West London NHS Trust            Jared Smith - St Georges University of London            Heidi Hales - West London NHS Trust            Annie Bartlett - St Georges University of London</p> <p>Forensic Adolescent Mental Health Services provide assessment, care and treatment for young people who may have a history of involvement with the youth justice system and present with high risk behaviours and significant emotional and mental health difficulties. Secure Hospital services play a significant role in these services. In this poster presentation, we will explore the opening of the Wells Unit and whether it met its intended purpose. We will also explore whether the closure of the unit was appropriate given the ever changing need of young people.</p>	

**1164657: Factors Associated With Judges' Verdict In A Context Of Violent Crimes Against The Person**

Laurie Beauvilliers - Université de Montréal

Félicia Deveaux - Université de Montréal

Christopher Earls - Université de Montréal

Consequences arising from a verdict are quite important when admitting the guilt of a person accused of a violent crime against the person. The perception of jurors and judges might be positively or negatively influenced by different values and opinions. Previous research has shown that different factors can predict the verdict of a jury. However, few studies have focused on judges. The present study investigated the association between different characteristics of the crime, defendant, victim and judge, and judges' verdicts. This novel study serves as a starting point for future research examining decision-making in a legal context.

**1160029: Electroencephalographic And Morphometric Impairments In Psychopath Offenders**

Ana Calzada-Reyes - Cuban Center for Neuroscience

The research evaluated the quantitative EEG, current density source and synchronization likelihood analysis and structural MRI images to compare cortical thickness, in inmates recruited from two prisons in Havana City. The PCL-R was used as a quantitative measure of psychopathy. This study showed most beta energy and less alpha activity in male psychopath offenders. LORETA signified an increase of beta activity in psychopath offender groups within paralimbic regions. Cortical thickness in the left dorsal anterior cingulate cortex and the temporal pole was negatively associated with PCL-R total score.

**1164193: Exploring The Dual Role Of Victim And Perpetrator Of Intimate Partner Violence Among Women In Two Community-Based Settings**

Julie Chabot - Université du Québec à Trois-Rivières

João Da Silva Guerreiro - Université du Québec à Montréal and Institut national de psychiatrie légale Philippe-Pinel

Suzanne Léveillé - Université du Québec à Trois-Rivières

Research on intimate partner violence (IPV) has focused primarily on the experiences of violence suffered by women and men's motivations for resorting to it. We examined women's perceptions regarding their use of IPV and the meanings attributed to it. Semi-structured interviews were conducted with 15 women in two community settings using the SARA-v3. Participants perceive the existence of turning point marking the beginning of their use of violence after being repeatedly exposed to violent models of conflict resolution. Several intervention strategies are explored based on these turning points as well as on other explanations given to their use of violence.

**1162451: Predictive Validity Of The VRAG-R In A Sample Of Individuals Incarcerated In Mexico**

Jordan Cortvriendt - University of Manitoba

Eric García--López - Instituto Nacional de Ciencias Penales, Mexico City, Mexico

Barry Rosenfeld - Fordham University

Alicia Nijdam-Jones - University of Manitoba

This study examined the predictive validity of the Violence Risk Appraisal Guide--Revised (VRAG-R; Harris et al., 2015; Rice et al., 2013) using a sample of 114 males incarcerated in Mexico. Because the VRAG-R does not have a culturally adapted version and uses North American norms, the goal of this study was to test if the VRAG-R could predict institutional violence with a culturally diverse sample. The VRAG-R predicted violence with an AUC of .71. These results suggest that the VRAG-R has good to excellent predictive accuracy. Future research and clinical implications are discussed.

**1159499: A Psychological and Criminological Portrait Of Female Inmates Involved In Human Trafficking For Sexual Exploitation: Implications For Intervention and Research**

João Da Silva Guerreiro - Université du Québec à Montréal and Institut national de psychiatrie légale Philippe-Pinel

Maude Payant - Université du Québec à Montréal

Katrin Mueller-Johnson - University of Oxford

Sidney Archambault-Wakil - Université de Montréal

Marie-Pier Vaillancourt-Morel - Université du Québec de Trois-Rivières

The implementation of adequate support services to address the needs of women involved in human trafficking for the purposes of sexual exploitation serving a prison sentence has been recently highlighted as an urgent issue. If not properly identified and addressed, these needs lead to a higher likelihood of re-trafficking upon release. We present the preliminary findings of 60 participants of a research conducted in two provincial correctional facilities in Quebec aimed at drawing a psychological and criminological portrait. Based on this preliminary portrait, we highlight challenges in tailoring interventions to address their complex needs and identify future directions for research.

**1161575: A Taxometric Investigation Of Sexual Sadism : Can Phallometric Assessment Provide Further Proof Of Dimensionality**

Léanne Dauphinais - Université de Montréal

Nicholas Longpré - Edge Hill University

Jean-Pierre Guay - Université de Montréal

Raymond A. Knight - Brandeis University

Jean Proulx - Université de Montréal

Sexual sadism has traditionally been conceptualized as having a taxonomic latent structure, implying that people with sadistic interests are fundamentally different from those not presenting such interests. However, many researchers have argued in favor of a dimensional structure, implying that inter-individual variation is a matter of intensity, not nature. This study assessed the latent structure of sexual sadism with taxometric analyses of the phallometric assessments of 331 sexual offenders assessed at the Philippe-Pinel Institute in Canada. The results plead in a favor of a dimensional latent structure. Implications of such results regarding the assessment of sexual sadism are discussed.



**1163551: Comparing Radical And Non-Radical Violence: A Review Of Meta-Analyses And Systematic Reviews On Mental Health Related Risk And Protective Factors.**

Caroline Deli - Université de Montréal  
 Ghayda Hassan - Université du Québec à Montréal  
 Mélina Girard - Université de Montréal  
 Sébastien Brouillette-Alarie - Université du Québec à Montréal  
 Pablo Madriaza - Université du Québec à Montréal

The current study compared risk and protective factors related to mental health for non-radical violent offending and violent radical offending by conducting a scoping review of existing meta-analyses and systematic reviews. This enabled the identification of risk and protective factors common to both phenomena, and specific to violent radicalization. Results could help to refine existing risk assessment tools for violent radicalization and to prevent radicalization at an early stage by acting upon these factors. The review initially found more than 5,000 documents but settled on 91 studies that met its inclusion criteria. Implications for practice will be discussed.

**1164544: Challenges And Complexities Of Trauma And Violence Informed Seclusion Care**

Samantha Gabriel - McMaster University  
 Ashley Fry-O'Rourke - McMaster University  
 Mary-Lou Martin - St. Joseph's Healthcare Hamilton; McMaster University

This conceptual map describes trauma and violence informed approaches (TVIA) to seclusion care and its impact on patients' lived experiences and health outcomes. The goal inherent in providing a TVIA to care is to minimize harm by avoiding trauma or re-traumatization and supporting patients' resiliency and recovery. In studying the experience of seclusion, we are forced to examine our practices and question how we can be successful in providing TVIA. If we want to eliminate trauma associated with seclusion, we must support peoples' resilience by innovating and transforming the policies, systems and practices.

**1163414: What Ends Sexual Offending? A Scoping Review On Psychological And Interpersonal Protective Factors.**

Etienne Garant - Université de Montréal  
 Frédéric Ouellet - University of Montreal  
 Jean Proulx - Université de Montréal

What protective factors lead a sex offender to desist from sex offending? This scoping review aims for two specific objectives: provide an overview of the current state of the literature on desistance and the protective factors as well as to assist clinical decision making in order to achieve desistance. From a database of 6556 scientific articles, 26 were retained for the present study. In addition to conceptualizing desistance in three different ways depending on the methodological approach employed, the thematic analysis used in this study identified 32 empirically validated protective factors that contribute to desistance with sexual offenders.

**1161403: Sadistic Sexual Aggressors: Developmental And Psychological Profile, And Heterogeneity In Modus Operandi**

Alexandre Gauthier - Université de Montréal

Jean Proulx - Université de Montréal

The aim of the current study is twofold: 1) identify the factors that distinguish sadistic from nonsadistic sexual aggressors; and 2) ascertain whether sexually sadistic offending is a heterogeneous phenomenon. The study sample was composed of 206 sexual aggressors against women. The Severe Sexual Sadism Scale (SESAS) was used to categorize the aggressors. Our results indicated revealed that sadistic and nonsadistic sexual aggressors differ on some developmental, psychological, sexological, and criminological factors. Latent class analysis indicated that sexual sadism is not a heterogeneous phenomenon. Theoretical and clinical implications of our results will be discussed.

**1164356: Has The Covid-19 Pandemic Had An Impact On Seclusion And Restraint Use?**

Marie-Hélène Goulet - Université de Montréal

Alexandre Dumais - Université de Montréal

Christine Cassivi - Université de Montréal

The prevalence of coercive measures remains high in mental health settings even though international recommendations aim to reduce their use to exceptional situations. The COVID-19 pandemic that has been raging internationally has been identified as factor that may influence the use of seclusion and restraint. This presentation aims to examine the impact of the pandemic on the use of seclusion and restraint in a Canadian adult psychiatric inpatient setting using a quasi-Poisson method. The results will be discussed in regard of the anticipated increase and its impact on the rights of mental health service users.

**1164023: Virtual Reality-Assisted Assessment Of Psychotic Symptoms In Forensic Psychiatric Patients**

Richard Hedström - Lund University

Chris Geraets - University Medical Center Groningen

Märta Wallinius - Lund University

Kristina Sygel - Karolinska Institute

Based on knowledge from previous research, observing paranoid thoughts and behaviors in Virtual Reality (VR) can give a rich, real-time source of information on how patients perceive social interactions. Our study is an explorative feasibility study with 10 patients from a Swedish forensic psychiatric clinic. The aim is to develop and perform initial evaluations of a VR-assisted assessment of paranoid ideation in patients with psychosis. The poster will provide an overview of the newly developed assessment method, and how it will be evaluated. VR could provide controlled settings resembling real-life social situations facilitating psychiatric assessments, even in high-security forensic environments.

**1161077: Virtual Reality Treatment In The Swedish Prison And Probation Service: A Pilot Of Virtual Reality Aggression Prevention Training (VRAPT).**

David Ivarsson - Swedish Prison and Probation Service; LU-CRED

Carl Delfin - LU-CRED

Pia Enebrink - Karolinska institutet

Märta Wallinius - Regional Forensic Psychiatric Clinic in Växjö; LU-CRED

Virtual reality (VR) as an aiding technology in treatment is developing rapidly, both in the general psychiatric field and forensic settings. VR shows promise as a tool for individual adaptation of treatment and in gaining knowledge about effective offender treatments. This poster presents a case series pilot study of the Virtual Reality Aggression Prevention Training (VRAPT) targeting violent offenders within the Swedish prison setting. Target group, change on criminogenic needs (i.e., emotion dysregulation and aggression) as well as confounders that might affect the results, are described. The study provides information on practice of VR-assisted aggression treatment within a prison context.

**1162709: Is Non-Completion Of Treatment Related To Security Need?**

Ingeborg Jeandarme - KULeuven

Habets Petra Habets - Knowledge Centre Forensic Psychiatric Care (KeFor), Public Psychiatric Hospital Rekem

Kenneth O'Reilly - National Forensic Mental Health Service, Central Mental Hospital; Trinity College Dublin

Harry Kennedy - Trinity College Dublin

In this study we compared 25 treatment non-completers to 25 completers in a forensic medium security sample. 'Non-completion' was defined as any failure to complete treatment, whether staff-terminated or self-terminated. Most patients had psychosis and/or personality disorder and often substance use disorders also. DUNDRUM-1, PCL-R Facet 4 and HCR-20 scores were significantly higher among non-completers than completers, but after binary logistic regression, only the DUNDRUM-1 was independently associated with non-completion. It is therefore suggested that the DUNDRUM-1 might be used when assessing referrals to a therapeutically secure service, to supplement other assessment tools focusing on risk of harm to others.

**1163381: Discharges From High Security In Flanders**

Ingeborg Jeandarme - KULeuven

Gokhan Goktas - FPC Gent

Jan Boucké - FPC Gent

Laurent De Boel - FPC Gent; FPC Antwerpen

Ingrid Dekkers - FPC Antwerpen

Geert Verbeke - FPC Gent

The current study reports on the discharges of forensic psychiatric patients placed under mandatory treatment in the two high security hospitals in Flanders in the period from 17/11/2014 to 16/11/2020. Data was extracted from the 654 patient files and demographic, judicial, clinical and risk profile characteristics were analyzed. The discharges to lower security and outcome thereof are discussed. In addition, attention is paid to the referrals that didn't lead to a discharge and the referrals to prison.

After six years nearly a third of the population was discharged and rehabilitation was mainly positive whereas referrals to prison remained very low.

**1162536: Child Criminal Exploitation: Three Critical Moments!**

Louise Hamer - Lancashire & South Cumbria NHS foundation trust

Joanna Johnson - Lancashire and South Cumbria NHS Foundation Trust

In March 2020, the Child Safeguarding Practice Review Panel from England and Wales commissioned a national review into the criminal exploitation of children. The review identified organised criminal crime groups (OCGs) that were skilled at using coercion, control and manipulation to entice children into criminal activity. The review identified three critical moments in children's lives that provide a 'window of opportunity' for professionals to intervene and make a difference to their long-term outcomes.

- 1) the point at which children are excluded from school
- 2) when children access an emergency department and
- 3) when children come into contact with custody.

**1162763: Evaluation Of Medical Reasons In The Divorce Cases Decided By Bakırköy Family Courts**

Ferhat Kilic - Istanbul University

A.Ufuk Sezgin - Istanbul University

Sevgi Kilic - Istanbul University

Nadir Arıcan - Istanbul University

In the current study, it is aimed to elucidate the reasons leading to the divorce process, to determine the points that health professionals working in this field should consider about the process, to better understand the divorce decision-making experiences of individuals, and to raise awareness about the subject through assessing the sociodemographic and socioeconomic status of individuals who applied for divorce, as well as their histories of physical and mental illness. When the medical reasons for divorce investigated in the study, alcohol/substance addiction was shown as the reason for divorce at a significant rate (n:115, 57.2%)

**1164003: Jumping Off The Deep End - Protocol For The Evaluation Of The Biofeedback VR-Game 'Deep' In Forensic Psychiatric Inpatient Clinics**

Lisa Klein Haneveld - Transfore

Hanneke Kip - University Twente

Yvonne Bouman - Transfore Forensic Mental Health

Jente van Rijn - De Woenselse Poort

Regular treatment of forensic psychiatric patients often requires cognitive skills, such as talking and reflecting on behaviour. However, the forensic psychiatric patient population is known for their often lower cognitive skills, causing cognitive therapy not always being the best fit. In this poster we will show the protocol of a study that evaluates the VR-game DEEP and its focus on 'deep'-breathing in an engaging way. Focus groups and a single-case experimental design are used to evaluate DEEP on stress, aggression and physiological arousal. During a pilot DEEP will be 'released' in forensic clinics to study the possibilities for implementing DEEP.

**1164005: The Puzzle Of Ehealth - Protocol For A Mixed-Method Study On The Effectiveness Of Internet-Based Interventions In Forensic Outpatient Care**

Lisa Klein Haneveld - Transfore  
 Hanneke Kip - University Twente  
 Yvonne Bouman - Transfore Forensic Mental Health  
 Saskia Kelders - University of Twente

Internet-based interventions are well-known in the forensic mental healthcare, however not used as much as expected. In this poster we will show the protocol of a study that focuses on four puzzle pieces to explain the potential added value of internet-based modules to forensic outpatients: adherence, engagement, effectiveness and experienced value. Quantitative data such as logdata and questionnaires is used to measure the adherence and engagement of online modules. Next to that, a multicentre randomized controlled trial will measure the treatment readiness, motivation, self-efficacy, and aggression of forensic outpatients. This is complemented with semi-structured interviews with patients and their caregivers.

**1163988: Differences Between Readmitted And Non-Readmitted Men From Italian Forensic Units**

Lia Parente - Università degli Studi di Bari  
 Ilaria Rossetto - Università degli Studi di Milano  
 Donatella La Tegola - Università degli studi di Bari  
 Filippo Franconi - Rems Castiglione delle Stiviere  
 Fulvio Carabellese - Università degli Studi di Bari  
 Alan R Felthous - Saint Louis University School of Medicine  
 Felice Francesco Carabellese - Università degli Studi di Bari

We compared male forensic psychiatric patients readmitted (RM) and not readmitted (NMR) after being conditionally or non-conditionally released discharged from the REMS in Castiglione delle Stiviere from 2008 to 2016 not readmitted until December 31st , 2018. Being readmitted in a male REMS depends on the presence of SUD and younger age at first discharge. RM had a median length of stay shorter than NRM, RM had a higher proportion of PD diagnosis and SUD presence compared to NRM. Young male patients with PD and SUD are at risk of readmission in forensic facilities.

**1163991: Primary And Secondary Prevention In The Forensic Transcultural Psychiatric Context: The Role Of Forensic Psychotherapy In A Transcultural Integrated Approach**

Donatella La Tegola - Università degli studi di Bari  
 Francesco Spadaro - CNWL, London, UK  
 Lia Parente - Università degli Studi di Bari  
 Fulvio Carabellese - Università degli Studi di Bari  
 Giulia Bruno - Università degli Studi di Bari  
 Gabriele Mandarelli - Università degli Studi di Bari  
 Felice Francesco Carabellese - Università degli Studi di Bari

The role and the competence of Psychiatry and Forensic Psychiatry in the Community is for both primary and secondary prevention of the crime which may be acted by psychiatric patients. The possibility to integrate the forensic treatment with Forensic Psychotherapy will give the possibility to enter the personal world of the patients and their culture, not only for a legitimate acknowledgement

but, also, it will may become a relevant factor in preventing criminal acts or relapses in crime for psychiatric forensic patients. Some clinical examples and also some integrative models will be presented.



# Poster Session #2

June 16, 2022

Alexander I

Submission ID	Poster Title	First Author
1160424	Risks, Needs and Clinical Analysis of Intimate Partner Violence: Evaluation of The Psychometrics Properties of A New Risk Assessment Measure	Allard, Victoria
1164022	Implementation of New Technology in Forensic Psychiatric Services	González Moraga, Fernando
1162062	Dissecting The Heterogeneity of Autism Spectrum Disorder: Focus on Phelan-Mcdermid Syndrome (PMS)	Lamschtein, Claudia
1163900	The Effects of Post-Traumatic Stress Disorder (PTSD) On Recidivism in Legally Involved Individuals in A Mental Health Jail Diversion Program.	Lukoff, Jennie
1164172	Adverse Childhood Experiences, Disinhibited Traits and Behaviors, and Aggressive Antisocial Behaviors in A Forensic Psychiatric Sample	Meddeb, Adam
1162695	The Psychopathological Profile of Abusive Intimate Partners	Ménard, Ingrid
1164331	Future of Subjects Considered to Be Not-Criminally Responsible Due To The Abolition of Their Judgment Following The French Penal Code.	Moulia-Pelat, Estebanine
1163986	Meta-Analysis of SMARPP; The Relapse Prevention Program in Japan	Omiya, Soichiro
1161485	Relevance of Psychogeriatrics in The Prison Setting: A Descriptive Analysis	Pérez-Sánchez, Ezequiel-Jesús
1163747	A Chemical Connection to Capgras Syndrome: The Role of Synthetic and Hallucinogenic Drugs	Piasecki, Melissa
1163761	Cognitive Impact of Taser Exposure: Implications for Victim and Defendant Statements	Piasecki, Melissa
1164236	Assessment Of Human Rights Fulfillment in Psychiatric Centers of Bolivia	Rivera, Guillermo

Submission ID	Poster Title	First Author
1164061	Implicit Bias in Policing: Benefits and Risks of Using The Harvard Implicit Association Test (IAT) in Police Evaluations	Cooper, Ryan
1162379	Open Nursing Station in A New Medium Secure Ward: An Evaluation of Safety and Patient Experience	Thomas, Alec
1164071	Prevalence of Exposure To Childhood Trauma in Male Prisoners: A Systematic Review and Meta-Analysis	Umpunjun, Petch
1164116	Exposure To Trauma in Childhood Amongst Male Forensic Populations: A Systematic Review and Meta-Analysis	Umpunjun, Petch
1164146	Providing Cash Transfers To Forensic Mental Healthcare Patients in The Netherlands	Veldhuis, Irene
1163797	Examining The Association Between The MMPI-2-RF and PCL-R: A Mexico City Replication Study	Vinet, Dominique
1164340	STRESS-Testing Clinical Activity and Outcomes for A Combined Prison In-Reach and Court Liaison Service: 3-Year Study of 5740 Male Remands	Walsh, Jamie
1158397	Potential Sources of Moral Injury for Healthcare Staff in Forensic and Psychiatric Settings: A Systematic Literature Review and Meta-Ethnography	Webb, Elanor
1158399	When You Can't Let Your Conscience Be Your Guide: A Delphi Study of Morally Injurious Experiences in Forensic Psychiatric Settings	Webb, Elanor
1164000	What Are We Really Measuring With The HoNOS in Forensic Settings? Exploring Its Structure Through Confirmatory and Exploratory Factor Analyses	Webb, Elanor
1162327	UK Regional Offender Personality Disorder (OPD) Higher Education Training Initiative	Wright, Karen

Poster Session 2	Alexander I
<p><b>1160424: Risks, Needs And Clinical Analysis Of Intimate Partner Violence: Evaluation Of The Psychometrics Properties Of A New Risk Assessment Measure</b>            Victoria Allard - University of Montréal            Guy Giguère - Ministry of Publique Safety Quebec            Tamsin Higgs - University of Montréal</p> <p>Intimate partner violence (IPV) is a major global concern and perpetrators of such acts increasingly face legal consequences for their actions. Yet, IPV perpetrators often present several mental health factors predictive of IPV. This project aims to validate a new IPV risk assessment measure, developed to establish recidivism risk and to inform treatment plans. This measure considers metal health factors and psychological needs to increase the effectiveness of intervention and community re-insertion by providing appropriate resources. A pilot study is performed within the Quebec correctional system and uses classical test theory to establish the psychometric properties of this new inventory.</p>	
<p><b>1164022: Implementation Of New Technology In Forensic Psychiatric Services</b>            Fernando González Moraga - Regional Forensic Psychiatric Clinic Växjö, Sweden; Lund University            Märta Wallinius - Regional Forensic Psychiatric Clinic in Växjö; LU-CRED</p> <p>In the coming years, the maximum-security forensic psychiatric clinic in Växjö, Sweden, will be a driving force in the development and evaluation of Virtual Reality (VR)-assisted assessment and treatment interventions, with the aim to provide knowledge on how VR can improve forensic psychiatric care. A goal is to find ways where new technology, e.g. VR, can improve the day-to-day care and be accessible for both patients and varying professions. A major challenge is the implementation of new technology and here we will present the challenges in the utilization and use of new technology in forensic psychiatric research and care.</p>	
<p><b>1162062: Dissecting The Heterogeneity Of Autism Spectrum Disorder: Focus On Phelan-Mcdermid Syndrome (PMS)</b>            Claudia Lamschtein - Royal Ottawa Mental Health Hospital</p> <p>Autism spectrum disorders (ASD) are a group of neurodevelopmental disorders that show delays and deficits in developing multiple brain functions, characterized by social communication, poor language development, and restricted and stereotyped patterns of interests and behaviours. Structural variations of chromosomes have been identified in some ASD individual. A terminal deletion of the 22q segment causes a 22q13.3 deletion syndrome, which is now referred to as Phelan-McDermid syndrome (PMS). We conducted a systematic review, therefore, outlines the following: (1) Pathophysiological basis and clinical manifestations of PMS; (2) PMS pre-clinical models and applications to ASD; and (3) clinical implications of novel therapeutic strategies.</p>	

**1163900: The Effects Of Post-Traumatic Stress Disorder (PTSD) On Recidivism In Legally Involved Individuals In A Mental Health Jail Diversion Program.**

Jennie Lukoff - Fordham University

Zoe Feingold - Fordham University

Melodie Foelmi - EAC New York

Merril Rotter - Albert Einstein College of Medicine, Department of Psychiatry

Barry Rosenfeld - Fordham University

Exposure to traumatic events and symptoms of post-traumatic stress disorder (PTSD) is common among individuals involved in the criminal legal system. Individuals with PTSD are at an increased risk of reoffending after their release from prison; however, researchers have yet to examine whether PTSD symptoms increase the risk of recidivism among individuals with mental illness in an alternative to incarceration (ATI) program. The present study uses a longitudinal program evaluation database of individuals enrolled in an ATI program in New York City to examine the extent to which PTSD symptoms at program intake predict recidivism outcomes following program enrollment.

**1164172: Adverse Childhood Experiences, Disinhibited Traits And Behaviors, And Aggressive Antisocial Behaviors In A Forensic Psychiatric Sample**

Adam Meddeb - Lund University

Natalie Laporte - Regional Forensic Psychiatric Clinic in Växjö

Märta Wallinius - Regional Forensic Psychiatric Clinic in Växjö; LU-CRED

In this study, we investigated the association between adverse childhood experiences (ACE), disinhibited traits and behaviors, and aggressive antisocial behaviors (AAB) in forensic psychiatric patients. Furthermore, the possible moderation of ACE on the association between disinhibited traits and behaviors and AAB was evaluated. Our results entailed moderate-strong correlations between all variables, and strong main effects for both ACE and disinhibited traits and behaviors in the regression models. However, no moderation effect was found. Post-hoc analysis showed that various forms of ACEs were differentially related to AAB. In conclusion, ACE and disinhibited traits and behaviors should be considered in forensic treatment.

**1162695: The Psychopathological Profile Of Abusive Intimate Partners**

Ingrid Ménard - University of Montreal

Jean Proulx - Université de Montréal

Jonthan James - Université de Trois Rivières

Studies show that there is a heterogeneity of abusive-partner profiles and that these profiles seem to be associated with different forms of violence. However, a literature review reveals a lack of knowledge regarding the personality and psychopathological profile of spouses who sexually assault their partners. In consequence, this study had two objectives: (1) To classify (two step cluster) abusive spouses on the basis of their psychopathological profile; and (2) to compare the psychopathological characteristics (e.g., substance abuse) and types of violence committed (e.g., physical or sexual) in the profiles. The theoretical and clinical implications of the study will be discussed.

**1164331: Future Of Subjects Considered To Be Not-Criminally Responsible Due To The Abolition Of Their Judgment Following The French Penal Code.**

Estebanine Moulia-Pelat - McMaster University  
 Roseline Pons - Service de Sante des Armees, France  
 Nidal Nabhan Abou - PH CHGR Guillaume Regnier

It is believed that forensic mental health services have the ability to ensure patients' stability long-term. However, depending on the jurisdiction and the legal framework of such services, how they operate may differ. This study looked at individuals in France who were deemed not criminally responsible. We described their "forensic outcome" in terms of the level of restriction imposed, the need for inpatient admission and the level of care they received. We also looked at the decision of discontinuing the mandatory care. Our analyses focused on identifying the psychiatric and legal characteristics associated with the different outcomes.

**1163986: Meta-Analysis Of SMARPP; The Relapse Prevention Program In Japan**

Soichiro Omiya - Joetsu University of Education  
 Taichi Okumura - Shiga University  
 Sou Kikuchi - Private Practice  
 Yuko Tanibuchi - Chiba hospital  
 Toshihiko Matsumoto - National Institute of Mental Health, National Center of Neurology and Psychiatry

The treatment of substance abuser, including substance offender, is very important. The relapse prevention of program, Serigaya Methamphetamine Relapse Prevention Program (SMARRP), have been offered in Prison and Hospital, and so on in Japan. Some studies reported the effectiveness of the program, however, the meta-analysis of the effectiveness of SMARPP was not conducted. The 11 peer reviewed-papers was extracted, and the indexes of the degree of problems awareness and treatment motivation for substance abuse and the self-efficacy in dealing with drug problems were evaluated. Results showed significant improvement in these indexes.

**1161485: Relevance Of Psychogeriatrics In The Prison Setting: A Descriptive Analysis**

Ezequiel-Jesús Pérez-Sánchez - UHPP-C  
 Marc Peraire - Consorcio Hospitalario Provincial Castellón  
 Jesús Pérez-Pazos - UHPP-C  
 Juan Manuel de Gomar-Malia - UHPP-C  
 Vicenç Tort-Herrando - UHPP-C

The ageing of the world population is reflected in the penitentiary setting, with a progressive increase of elderly inmates. This narrative review is conducted to summarize the findings regarding psychogeriatrics in prisons. We found that prisoners over 50 have a different profile from the rest of the prison population. Elderly inmates present a high prevalence of substance abuse, affective symptoms, and cognitive deterioration. Other mental diseases and physical comorbidities are significantly higher than in young convicts and the geriatric population. It would be advisable to adapt clinical care by optimizing resources, developing prison psychogeriatrics and establishing specific assessment and treatment.

**1163747: A Chemical Connection To Capgras Syndrome: The Role Of Synthetic And Hallucinogenic Drugs**

Melissa Piasecki - University of Nevada, Reno School of Medicine  
 Elizabeth Piasecki Phelan - Washington University School of Medicine

Capgras syndrome is a psychiatric condition in which an individual has the delusion that a close family member or friend has been replaced by an identical imposter. We describe new onset Capgras delusions, in which the defendant believed family members were replaced by aliens and reptilian humanoids, following intoxication with psilocybin. These beliefs resulted in homicidal behaviors. We provide an overview of the neurological bases for Capgras syndrome and summarize published cases of onset following drug use. The poster concludes with implications for forensic assessment of hallucinogenic drug use and for the assessment of Capgras delusions in defendants.

**1163761: Cognitive Impact Of Taser Exposure: Implications For Victim And Defendant Statements**

Melissa Piasecki - University of Nevada, Reno School of Medicine  
 Elizabeth Piasecki Phelan - Washington University School of Medicine

Conducted Electrical Weapons (TASERS) are commonly used by law enforcement and in criminal activity. This poster describes a case of a victim who was assaulted with a TASER and illustrates the potential impact that exposure to Conducted Electrical Weapons can have on cognitive abilities including recall of witnessed events. We provide an overview of the literature on the pathophysiology of electrical injury and studies of cognitive impairment in normal volunteers who received TASER shocks. We address the implications for interpreting the accuracy of victim statements and for the interviews and interrogation of defendants with recent TASER exposures.

**1164236: Assessment Of Human Rights Fulfillment In Psychiatric Centers Of Bolivia**

Guillermo Rivera - Universidad Privada de Santa Cruz de la Sierra  
 Davide Doardi - Universidad Franz Tamayo

Descriptive study of an exploratory nature and quantitative approach, of the mental health, which includes the 6 public establishments distributed throughout the territory of the Plurinational State of Bolivia, carried out by applying the instrument WHO Quality rights tool kit for assessing the degree of conformity of the attention in mental health to the indicators on human rights of the World Health Organization.

**1164061: Implicit Bias In Policing: Benefits And Risks Of Using The Harvard Implicit Association Test (IAT) In Police Evaluations**

Ryan Cooper - Shelton Forensic Solutions LLC  
 Sarah Shelton - Shelton Forensic Solutions LLC  
 Mariya Leyderman - Shelton Forensic Solutions LLC

Racial disparities in policing have been highlighted by recent cases garnering international attention. As the world grapples with this issue, there is a focus on police hiring processes. Police often participate in fitness for duty evaluations. Implicit bias is holding beliefs about groups of people without conscious awareness. This may be one piece of the complex dynamics of racism found in police



violence against minorities. The IAT assesses this phenomenon and could be relevant in identifying candidates at risk of responding inappropriately to minority groups. However, ethical and legal concerns exist regarding its use from a legal and ethical perspective.

**1162379: Open Nursing Station In A New Medium Secure Ward: An Evaluation Of Safety And Patient Experience**

Alec Thomas - Elysium Healthcare Limited  
 Jessica Wilson - Elysium Healthcare Limited  
 Philip Huckle - Elysium Healthcare Limited

Open nursing stations are becoming more popular in general psychiatric wards. This prospective study will evaluate their impact in a new medium secure ward by analysing i) whether reported incidents of harm to staff, service users or property damage are related to the open nursing station; and ii) patients' qualitative experience of the design, particularly in comparison to other services they have experienced. If the positive patient experience reported in studies of similar designs in general psychiatric settings can be safely reproduced, we hope the open nursing station could become a feature of secure units in years to come.

**1164071: Prevalence Of Exposure To Childhood Trauma In Male Prisoners: A Systematic Review And Meta-Analysis**

Petch Umpunjun - St Andrew's Healthcare; University of Birmingham  
 Elanor Webb - St Andrew's Healthcare; University of Central Lancashire  
 Deborah Morris - St Andrew's Healthcare

Exposure to trauma in childhood has been associated with a greater risk for engaging with the criminal justice system. Despite this, studies into incarcerated population have been somewhat limited, especially in male samples. Accordingly, this review and meta-analysis summarises the studies reporting on the prevalence of childhood trauma in male prison populations. Results indicate pervasively high levels of exposure to childhood trauma in prisoners. Furthermore, biases in the types of trauma investigated and the cultural competency of the ACEs framework indicate that current figures underestimate the true prevalence of exposure to trauma in childhood. Future research directions are also discussed.

**1164116: Exposure To Trauma In Childhood Amongst Male Forensic Populations: A Systematic Review And Meta-Analysis**

Petch Umpunjun - St Andrew's Healthcare; University of Birmingham  
 Elanor Webb - St Andrew's Healthcare; University of Central Lancashire  
 Deborah Morris - St Andrew's Healthcare

Even though literature suggests that individuals receiving treatment in forensic services have experienced adverse childhood experiences (ACEs), the number of studies exploring its roles in male forensic populations is low. Thus, this review and meta-analysis summarised and reported on studies examining the prevalence of childhood trauma in male forensic populations. The initial results demonstrate that ACEs framework is perhaps unlikely to capture wider needs in forensic settings, especially in diverse cultures and countries. In addition, biases in investigating types of childhood trauma are presented. The types of exposure to trauma in childhood, future research and

policy/clinical implications are discussed.

**1164146: Providing Cash Transfers To Forensic Mental Healthcare Patients In The Netherlands**

Irene Veldhuis - GGZ Noord Holland Noord  
 Wouter Boekweit - GGZ Noord Holland Noord  
 Jonathan Berg - Bureau Berg  
 Dorien Mul - Bureau Berg

Why is it that those who could benefit most, have the hardest time showing up and committing to treatment? Why is it that we so often hear stories about their material needs (money, housing) while we try to address their psychological needs? These questions puzzled us while working in the forensic mental healthcare field for years. Researchers and policy makers have been looking for answers inside the individual patient. But what if all of us would have poorer judgement and choices under the influence of scarcity and a lack of resources? Shouldn't we treat the context instead?

**1163797: Examining The Association Between The MMPI-2-RF And PCL-R: A Mexico City Replication Study**

Dominique Vinet - University of Manitoba  
 Eric García--López - Instituto Nacional de Ciencias Penales  
 Barry Rosenfeld - Fordham University  
 Alicia Nijdam-Jones - University of Manitoba

This project replicates Haneveld et al.'s (2017) study examining the association between MMPI-2-RF scales and the PCL-R using a sample of adult males incarcerated in a Mexican prison. MMPI-2-RF and PCL-R data was available for 128 participants. As seen in previous research, our study found significant correlations between the two measures, including the PCL-R total score with the RC4 ( $r = .64$ ) and BXD ( $r = .59$ ) scales. These results support the cultural validity of the Mexican MMPI-2-RF as a potential indicator of psychopathic traits and may inform treatment among justice involved adults. Future research and clinical implications are discussed.

**1164340: Stress-Testing Clinical Activity And Outcomes For A Combined Prison In-Reach And Court Liaison Service: 3-Year Study Of 5740 Male Remands**

Jamie Walsh - National Forensic Mental Health Service, Dundrum, Dublin, Ireland.  
 Enda Taylor - National Forensic Mental Health Service, Dundrum, Dublin, Ireland  
 Mark Joynt - National Forensic Mental Health Service, Dublin, Ireland  
 Martin Caddow - National Forensic Mental Health Service, Dundrum, Dublin, Ireland  
 Damian Smith - National Forensic Mental Health Service, Dundrum, Dublin, Ireland  
 Conor O'Neill - National Forensic Mental Health Service, Dundrum, Dublin, Ireland

We aimed to examine measures of the clinical efficiency and effectiveness of a prison in-reach, court diversion and liaison service over a 3-year period using the STRESS-Testing model of assessment previously described. Secondly, we aimed to compare rates of identification of psychosis and diversion with rates previously reported for the same setting in the previous 3 years. All 5740 consecutive remands were screened, of whom 937 remand episodes received a psychiatric assessment. 4.87 % overall (280/5740) had active psychotic symptoms. Numbers admitted to forensic beds had reduced and time to achieve such admissions increased compared with the

previous 3-year period.

**1158397: Potential Sources Of Moral Injury For Healthcare Staff In Forensic And Psychiatric Settings: A Systematic Literature Review And Meta-Ethnography**

Elanor Webb - St Andrew's Healthcare; University of Central Lancashire

Jane Ireland - University of Central Lancashire

Michael Lewis - University of Central Lancashire

Deborah Morris - St Andrew's Healthcare

Moral injury has been applied to account for the psychological distress experienced by healthcare professionals in forensic and psychiatric settings, though the events underlying its development remain poorly defined. A systematic review and meta-ethnographic synthesis was conducted to explore and conceptualise the potentially morally injurious experiences of healthcare staff in forensic and psychiatric settings. Thirty articles were synthesised, and a series of three dichotomies between which healthcare staff found themselves working emerged. The potential sources of moral injury identified through the review inform a number of potential mechanisms and strategies for minimizing, if not preventing, exposure to such events.

**1158399: When You Can'T Let Your Conscience Be Your Guide: A Delphi Study Of Morally Injurious Experiences In Forensic Psychiatric Settings**

Elanor Webb - St Andrew's Healthcare; University of Central Lancashire

Jane Ireland - University of Central Lancashire

Michael Lewis - University of Central Lancashire

Deborah Morris - St Andrew's Healthcare

Healthcare professionals in forensic psychiatric settings face unique occupational challenges which may conflict with one's moral code. Whilst moral injury has been applied to explain psychological distress in this population, understanding of its sources remains inchoate. A three-round expert Delphi survey was conducted to gain consensus on the sources of moral injury for healthcare professionals in forensic psychiatric services. The panel comprised academics with knowledge on moral injury and healthcare professionals working in forensic psychiatric settings. Items reaching consensus were grounded in systemic, relational and individual factors. Findings are discussed in relation to their implications for policy, practice and training.

**1164000: What Are We Really Measuring With The HoNOS In Forensic Settings? Exploring Its Structure Through Confirmatory And Exploratory Factor Analyses**

Elanor Webb - St Andrew's Healthcare; University of Central Lancashire

Deborah Morris - St Andrew's Healthcare

There remains a lack of consensus on the factor structure of the Health of the Nation Outcome Scale (HoNOS) in mental health, including forensic, populations. Confirmatory and exploratory factor analysis techniques were employed to examine the structure of the HoNOS in an adult forensic population. Despite problems in estimating fit, the four-factor model established in a forensic sample previously was not supported by the data, and a one-factor solution was instead yielded. Nevertheless, the suitability of a singular 'severity' factor was questionable. Implications for the scoring of the HoNOS in both research and practice are discussed.

**1162327: Uk Regional Offender Personality Disorder (OPD) Higher Education Training Initiative**

Karen Wright - University of Central Lancashire

Gary Lamph - University of Central Lancashire

Alison Elliott - University of Central Lancashire

The development, delivery and evaluation of an innovative higher education programme on Offender Personality Disorder (OPD) which was a collaborative venture between Leeds and York Partnership NHS Foundation Trust and the University of Central Lancashire using a unique model of co-production with academics, clinicians and lived experience experts. Our findings provide insight into the experiences of the OPD workforce in receipt of higher educational training modules and direction for the shaping of future approaches. Our unique model of co-production is one that we feel will be of value to an international audience

# INFORMATION FOR STUDENTS

IAFMHS Conference  
June 14-16, 2022  
H4 Hotel Berlin  
Alexanderplatz



## STUDENT BREAKFAST (JUNE 14, 7.30-9 AM)

We welcome all our student members with our Student Breakfast on Tuesday morning. We will introduce the Student Board and the Housekeeping Rules, play games to get to know each other, and we will present you the "BEST OF" Germany - everything you need to know to enjoy your stay as much as possible! We will give you some insight into facts and curiosities about the country and introduce you to things you definitely should not miss out during your time in Berlin!

## STUDENT PANEL (JUNE 14, 3.40-4.50 PM)

Our this year's Student Panel will be chaired by Professor Michael Daffern from Swinburne University (Australia) and Professor Corine de Ruyter from Maastricht University (Europe)! Our panelists present with great expertise in the Forensic Mental Health field. Both are happy to share their experiences with you and are ready for all your questions.







## 5KM FUN RUN

(JUNE 15, 7-8.30 AM)

Our tradition is the 5km Fun Run that you should not miss out on! We found a great route for you through the Volkspark Friedrichshain, which is located in close proximity to our conference location! Order your Fun-Run T-shirt and clear your head on Wednesday morning together with other students to get ready for the second day of the conference! We will meet in the Hotel Lobby and walk to the park together as a group!

## STUDENT SOCIAL

(JUNE 15, 7-10PM)

Our Student Social will take place in the BrewDog Bar Berlin (Ackerstraße 29, 10115 Berlin). We prepared some trivia games for you to make it fun! Socialize and network with other students from all over the world and enjoy some local beers in an authentic Berlin Bar! No worries, on this evening, you will get your beers for free! All students are welcome to attend!







## ORGANIZATIONAL COINS AND PINS

The IAFMHS student board is hoping to sell the coins and pins as fundraisers, in order to support student led initiatives, grants, and scholarships. Wear the pin during all events in which you can represent your involvement and support for the IAFMHS. Additionally, the IAFMHS wants to memorialize each Annual Conference through the creation of a conference specific coin. This year's coin is representative of Berlin's skyline and the colors of Germany!

## DEREK EAVES STUDENT RESEARCH GRANT

We are seeking donations to support The Derek Eaves Student Research Grant. This Grant was set up in 2017 to honour Dr. Derek Eaves' bursary and academic contributions to the International Association of Forensic Mental Health Services. Grants are awarded twice per academic year to deserving students to aid them in their research. You can choose to include a small donation with your registration - please contact [iafmhs@sfu.ca](mailto:iafmhs@sfu.ca) for further information!



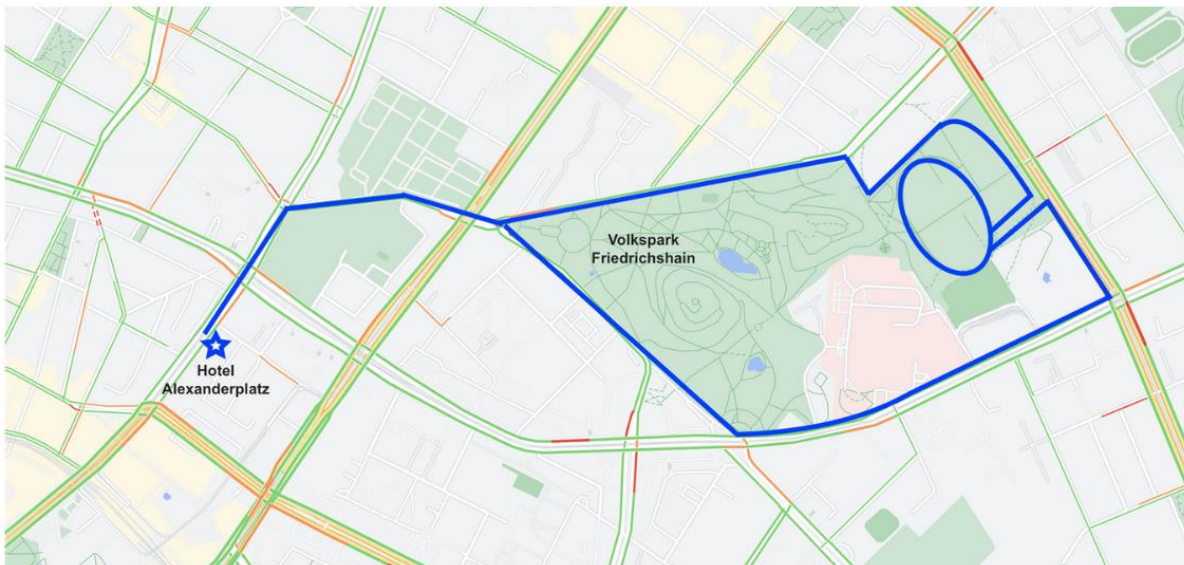
Find more information about the Coins & Pins [HERE](#),  
and about the Derek Eaves Student Research Grant [HERE](#)



# OUR 5KM FUN RUN ROUTE

Event Location: Volkspark  
Friedrichshain  
Start: 7 AM  
End: 8.30 AM  
Meeting Point: H4 Hotel Lobby

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## T-SHIRTS

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You can pre-order a T-Shirt for \$30 CAD when you register for the 5 KM Fun Run! Fun Run proceeds go to student awards and initiatives. The registration can be completed when registering for the conference on our website.

## LOCATION

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Volkspark Friedrichshain is a large urban park on the border of the Berlin neighborhoods of Friedrichshain and Prenzlauer Berg. The Volkspark is a popular leisure location in Berlin, and is open 24 hours. In addition to the amenities mentioned earlier, the park has several playgrounds, many large *Liegewiesen* (open areas for sunbathing), a pond, tennis courts, a wading pool, and a restaurant.







## **PANELIST PROFESSOR CORINE DE RUITER**

Corine de Ruiter is a renowned professor of Forensic Psychology at Maastricht University. She has published more than 200 peer-reviewed articles and several books. Her research interests include for instance the relationship between mental disorders and violence, and the assessment of risk for future violence, including domestic and sexual violence, as well as child abuse. In her presentation, she will talk about what it means to be a woman in the Forensic Mental Health Field, share her thoughts on how to achieve a good work-life balance, and reveal what kind of book she definitely needs to write!

## **PANELIST PROFESSOR MICHAEL DAFFERN**

Professor Michael Daffern is a clinical and forensic psychologist who has worked in prisons and in general and forensic mental health services since 1992. Ultimately, Michael is a clinician who does research that he hopes improves his own practice but that also assists other practitioners and forensic mental health services. He will talk (briefly) about his career and reflect on the things that went well and what helped them go well. He will gloss over the things that he did which failed. He hopes to offer some useful advice for students considering a career within the forensic mental health/academic fields.



# IAFMHS STUDENT BOARD 2021-2022



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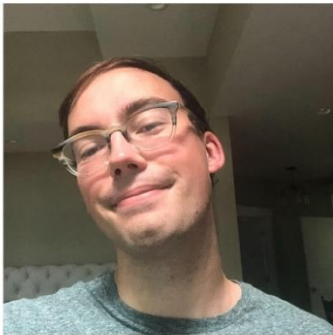
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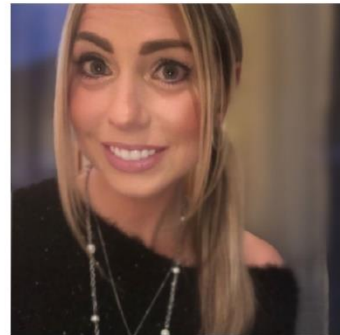
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## MORE QUESTIONS?

Send an E-mail to:  
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**KENNY GONZALEZ**





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Der LVR-Klinikverbund ist mit acht forensisch arbeitenden Kliniken in Nordrhein-Westfalen, in denen derzeit rund 1.700 psychisch kranke Straftäter\*innen therapiert werden, der größte Träger für Einrichtungen des Maßregelvollzugs in Deutschland. Eine hochwertige Behandlung nach den neuesten Standards steht dabei im Mittelpunkt. Seinen Mitarbeitenden bietet der LVR zahlreiche Benefits und Fortbildungsangebote sowie ein großes Netzwerk aus psychiatrischen Kliniken und Einrichtungen. Lernen Sie uns kennen und hospitieren Sie in einer unserer Kliniken. Wir freuen uns auf Sie! Mehr Informationen zum LVR-Klinikverbund finden Sie unter [www.klinikverbund.lvr.de](http://www.klinikverbund.lvr.de)

With eight forensic psychiatries in North Rhine-Westphalia, in which around 1,700 mentally ill offenders are currently being treated, the LVR-Klinikverbund is the largest provider of forensic institutions in Germany. The focus is on high-quality treatment according to the latest standards. The LVR offers its employees numerous benefits and further training opportunities as well as a large network of forensic psychiatries and facilities. Get to know us. We look forward to getting to know you! You can find more information about the LVR-Klinikverbund at [www.klinikverbund.lvr.de](http://www.klinikverbund.lvr.de)

Sprechen Sie mich gerne an.  
Hier auf dem IAFMHS-Kongress oder über  
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Do not hesitate to contact me.  
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