



**INTERNATIONAL ASSOCIATION OF FORENSIC  
MENTAL HEALTH SERVICES**

**ANTWERP, BELGIUM JUNE 11 – 15, 2018**

**FINAL PROGRAM**

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# Welcome to Antwerp, and the Annual Meeting of the International Association of Forensic Mental Health Services!!

We've done our best to prepare a great conference experience, beginning with a beautiful venue in the historic center of Antwerp, and including three spectacular keynote speakers, two and a half days of carefully selected presentations and two days of conference workshops. The social program is no less impressive, with a welcome reception (featuring a welcome from Paul Van Royen, Dean of the Faculty of Medicine and Health Sciences at the University of Antwerp), a conference banquet at the historic Café Horta, and several events organized by our student section (including the annual Fun Run around Stadspark). We also have several excellent pre- and post-conference workshop, including a Master Class on sex offenders with intellectual disabilities coordinated with our colleagues from NL-ATSA. As thrilled as we are with the program, don't miss the opportunity to spend time wandering the streets of Antwerp (whether by foot or by velo), stepping into some of the many museums, and sampling the world-famous Belgian beers and chocolates. Most importantly, meet with friends and colleagues, plan your next collaborative project and learn what's happening on the cutting edge of forensic mental health practice. We hope you enjoy the conference, and bring two more colleagues to Montreal next year.

Barry Rosenfeld, Ph.D.

President, International Association of Forensic Mental Health Services

Kris Goethals, M.D., Ph.D.

Chair, Local Organizing Committee

Cathy Wilson, Ph.D. and Kori Ryan, Psy.D.

Co-chairs, Scientific Program Committee

# PROGRAM AT A GLANCE

## **Monday June 11**

Pre-conference workshops

## **Tuesday June 12**

0800-1200 Board of Directors & Advisory Board Meeting

1000-1130 Student Brunch (Cullinan at the Hilton)

1215-1230 Welcome Remarks

1230-1345 Keynote Speaker: Stephen Morse

*Hope or Hype: The Promise of Law & Neuroscience or Indispensable Forensic Psychology & Psychiatry*

1400-1510 Concurrent Sessions A (SIGs: Longterm Forensic Psychiatric Care, Offenders with Disabilities)

1510-1540 Coffee Break

1540-1650 Concurrent Sessions B (SIGs: RISC-Team, Mental Health Courts & Diversion)

1700-1800 Concurrent Sessions C (SIGs: Service Development, Organization, Strategy & Delivery, Forensic Mental Health Nurses, African Interest)

1800-1930 Welcome Reception (Foyer – 3<sup>rd</sup> Floor)

## **Wednesday June 13**

0700-0830 Fun Run Stadspark

0900-1015 Concurrent Sessions D

1015-1045 Coffee Break/Poster Session #1

1045-1100 Webster/Muller Isberner Award Presentations

1100-1215 Keynote Speaker/Eaves Lecture: Tony Ward

*Correctional Rehabilitation: Beyond the Risk Paradigm*

1215-1330 Lunch/Poster Viewing

1330-1440 Concurrent Sessions E

1450-1600 Concurrent Sessions F

1600-1630 Coffee Break/Poster Viewing

1630-1730 Concurrent Sessions G

1900-2130 Student Social: De Groote Witte Arend

1900 Conference Banquet Dinner: Grand CaféHorta

**Thursday June 14**

900-1015 Concurrent Sessions H

1015-1045 Coffee Break/Poster Session #2

1045-1200 Keynote Speaker: Lorraine Johnstone

*Understanding “psychiatric” youth: Is it time for a paradigm shift?*

1200-1300 Lunch/Poster viewing

1300-1410 Concurrent Sessions I

1420-1550 Concurrent Sessions J

1600-1700 Concurrent Sessions K

1700-1730 AGM

**Friday June 15**

Post-conference workshops

# FLOOR PLAN



## **Pre-Conference Workshops: Monday June 11, 0900 – 1700 (full day)**

### **Introducing the MMPI-1-RF (Restructured Form) to Forensic Mental Health Practitioners: Translating Empirical Evidence into Practice**

Martin Sellbom, Ph.D.

This workshop is intended guide evidence-based use of the MMPI-2 Restructured Form (MMPI-2- RF) in forensic psychological assessments. The workshop will begin with a general overview of the test, including the methods used to develop the instrument, the various materials available to score and interpret test findings, a review of the psychometric functioning of the MMPI-2- RF scales, and interpretive guidelines. Next, a substantial portion of time will be devoted to applications of the MMPI-2- RF in both criminal (e.g., competency to stand trial, criminal responsibility, risk assessment) and civil (e.g., parental capacity, child custody) forensic evaluations. Psychometric findings and the peer-reviewed literature from these settings will be reviewed, with a particular emphasis on translating this evidence to forensic practice. The workshop will also include discussion on how to respond to challenges to MMPI-2- RF-based opinions in court. Attendees will have an opportunity to practice the recommended strategy for MMPI-2- RF interpretation with forensic case examples in an interactive manner. Case illustrations will be derived from a variety of criminal and civil settings with ample opportunity for discussion.

### **The Assessment and Treatment of Sex Offenders with Intellectual Disabilities Masterclass**

This workshop is presented in conjunction with the Netherlands ATSA (Association for the Treatment of Sexual Abusers) Chapter.

A considerable number of sex offenders exhibit intellectual disabilities (ID). These offenders require bespoke assessment, support, and treatment. However, in practice ID and its role in sexual deviant behaviour are not always fully recognized. In order to enhance the effectiveness of support and treatment programs for sex offenders with ID, it's of great importance for professionals to be aware of the presence of the intellectual disabilities, to understand its influence on the (sexual) behaviour, and to have knowledge of effective treatment programs.

This masterclass aims to present the state of the art research and best practices on the assessment and treatment of sex offenders with ID. With these sessions we aim to aid professionals in developing effective strategies for protecting public safety and rehabilitating sex offenders with ID. The program will constitute of the following sessions. Prof. KasiaUzieblo (Thomas More & Ghent University, Belgium) and Dr. Petra Habets (OPZC Rekem, Belgium) will first discuss prominent problems with current assessment practices of ID in (sex) offenders. Second, Prof. Glyn Murphy (University of Kent, UK) will present state of the art knowledge on the development of sexual deviant behaviour in people with ID. The afternoon sessions will primarily focus on the treatment of sex offenders with ID. Prof. Leam A. Craig (Leam A. Craig, University of Birmingham, UK) will review the latest research findings on the effectiveness of treatment programs in these offenders, whereas Prof. John Taylor (Northumbria University, UK) will present specific tools for practice. At the end of the masterclass participants are invited to discuss their questions and remarks in a Q&A session.

## **CONCURRENT SESSION A**

### **Symposium: 1400-1510**

#### **Best Practices in SPJ Implementation: Achieving Fidelity in the Effective Application and Appropriate Use of Risk Schemes in Practice**

In 2011, Nonstad and Webster wrote a seminal article discussing challenges related to implementation of risk assessment science. They noted "...the new challenge is not to find instruments with acceptable predictive power, but instead to ensure fidelity of application." Ensuring fidelity to both the application and effective use of risk principles to assessment and treatment remains an elusive goal. The purpose of this round table discussion is to present current implementation research and to hear experts discuss prototypical examples of successes and failures in the application of risk assessment science to forensic assessments, formulations, treatments, and community reintegration plans.

*Michele Galietta, Keith Cruise, Tonia Nicholls*

Room: Sancy

#### **Emotion Regulation and Social Behavior in Psychopathy: Underlying mechanisms, motives and characteristics**

Despite their prominent role in theoretical accounts of psychopathy, emotion regulation and social interactions receive only scarce attention in the psychopathy literature. The present symposium aims to improve our understanding in these areas and aims to shed light on psychopathic manifestations in everyday life. The first presentation discusses relations between psychopathic traits and emotion dysregulation, which is associated with an array of negative outcomes in social behavior. The second presentation focuses on associations between online dating motives and psychopathic traits. The third and fourth presentations discuss associations between psychopathic traits and interpersonal relationships with significant others in youth and adults.

*Kasia Uzieblo, Martin Sellbom, Carlo Garofalo, Elien De Caluwé, Mieke Decuyper*

Room: Tiffany/Shah

#### **Prison remittal from medium secure services**

Remittal of prisoners detained in medium secure psychiatric services in England and Wales has increased by 10% over the last 10 years. Little is known about factors associated with remittal to prison, services available upon transition and outcomes associated with this group. Key findings from a national prospective cohort follow-up study of 33 NHS medium secure services will be introduced for discussion. Clinical perspective on management and remittal of prisoner-patients will be provided from colleagues



in both the secure estate and prison system. Implications for the provision of support for prison remittals will be discussed along with recommendations for practice.

*Sarah Leonard, Andrew Forrester, Jenny Shaw*

Room: Teun

### **Beliefs and Bias: The impact on clinical assessment and decision making**

Practitioner/clinician bias affects forensic and mental health assessments, and becomes incorporated into health service documentation. This influences decision-making and may have adverse consequences for individual clients and the healthcare system at-large. Through the lenses of a diverse group of practitioners, this symposium will explore beliefs about the nature and scope of bias in forensic assessment, mental healthcare, and the impact on client care. Potential solutions and implications for training, education, and future research will be discussed.

*Krystle Martin, Patricia Zapf, Jennifer Murray, Kristie McClatchey*

Room: Lijn

### **Litigating Sexual Misconduct Claims in the Post-Weinstein Era**

Since the recent sexual misconduct allegations against Harvey Weinstein, we've witnessed a daily outpouring of sexual assault and harassment allegations leveraged against politicians, media moguls, entertainment business professionals and corporate execs. Male and female victims of sexual conduct are emboldened to speak out. The question now is will they be believed? Will there be backlash? How will these dynamics be transacted in legal arenas, in the courtroom and among jurors? Major uncertainty abounds -all we know is that change is afoot. This panel of experienced forensic and legal professionals will spearhead the conversation about moving forward in this new climate

*Mindy Mechanic, Barry Rosenfeld, Kevin Richards*

Room: Groenplaats 1

### **Enhancing the implementation of the Dynamic Appraisal of Situational Aggression**

The Dynamic Appraisal of Situational Aggression (DASA) was developed to assist in the assess the risk for imminent aggression in inpatient mental health settings. Since the development of the DASA it has been used in various settings around the world. This symposium will discuss recent research designed to enhance the adoption and use of DASA in forensic and civil and mental health inpatient units.

*Tessa Maguire, Michael Daffern, Mark Thorpe, Panchu Xavier*

Room: Groenplaats 3

## **Routine Outcome Monitoring in forensic psychiatry: implementation, experiences and results from different settings**

From a quality perspective, it is crucial to measure treatment progress in forensic psychiatry. De Beurs&Barendregt (2008) stated that Routine Outcome Monitoring (ROM) is THE method to evaluate the effectiveness of treatments through systematic collection of outcome data in everyday clinical practice. A literature study learns us that implementation guidelines are currently lacking. Therefore, the first aim of this symposium is to offer some guidelines to implement and work with ROM in forensic psychiatric settings (both ambulant and residential). Secondly, we focus on working more scientifically with these outcome data to further guide the treatment policy.

*LeenCappon, Alana Schuerwegen, Manon Heyndrickx, An De Decker*

Room: Belle Epoque Ballroom

## **CONCURRENT SESSION B**

### **Paper Sessions: 1540 – 1650**

#### **Room: Sancy**

##### **1) The Intersection of Cultural Safety and Forensic Nursing**

Cultural care is an often overlooked area in healthcare practice. Cultural safety is an opportunity for nurses and other healthcare practitioners to develop skills, knowledge, self-awareness and work together towards culturally safe practice. The intersection of culturally safe nursing care and forensic nursing care is challenged by the unique culture of correctional settings. Using the unique framework of cultural safety first developed in New Zealand (Papps& Ramsden, 1996), correctional health care can reduce inequities and increase respect, thereby shift the boundaries of Forensic care.

*Cybele Angel, Tanya Park*

##### **2) A safe bet for patient care: staff's experience with the Safewards model**

Forensic units often experience complex incidents of violence and aggression; mitigating these issues requires a multi-faceted approach. The Safewards model aims to reduce incidents of violence and improve safety, through influencing recovery practices. Safewards has primarily been implemented on general psychiatric units with little known about its impact in forensic settings. Clinical staff participated in interviews prior to and after implementation in a forensic program. Interviews were analyzed using a content and thematic approach. Prior to implementation, staff identified key traits for successful patient interactions. Following implementation, staff experienced improvements in patient engagement, management, and relationships.

*Lisa Marshall, Emma Adams*

##### **3) Piloting the Safewards Model in a Forensic Mental Health Inpatient setting in Toronto, Canada**

The Centre for Addiction and Mental Health (CAMH) is Canada's largest mental health and addiction teaching hospital. CAMH is fully affiliated with the University of Toronto, Canada's leading institution of learning, discovery and knowledge creation. CAMH conducted a one-year pilot of Safewards on three Secure Forensic inpatient units with a view to organization-wide adoption. CAMH will implement Safewards commencing in 2018. Safewards is an open-source model developed in the United Kingdom, proven to reduce conflict and containment on inpatient mental health units through the use of ten simple behavioral interventions that improve relationships between staff and patients (Bowers 2014).

*Aileen Sprott, Patti Socha, Stephen Canning, Julia Duzdevic, Kiran Patel, Remar Magaoil, Emily Johnstone, Jennifer Swift, Lucy Costa, Jennifer Chambers*

## **Room: Tiffany/Shah**

### **1) Identifying the needs of older service users in in-patient forensic settings in the UK**

People who have committed serious offences while mentally ill may be detained for many years in inpatient forensic settings, and some enter in later life. As service users grow older, it is unclear how far age related needs become a focus and to what extent services can respond to such needs. This paper presents the results of a qualitative study into the everyday lives of older people aged 55 to 75 years, detained in an in-patient forensic setting in the UK. It explores whether in-patient forensic settings are equipped for ageing service users, and how current practice may be improved.

*Fiona Parrott, Renske Visser, Douglas MacInnes, Janet Parrott*

### **2) Dementia and dangerousness: Forensic psychiatry of old age**

An increasing number of referrals to forensic services in New Zealand present in old-age with cognitive impairment and sexual or other violent offending. Many are unfit to stand trial. However, few of the existing aged residential care placement options are able to manage risks identified by the forensic evaluations. On the other hand, forensic units are poorly equipped to manage the often long-term clinical needs of this cohort. The nature, size and clinical service development issues for this population are presented in this exploratory paper.

*Jeremy Skipworth, Boaz Competente, Richard Worrall, Susan Hatters-Friedman*

### **3) Agequake in prisons: mental health of older prisoners in Switzerland**

Our project evaluates the current situation of mental health care for aging prisoners and examines options to find ethically, legally and economically satisfying solutions for problems of aging prisoners' psychiatric care and dangerousness assessments. We carry out a mixed-methods study and incorporate legal-ethical analysis. We will collect qualitative data from interviews with older prisoners who are mentally ill and with forensic experts, quantitative data from prospective collection of mental health related data and retrospective analysis of medical records. Gathering these data will help us to better understand the double problem of a graying offender population and specific mental health issues.

*Arnaud Imber, Sophie Haesen, Helene Merkt, Tenzin Wangmo, Bernice Elger*

### **4) Who Cares for Forensic Patients with a Life Limiting Illness?**

Little is known about forensic patients who have a progressive life limiting illness. This presentation will describe Palliative Care and the Palliative Care Approach and how it can successfully be applied to forensic patients earlier in the illness trajectory to improve outcomes. Forensic patients who could benefit from a palliative care approach earlier in the illness trajectory will be identified. End of life trajectories will be discussed. Several tools to support care will be introduced. Forensic patients with a progressive life limiting illness should receive excellent evidenced based care and have a peaceful death in keeping with their wishes.

*Mary-Lou Martin*

## **Room: Teun**

### **1) The characteristics of women in high secure services in United Kingdom**

The National High Secure Healthcare Service for Women (NHSWSW) has been based at Rampton Hospital since 2007. It is the sole provider of high secure services for women in the United Kingdom. However, little is known about this population. The 50-bed NHSWSW comprises four wards, two for women with a primary diagnosis of personality disorder, one for women with a primary diagnosis of mental illness and one for women with a learning disability or enhanced needs. This presentation will describe the findings of a service evaluation conducted to characterise the 109 women admitted to the NHSWSW before July 2015.

*Martin Clarke, Marie Holland, Yasmin Siddall, Birgit Völlm*

### **2) Addressing the Needs of Female Offenders: A Canadian Perspective**

There is a growing need to adequately identify and address the mental health needs of female offenders. Women with a serious mental illness are overrepresented in prison populations, with 4% experiencing a psychotic illness and 12% experiencing major depression (Fazel&Danesh, 2002). Presented with an opportunity to intervene, the Centre for Addiction and Mental Health, with funding from local governments, launched the Forensic Early Intervention Service (FEIS) in 2015. FEIS was initially implemented at a male remand facility in Ontario, Canada and has recently expanded to a female prison. This paper will describe program outputs of this service expansion.

*Kiren Sandhu, Kiran Patel, Roland Jones, Nina Flora, Tanya Connors, Sandy Simpson*

### **3) Assessment of Need for Psychiatric Inpatient Hospital Treatment among Female Provincial Prisoners in Ontario**

We surveyed the total provincial female prison population in Ontario, Canada to determine (a) the proportion that requires treatment in a psychiatric hospital; (b) the security level required and (c) the urgency of the admission. The secondary aim was to investigate the validity and psychometric properties of the DUNDRUM-1 and DUNDRUM-2 in making these assessments. After initial classification of 643 female inmates we carried out case-file reviews of 66 considered to have the highest need. We estimated 38 (5.9%) required admission to a hospital facility, of which, 13 (34%) required PICU. The DUNDRUM tools have utility in informing these assessments.

*Roland Jones, Kiran Patel, Sandy Simpson*

#### **4) Recidivism of female persistent offenders**

Research about risk factors among female offenders is scarce and basically non-existent for female persistent offenders. In a unique study among 74 Dutch female persistent offenders recidivism was studied and compared to demographic characteristics, offence characteristics or mental health characteristics of the women. None of these factors was found to be related to recidivism in this sample, raising the question whether a special risk assessment instrument is needed for such a population.

*Eric Blaauw*

### **Room: Lijn**

#### **1) Simultaneously Investigating Fitness to Proceed and Treatment-Related Competence Using the FIT and MacCAT-T**

The relationship between fitness to proceed in criminal proceedings and competence to make treatment decisions has not been adequately investigated. This study examined the concordance between impairment on the Fitness Interview Test (FIT) and MacArthur Competence Assessment Tool-Treatment (MacCAT-T) in an archival sample of 100 Canadian male defendants referred for fitness evaluations. Treatment-related competence was impaired in four-fifths of those with impaired fitness, compared to two-fifths of those with intact fitness. Psychosis related to treatment-related competence irrespective of fitness. Study limitations and practice implications are discussed.

*Christopher King, Patricia Zapf*

#### **2) An Evaluation of Functional Mental Capacity in Forensic Mental Health Practice: The DUNDRUM Capacity Ladders Validation Study**

Background: Assessment of mental capacity is challenging for clinicians. We aimed to test validity of a new structured professional judgement tool designed to assess functional mental capacity in three domains finances, welfare and healthcare. Methods: Fifty-five male forensic psychiatric patients with Schizophrenia were interviewed using the Dundrum Capacity Ladders, a new semi-structured interview, and scores were assigned on a stratified scoring system, measuring ability to understand, reason, appreciate the personal importance of the decision at hand and communicate a decision. Data were also gathered pertaining to level of therapeutic security at the time of interview, diagnosis, neurocognitive function and a validated measure of real world function. Results: The results show that internal consistency and inter-rater reliability were high for all items. There were correlations between higher scores of functional mental capacity, neurocognitive function and measures of real world function in this population. Conclusions: The DUNDRUM Capacity Ladders appear to be a valid measure of functional mental capacity in this population. Further prospective studies of functional mental capacity as a measure of recovery are now required. We believe this has many applications, including routine outcome measurement of results of treatment.

*Gearoid Moynihan, Ken O'Reilly, Jane O'Connor, Harry Kennedy*

### **3) Comparing persons found Not Criminally Responsible on account of Mental Disorder for sexual offences versus nonsexually violent offences**

Fifty individuals found Not Criminally Responsible on account of Mental Disorder (NCRMD) for a sexual offence were compared with 50 age- and gender-matched persons found NCRMD for nonsexually violent offences. Sexual assault was the most serious sexual offence for most NCRMD sex offenders. NCRMD sex offenders were significantly younger at first psychiatric contact. There were no differences in criminal history, but NCRMD sexual offenders had longer tenures under a Review Board (RB) mandate than NCRMD nonsexually violent offenders. Practice and policy implications will be discussed as results suggest RBs may be unnecessarily conservative in how they manage NCRMD sex offenders.

*Catherine Wilson, Marichelle Leclair, Tonia Nicholls, Anne Crocker, Michael Seto*

### **4) Reward-based learning in child molesters**

In this study, 48 child molesters and two control groups, that is 30 aggressive offenders and 35 healthy controls were administered a probabilistic reversal learning task to assess reward-based learning. More specifically, we aimed to determine whether the behavioural rigidity that is seen in some subtypes of child molesters, can be related to a deficit in reversal learning (i.e., an impaired ability to inhibit behaviour that was previously rewarded). While no specific reversal learning deficit was found for child molesters, child molesters were shown to suffer from a general learning deficit.

*Tineke Dilliën, Kris Goethals, Bernard Sabbe, Inti Brazil*

## **Room: Groenplaats 1**

### **1) Police contact with young people with cognitive disabilities: Perceptions of procedural (in)justice**

The interactions of police with young people with cognitive disabilities (YPWCD) has seldom been considered in research, even though this group is overrepresented in the criminal justice system. This paper begins to address this gap by presenting the results of a qualitative study into YPWCDs' experiences with police in Queensland, Australia. Drawing on the insights from service providers who work with YPWCD and YPWCD themselves, the study points to ways in which police can be better supported to respond to YPWCD in procedurally just ways, as well as to the role that other key actors, such as family and service providers, might play in supporting this outcome.

*Kathy Ellem, Kelly Richards*

### **2) The Association between Psychopathic Features and Gang Membership among Female Adolescents**

Using data from 184 female adolescents in the Pathways to Desistance Study, we examined whether psychopathic traits, measured with the PCL:YV, differentiated gang- and non-gang-involved female adolescent offenders. PCL:YV total, Factor 1, and Factor 2 scores were significantly associated with prior gang involvement with small to moderate effect sizes. However, these associations did not remain significant after controlling for established risk factors for female gang membership and offending.

Among youth who reported current gang membership at the baseline assessment, PCL:YV total scores were not predictive of continued gang membership at 1- and 2-year follow-ups.

*Lee Vargen, Catherine Shaffer, Jodi Viljoen*

### **3) Heterogeneous developmental trajectories of delinquent behavior in youth associated with negative emotions**

It is becoming clearer that the presence of constellations of antisocial behavior in youth, with an associated emotional profile, increases the vulnerability to various violent pathways. Yet, the role of negative emotions in such trajectories has been poorly studied. To better understand the developmental profiles of delinquency with an emphasis on emotions, we will analyze the data of the Longitudinal Studies of Child Abuse and Neglect comprising of 875 children. Group based multi-trajectory modeling will identify clusters and logistic regressions will evaluate associated predictors. Preliminary results will be presented. These findings will have important implications for intervention and preventive strategies.

*Laura Dellazizzo, Jules Dugré*

## **Room: Groenplaats 3**

### **1) A meta-analysis of the efficacy of psychological interventions with violent offenders in custodial, community, and forensic mental health settings**

This systematic review and meta-analysis provides a narrative and quantitative synthesis of existing literature examining the efficacy of psychological interventions for adult violent offenders. It takes a broad approach, synthesizing studies across prison populations, community corrections, and forensic mental health settings. The primary review questions are: (a) Are psychological interventions with adult violent offenders in custodial, community, and forensic mental health settings effective in reducing further violent and criminal behavior? (b) What factors modify treatment effects? The paper also explores what individual-level variables might change within treatment, and offers clinical practice recommendations for addressing the needs of this complex population.

*Nina Papalia, James Ogloff, Michael Daffern*

### **2) Facilitating emotional change in sex offenders - Findings of a single case study of a high risk sex offender**

The present study addresses two major research questions: 1. Does emotional change occur throughout a comprehensive inpatient psychotherapy program for sex offenders? 2. Is there an incremental value of an emotion-focused therapy (EFT) in such a program. We use a quasi-experimental ABCA single case design in a clinical setting to address these questions (A = pre-treatment baseline, B=treatment program without EFT, C=treatment program with EFT, A=post-treatment baseline). The data will be analyzed by means of mixed quantitative-qualitative methods. This paper will present the findings of a single case study of a traumatized sex offender with a borderline personality disorder.

*Ellen Gunst, Mattias Desmet, Siebrecht Vanhooren*

### **3) The Effect of Changing Lives, Changing Outcomes on Community Success in a Sample of Dually-Diagnosed Felony Offenders**

Changing Lives, Changing Outcomes (CLCO) was developed to address the mental health and criminogenic needs of justice-involved persons with mental illness. This evaluation examined the long-term effects of this intervention in a sample of 244 male and female felony offenders on probation and sentenced to a residential treatment facility. Preliminary results indicated individuals who completed the program were more likely to be successful in the community (e.g., complete probation, reduce substance use) than those who did not. These early results suggest that CLCO has the potential to significantly improve outcomes for individuals with mental illness and criminal risk.

*Stephanie Van Horn, Robert Morgan, Hacı Duru, Lori Brusman-Lovins, Brian Lovins*

### **4) Loosen the reins – sexuality and intimate relationships in forensic inpatients with intellectual disability**

The tension between sexuality as a basic human need, even in the forensic setting, even with inpatients suffering from intellectual disabilities, and the requirements of safety and therapeutic issues may lead to a more restrictive handling of patients' sexuality. This paper reports some data about different approaches in the handling of sexual needs in the treatment of intellectually disabled offenders. The implementation of a more 'liberal' ward regime is described and the resulting experiences are explained. Positive and negative aspects of this approach are analysed and discussed. Finally, some suggestions for future discussions and developments are made.

*Martin Neumann*

## **CONCURRENT SESSION C**

### **Paper Session: 1700-1800**

#### **Room: Sancy**

#### **1) User involvement in structured violence risk management in forensic psychiatry**

One of the main objectives of forensic psychiatric care is violence risk management, and the importance of user involvement in this process has been emphasized. However, the scientific basis for this is scarce. We will present a model for structured violence risk management, designed to be highly compatible with structured professional violence risk assessment methods and to be used varying professional caregivers in collaboration with the patient. The presentation will include feedback from the implementation at a large, high-secure forensic psychiatric clinic, and highlight possibilities and challenges in combining service development with science in clinical practice.

*Märta Wallinius, Cecilia Gunnarsson, Matilda Gustafsson*



## **2) Does the Implementation of Risk Assessment Tools Decrease Incarceration Rates? A Systematic Review**

Risk assessment tools are frequently used to guide decisions about sentencing. Whereas some scholars argue that the use of tools might reduce over-incarceration, others have expressed concern that it may increase incarceration rates. As such, we synthesized research through a systematic review of 24 published and unpublished studies (N = > 200,000 adult and adolescent offenders). In the majority of studies, the implementation of tools was associated with subsequent decreases in incarceration. However, many studies had methodological limitations that made it difficult to determine if these outcomes were the result of the implementation of tools or other factors.

*Jodi Viljoen, Melissa Jonnson, Dana Cochrane, Lee Vargen, Gina Vincent*

## **3) The problem with 'violence': The implications of a failure to converge on a single definition**

At first glance, the definition of 'violence' appears to be straightforward, however, in 2016-17, we conducted a systematic review examining how cognitive impairments contribute to violence, and discovered a significant limitation regarding how violence is operationalized in the literature. This talk will draw on findings from our review, and a review by Harris et al., 2013, in addition to literature that has highlighted this as a limitation, to evidence the heterogeneity of violence. As this is a complex issue without an obvious solution, conclusions will include some initial suggestions that researchers may take forward in planning future studies.

*Sarah Janes*

## **Room: Tiffany/Shah**

### **1) The Restrictiveness of Forensic Care: Exploring Patient Experience**

A penumbra exists in forensic psychiatric care wherein effective clinical risk prediction and management becomes too restrictive and custodial. Efforts to reduce risk may come to suffocate patient autonomy, positive risk taking and individual expression. Patients may be detained in 'Total Institutions' wherein social intercourse, occupational development, personhood and identity are all significantly curtailed. This paper explored how patients experience these restrictions on a personal level. Their talk highlights a diverse range of restrictive elements of care from proscriptions on personal belongings, leave and work; limited access to meaningful activities; and for some a preference for a prison sentence.

*Jack Tomlin*

### **2) Patient participation in forensic psychiatric settings**

Patient participation in forensic psychiatric settings seems to be complex by nature, and previous studies show that patients rate their participation as low in this context. Studies on caregivers' perspective could provide a clearer picture of the components and possibilities of patient participation in forensic psychiatry. The purpose of this study was to describe patients' participation as experienced by caregivers in forensic psychiatric care, from a phenomenological lifeworld approach. Twelve psychiatric caregivers at a maximum security forensic psychiatric clinic were interviewed about how

they support patients' participation. Implications of the results for clinical practice and continued research will be discussed.

*Andreas Söderberg, Ulrica Hörberg, Märta Wallinius*

### **3) Who's afraid of restorative justice? Towards an appreciation of the neglect of restorative approaches in forensic mental health services**

This paper will examine and critique the factors that appear to have contributed to the slow pace of service development to introduce restorative practices in forensic mental health settings. Based on the experience of introducing restorative interventions in individual (Cook, Drennan&Callanan, 2014) and group-based formats (Wood, Harvey &Drennan, in preparation), the complexity and the opportunity for service innovation presented by the introduction of actual victims of offences into the rehabilitation of patients will be presented. Ethical, resource and skill factors all play a role in determining the enhancement of treatment outcomes through employing restorative justice practices.

*Gerard Drennan*

### **4) Keeping in contact after treatment voluntary: A study on service-users experiences and criminal recidivism in forensic psychiatric care**

In a forensic psychiatric hospital, an educational program in relational care was developed, with special attention to the ward-climate. A non-repressive atmosphere, trust and doing things together were important aspects. Also, the workers provided voluntary contact after treatment. Every discharged patient was offered to keep in contact with the person he/she wanted (nursing staff or therapist). Care-ethics and the theory of presence provided the philosophy of relational care on which the new paradigm was built. In this presentation we will present the results of a qualitative narrative study on the experiences of service-users and a quantitative study on criminal recidivism.

*Petra Schaftenaar*

## **Room: Teun**

### **1) How Clinicians Understand Passive Suicidal Ideation**

Self-reported suicidal thoughts and plans often are the gateway into a more in-depth suicide assessment. However, suicidal ideation isn't always disclosed and many suicides are unplanned. This study sought to understand how, or if, passive suicidal ideation indicators are integrated into suicide risk assessment. Respondents were 91 crisis clinicians who were given three vignettes, each of which systematically varied nine risk factors related to suicide risk and passive suicidal ideation. Results indicated that clinicians understand the influence of passive suicidal ideation on suicide risk. Results also indicated that clinicians perceive suicide risk to decrease over time.

*Emilie Picard, Barry Rosenfeld*

### **2) Mortality among forensic and non-forensic psychiatric patients compared to general population controls: Matched cohort study of rates, predictors and causes-of-death**

We used nationwide, longitudinal register data to compare mortality and associated risk factors (education, psychiatric diagnosis, inpatient treatment, substance abuse) among forensic psychiatric patients (N=524), matched non-forensic psychiatric patients (N=524) and general population controls (N=1833). Ninety-four percent of subjects' were men (mean age = 33 yrs). Survival models (mean follow-up = 19+ yrs) suggested that psychiatric patients (forensic and non-forensic) had significantly higher mortality compared to the general population. Forensic psychiatric patients had similar mortality as non-forensic patients during the first 15 years of follow-up, but significantly higher beyond 15+ years of survival, apparently related to substance abuse.

*Lisbeth Sorensen, Susanne Bengston, Jens Lund, Rikke Ibsen, Michael Ibsen, NiklasLångström*

### **3) Developing a suicide prevention strategy in forensic mental health services**

Death by suicide accounts for more deaths worldwide than war and natural disasters combined with 800,000 deaths globally each year. In 2015, 4820 people are recorded as having died by suicide in England. The link between suicide and mental disorders is well established. Those in contact with the criminal justice systems are known to have a higher suicide rate than the general population and the rate of suicide in prisons can be up to 10 times higher. The recent development of a region-wide suicide prevention strategy in England will be described and the implications for forensic services will be discussed.

*Michael Doyle*

### **4) The Criminality of Suicide: An overview of the legal implications of suicide in Ireland**

The Irish Constitution was amended in 1993 with the passing of the Criminal Law (Suicide) Act, abolishing the offence of suicide. Prior to that, suicide was considered a felony under common law legislated in 1871. During the 19th century, medical professionals began to question the assumption that individuals who attempted suicide were insane. This case review offers insights into suicidality and insanity from a legal and medical perspective in 20th century Ireland. An exploitative comparison is made between the practice of law and forensic assessment of suicide in 20th century Ireland to that of international practices in the 21st century.

*Caoimhe Clarke, Jennifer Keane, Lisa McLoughlin, Harry Kennedy*

## **Room: Lijn**

### **1) The Relationship Between Maternal and Paternal Acceptance-Rejection and Psychopathy**

Researchers have long sought after identifying influential life events, relationships or genetic markers that may shed light, on how people come to possess features of psychopathy. Perceived parental acceptance-rejection, as assessed by the Parental Acceptance-Rejection Questionnaire and the Psychopathic Personality Inventory-Revised a self-report measure of psychopathy were administered to over 125 college students (ages 18-24). Correlations were conducted to analyze the relationships between these instruments and constructs. Key differences were found between perceived rejection from maternal compared to paternal figures and these findings will be addressed. Results, future research directions, clinical and forensic implications are discussed.

*Evan Norton, Robert Lark, Samantha Story*

## **2) Executive function in forensic patients with psychopathic traits assessed with the PCL-R and the CAPP-IRS**

Most of studies on executive functions in psychopathy have shown no global deficit, but specific deficits at both executive and attentional levels. To our knowledge, no study has yet investigated the executive profile of psychopathic individuals based on the Comprehensive Assessment of Psychopathic Personality Disorder - Institutional Rating Scale (Cooke, Hart, & Logan, 2004). The CAPP-IRS offers a new perspective with the development of the cognitive aspect. For the executive functions assessment, we administered the Tower of London, the Modified Card Sorting Test, the Stroop Test and the Verbal Fluencies to a sample of male forensic inpatients in Belgium (N=30).

*Audrey Vicenzutto, Denis Delannoy, Laurent Lefebvre, Thierry Pham*

## **3) Three measures of psychopathy among forensic patients – A convergent validity**

This study investigate the inter-correlations between the Psychopathy Checklist-Revised (PCL-R; Hare, 2003), the Comprehensive Assessment of Psychopathic Personality - Institutional Rating Scale (CAPP-IRS; Cooke, Hart, & Logan, 2004) and the Interpersonal Measure of Psychopathy (IM-P ;Kosson, Steuerwald, Forth & Kirkhart, 1997). These three scales were applied to seventy adult male inpatients from a forensic hospital in Belgium. The analyses reported significant correlations between several domains of the CAPP-IRS (e.g. Attachment, Dominance and Self) and the interpersonal facet of the PCL-R. Concerning the IM-P, the factors Grandiosity and Boundary violation are highly correlated with the interpersonal facet of the PCL-R.

*Denis Delannoy, Xavier Saloppé, Thierry Pham*

## **4) Impact of Triarchic Psychopathy Facets on Relations Between Patient-Rated and Informant-Rated Therapeutic Alliance and Motivation to Engage in Treatment**

Although the role of therapeutic alliance (TA) and motivation to engage in treatment has previously been studied in non-forensic treatment settings, little research exists on treatment engagement and motivation in psychopathic populations. The current study examined the impact of patient-rated triarchic psychopathy facets - Boldness, Meanness, and Disinhibition - on relations between informant-rated and patient-rated therapeutic alliance (TA) and motivation to engage in treatment. A moderation effect was found for Meanness on the relationship between informant-rated and patient-rated TA, but not on the relationship between informant- and patient-rated motivation to engage in treatment. Implications will be discussed.

*Jacomina Gerbrandij, Barry Rosenfeld, David Bernstein, Christopher Patrick*

## **Room: Groenplaats 1**

### **1) Heterogeneity of profiles of youth at risk of violence : an epidemiological investigation**

Research has allowed to expose the crucial role of adolescence in the emergence of violence. An early onset of delinquency is an important predictor of violence in adulthood. Nevertheless, studies have not

always considered a more developmental perspective. Our objective is to investigate subgroups of young individuals at higher risk of violence using an epidemiological sample comprising of 63 196 young individuals aged between 10 to 18. We will first proceed in cluster analyses to determine our profiles followed by logistic regression analyses. We believe that our results may expand knowledge on the heterogeneity associated with violence in young individuals.

*Jules Dugré, Laura Dellazizzo, Alexandre Dumais, Stéphane Potvin*

## **2) Evaluating the implementation of structured risk assessment within secure youth care in the Netherlands**

Careful implementation is a necessary base for good practice and at the same time a requisite for investigating the validity of an instrument in the field. Still, literature on the implementation of risk assessment tools within clinical practice is fairly scarce. This study evaluates the implementation of the START:AV within a secure youth care facility in the Netherlands. Information from a satisfaction survey, focus groups and from a START:AV adherence scale, gathered at three time points, revealed strengths and challenges in the implementation process. Suggestions relevant for organisations who consider implementing a risk assessment and management tool are presented.

*Tamara De Beuf, Vivienne de Vogel, Corine de Ruiter*

## **3) Assessing violence risk in young adult offenders**

Risk assessment instruments are invaluable for a reliable and effective evaluation of violence risk. There has been a substantial amount of research on risk assessment in youth and adult offenders. However, the international knowledge about the application of risk assessment, specific in the young adult population, is surprisingly limited. Yet, the majority of offenders in the Dutch juvenile justice is over 18. The current paper focuses on the predictive value of different assessment tools in a sample of young adult offenders in the Netherlands. Tools developed for juveniles and for adults are compared and implications for clinical practice are discussed.

*Anneke Kleeven, Michiel de Vries Robbé, Eva Mulder, Arne Popma*

## **4) Postdeployment health assessment violence/harm risk screening and violent offending in U. S. Marines**

To date, no study has assessed the Post-Deployment Health Assessment as a screening tool, or the ability of the PDHA to predict violent crimes in military service members. This study describes the rates of Marines screening positive for violence or harm risk immediately post deployment; and assesses the predictive validity of the single-item violence/harm risk screen on violent crimes. A total of 247,704 Marines filled out a version of the PDHA. The predictive validity of the single-item violence/harm risk screen on the subsequent violent crimes provided contrary results suggesting the item is excellent for screening out, but poor for case-finding.

*Joel Cartwright, Jessica Morgan, Alison Levin-Rector, Pamela Lattimore*

**Room: Groenplaats 3**

### **1) Violence after discharge from forensic units: A prospective matched case-control study**

The main scope of the SAFE pilot-study was to develop and test out approaches and instruments for risk assessment and management of patients discharged from high and medium security psychiatric facilities. This presentation reports results from a comparison between 21 patients from the Safe pilot-study and controls that were matched for diagnosis, previous violence, age, sex, type of treatment context after discharge, and follow-up time. Occurred violence during follow-up was retrieved from medical records. There was no between-groups differences concerning the number of patients with violence. However, controls had significantly more acts of violence and more severe violent episodes.

*Stål Bjørkly*

### **2) Identification of stimuli immediately preceding patient's aggressive behaviour in multiple forensic psychiatric units**

This research sought to identify the stimuli immediately preceding patient's aggressive behavior in five forensic psychiatric units. We conducted a deductive content analysis of 140 aggression reports occurred between 2011 and 2017. Intercoder reliability was strong ( $\kappa=0,869$ ). Results show that 30,7% (n= 43) of aggressions are immediately preceded by staff's verbal interventions such as staff's requests formulated to the patient or staff's refusal to a patient's request. In 54% (n=76) a physical contact between staff and patient was the aggression's stimulus. In less than 8% (n= 11) no observable stimulus could be identified immediately before the aggression.

*Joao Da Silva Guerreiro, Robert Groleau*

### **3) Measuring aggression in offenders: convergent validity across methods**

Various instruments and methods currently exist to assess aggression. However, the extent to which different methods converge in their assessment has received little attention. Given that aggression is a construct of central concern within forensic settings and of importance for treatment planning and evaluation and risk assessment and management, it is imperative that we assess it accurately. This paper addresses the question of convergent validity across three methods of assessing aggression; self-reports, clinical assessments and file reviews in a nationally representative cohort of young Swedish incarcerated violent offenders (N = 270).

*Johan Berlin, Eva Billstedt, Märta Wallinius*

## **CONCURRENT SESSION D**

### **Symposium Session: 0900-1015**

#### **Health and justice trajectories of forensic patients**

This symposium presents four papers exploring the dynamics of forensic patients' health and justice trajectories. Research exploring resiliency and recovery, transitions between mental health services and the criminal justice system and recidivism will be presented. The impact of findings for clinical practice, policy and future research will be discussed.

*Anne Crocker, Marichelle Leclair, Jamie Livingston, Yanick Charette, Tonia Nicholls*

Room: Sancy

#### **Developments in the implementation of restorative justice approaches in forensic mental health**

The application of restorative practice in inpatient forensic mental health services is as an area of growing interest, influencing and shaping service delivery and our response to mentally disordered offenders. This symposium presents four papers which explore the application of restorative practice across international waters, with presenters from Holland and the UK. The papers explore its application across different levels of security, with a range of patient groups and in different modalities. The impact on clinical practice and service development is considered and suggestions for future research are provided.

*Sarah Cooper, Michiel van der Wolf, Mariette van Denderen, James Tapp, Gerard Drennan*

Room: Tiffany/Shah

#### **Treatment under compulsion in prison settings - to do, or not to do?**

This round table brings together an international group of experts in prison mental health to consider and debate two key questions: What should the role of prison inpatient units (or healthcare wings) be? Should mental health legislation apply in prison settings, to enable the compulsory treatment of people with mental health problems without necessitating transfer to hospital? There will be a focus on learning between countries, systems and approaches, while acknowledging the need to facilitate swift intervention and treatment for mental illness, and the necessity to avoid a drift towards overly punitive service models.

*Andrew Forrester, Guntant Patel, Sandy Simpson, Harry Kennedy, Johann Brink, Lindsay Thomson*

Room: Teun

### **Prison Hunger Strikes & Psychiatry: Ethical, Legal & Clinical Issues**

Hunger strikes in a custodial setting are complex to manage clinically, with associated legal and ethical complexities. We discuss ethical considerations and the internationally accepted consensus ethical position, relevant Irish case-law and statute, and propose a clinical algorithm guiding the psychiatric management of prisoners on a hunger strike.

*Gautam Gulati, Eimear Spain, Brendan Kelly*

Room: Lijn

### **(Instru)mental health: Linking assessment to outcomes for Indigenous justice-involved youth**

Indigenous youth are significantly overrepresented in criminal justice systems in Canada and elsewhere. Addressing this serious problem requires tackling the systemic bases of overrepresentation as well as conducting and applying research on intervention for youth already in the system in order to reduce reoffending. The Risk-Need-Responsivity model is an evidence-based approach that guides assessment and rehabilitation of justice-involved individuals. This symposium explores the applicability of instruments based on this framework to Indigenous youth by examining their internal and predictive validity and the relationship between risk assessment and outcomes for this population. Implications for theory, policy, and practice will be discussed.

*Ilana Lockwood, Jodi Viljoen, Nicole Muir, Shiming Huang*

Room: Groenplaats 1

### **Triage, Institutional Violence, Restrictive Practices and Pareto Patients**

In this symposium researchers will compare admission criteria for secure forensic hospitals. One of the criteria commonly considered is history of disruptive and violent behaviour in hospital or other institutions. Accordingly this seminar will also examine the characteristics of such patients in forensic hospitals, the systematic approaches to the therapeutic use of restrictive and intrusive interventions and the characteristic of those patients who account for most of the incidents of violence and of restrictive interventions.

*Harry Kennedy, Petra Habets, Hannah Kate Williams, Sheena Patel*

Room: Groenplaats 3

## **CONCURRENT SESSION E**

**Symposium Session: 1330-1440**



### **Sexual deviant interests, deviant behavior, and offending: From theory to practice**

Despite an increase in research on sexual offending, a number of issues remain unresolved. First, comprehensive theory construction on deviant sexual behavior has received limited attention. Second, little is known about how dynamic risk factors are interrelated, and which factors are crucial in relation to recidivism. Third, although the Risk Needs Responsivity model is regarded as a primary treatment model, many therapists struggle with the implementation of this model. Fourth, a lot has been theorized about the link between psychopathy and sexual behavior, but empirical knowledge on this link remains limited. The current symposium aims to address these aforementioned issues.

*Kasia Uzieblo, Wineke Smid, Jan Willem van den Berg, Eelco Van Doorn, Carlo Garofalo*

Room: Sancy

### **FoReTech Study: Longitudinal research, technology and forensic treatment: a university and hospital based project**

Continuity of care, at the lowest possible level of security, is considered an important goal and it is therefore necessary to know what influences the pathways, and its speed, patients take safely through forensic care. Together with Erasmus MC and University of Twente, Transfore started an ambitious project, FoReTech Study, which aims to improve treatment of forensic psychiatric patients by focusing on explaining and changing behaviour of patients. During the symposium, the various angles which are used in this project will be presented to you, ranging from research on stress, sensory integration and violence, to behaviour change via eHealth technology.

*Yvonne Bouman, Frank van den Boogert, Hanneke Kip*

Room: Tiffany/Shah

### **International Comparisons of Specifications and Clinical Models within Secure Pathways Part 1**

Forensic mental health service organisations are required to balance the safety expectations of the public with the clinical treatment needs of the patient. In attaining this, service providers balance their rehabilitation obligations to the person with the containment requirements of the State and the safety needs of staff. In doing so, organisations develop clinical, trauma informed and recovery focused clinical models of care within secure pathways. In this two part symposium, presenters from Canada, Scotland, England, Germany, and Ireland will describe and compare the specifications and clinical models within secure pathways in each of their jurisdictions.

*Johann Brink, Quazi Haque, Nicol Shadbolt*

Room: Teun

**Defendants refusing pre-trial forensic psychiatric assessment in the Netherlands: legal (im)possibilities, clinical perspectives, agreement among behavioral experts and court's decisions**

In the Netherlands, defendants who are suspected to suffer from severe mental disorders, both personality disorders and major mental illnesses (or a combination of both), may be subjected to pre-trial forensic psychiatric assessment. In this assessment, behavioural experts diagnose possible mental disorders and determine if individuals have (diminished) accountability for committing their crime (comparable to NGRI or NCRMD in Anglo-Saxon countries). However, some of these defendants refuse to cooperate with the assessment, making forensic assessment more difficult. In this Symposium, legal (im)possibilities, clinical perspectives, agreement among behavioral experts, and the courts' decisions on suitable sentencing for such defendants are discussed.

*Marleen Nagtegaal, Michiel van der Wolf, Ellen van den Broek, Maaïke Kempes*

Room: Lijn

**Female mentally ill offenders in Flanders: characteristics and treatment experiences**

International research concerning female mentally ill offenders is rising but remains still limited, especially in Flanders, Belgium. Therefore, the purpose of this symposium is to present specific Flemish research on this group. First, an overview is given on the care pathways in Flanders and the reasons for choosing gender specific or mixed treatment. Following, we further elaborate on the characteristics and the pathways to crime of these females. Further attention is paid to their (treatment) experiences based on a follow-up study. Finally, these Flemish findings will be discussed with Vivienne de Vogel, a Dutch expert on this topic.

*LeenCappon, Jan De Varé, An Nuytiens, Anouk Mertens, Vivienne de Vogel*

Room: Groenplaats 1

**Criminal justice-involvement, recovery and victimization among homeless mentally ill individuals: Findings from the Canadian At Home/Chez Soi study**

This symposium presents findings from the Canadian At Home/Chez Soi study, the largest randomized controlled trial of Housing First worldwide and the first study of its kind in Canada (N = 2,255). Participants were mentally ill homeless individuals recruited from five Canadian cities and followed for two years. We present on intimate partner violence (IPV), trajectories of mental health recovery, and the effectiveness/impacts of HF on criminal justice involvement. Understanding risk of victimization and the effect of HF on criminal justice involvement will help plan appropriate (trauma-informed) services/interventions in forensic practice.

*Tonia Nicholls, Faith Eiboff, Ashley Lemieux, Marichelle Leclair*

Room: Groenplaats 3

## **CONCURRENT SESSION F**

### **Symposium Session 1450-1600**

#### **The Mental Health and Social Care Needs of Male and Female UK Prisoners**

Mental health problems are reported to be highly prevalent amongst prisoners. Further, it is estimated that a significant number of prisoners would be more appropriately accommodated in forensic mental health services. In 2017, the National Audit Office and NICE published reports stating that an updated picture was needed of the mental health and social care needs of those in prison, since the last epidemiological study was conducted over 20 years ago (e.g., Singleton et al., 1998). This symposium presents the findings of a recent large mental health needs assessment conducted across 13 prisons in the UK.

*Nichola Tyler, Helen Miles, Bessey Karadag, Gemma Rogers*

Room: Sancy

#### **Unspoken Rules in Academia (Student Panel)**

The speakers will use their own personal experience and principles to guide students through the delicate topics of: how students and mentors can understand authorship guidelines and rules, how to situate yourself in a positive academic relationship, changing landscape of forensic psychology from a male-dominated field to one where women outnumber men.

*Jodi Viljoen, Michael Martin, Michele Galietta*

Room: Tiffany/Shah

#### **International Comparisons of Specifications and Clinical Models within Secure Pathways Part 2**

Forensic mental health service organisations are required to balance the safety expectations of the public with the clinical treatment needs of the patient. In attaining this, service providers balance their rehabilitation obligations to the person with the containment requirements of the State and the safety needs of staff. In doing so, organisations develop clinical, trauma informed and recovery focused clinical models of care within secure pathways. In this two part symposium, presenters from Canada, Scotland, England, Germany, and Ireland will describe and compare the specifications and clinical models within secure pathways in each of their jurisdictions.

*Johann Brink, Beate Euterschulte, Abdullah Alduraibi Alzahrani*

Room: Teun

### **Interpersonal dynamics in forensic healthcare: Integrating knowledge and care planning into meaningful outcomes**

A common theme highlighted in inquiries following serious incidents is lack of communication. Despite measures put in place to address this, incidents tend to repeat themselves even amongst the most experienced of staff. This symposium draws on research and clinical experience in forensic psychiatry. It will outline an approach to exploring the interpersonal dynamics operating on professionals working in forensic mental health services, with particular attention to how fragmentation can result in dysfunctional care. Through understanding these dynamics and developing an appropriate strategy of care, it is possible to maintain an awareness of risk, thereby enhancing teamwork and patient engagement.

*Moustafa Saoud, David Reiss, John Canning, Katie Glennon*

Room: Lijn

### **Neuroscience And Intimate Partner Violence: A Forensic Perspective**

In recent years, there has been a considerable increase in societal and professional consciousness regarding the urgent need to eradicate intimate partner violence (IPV). The approach to this problem should be multidisciplinary, and in this context, neuroscience is the latest discipline to be incorporated. This symposium is composed of four presentations. These presentations will review the latest neuroscientific studies of victims and batterers. The forensic implications of neuropsychological sequelae in female victims, the neuropsychological profile for male batterers, the brain functioning of male batterers through the lenses of neuroimaging and the forensic implications of neuroscientific research will be addressed.

*Juan Verdejo-Román, Miguel Pérez-García, Julia Daugherty, Natalia Bueso-Izquierdo, Stephen Hart*

Room: Groenplaats 1

### **Treatment in the Forensic Psychiatric Centre of Ghent and Antwerp: a multidisciplinary approach**

The Forensic Psychiatric Centre (FPC) in Ghent offers forensic-psychiatric treatment to 264 mentally ill offenders within a high security environment. As the first FPC in Belgium, FPC Ghent admitted the first patients in November 2014. Over the past three years, FPC Ghent has developed a state-of-the-art treatment for this specific group of forensic-psychiatric patients. During this symposium, treatment issues will be discussed from a psychological, legal and organisational point of view.

*Ruben van den Ameele, Laurent De Boel, Delphine Herpoel*

Room: Groenplaats 3

## **International Perspectives on Innovative Forensic Services**

Innovative forensic services and emerging research centres offer new directions in forensic mental health across Europe. Novel approaches to community forensic psychiatry and prison in-reach in Italy present opportunities for innovation with no historical baggage. A new high security hospital in Flanders finds its place in broader service pathways. The transition from old to new forms of physical, relational and procedural security driven by legal change represents further opportunities for service appraisal in Italy. The combination of hospital and research institute in Poland represents another opportunity for research, development, teaching, training and evaluation of effectiveness.

*Harry Kennedy, Dearbhla Duffy, Luca Castelletti, Pawel Gosek, Jeanne Vachon*

Room: Epoque Ballroom

## **CONCURRENT SESSION G**

### **Paper Session: 1630-1730**

#### **Room: Sancy**

#### **1) Patient typologies of serious mental illness, violence, and motivation for offending**

The primary objective of this research is to investigate whether distinct subtypes of individuals deemed Not Criminally Responsible on account of Mental Disorder (NCRMD) can be identified based on the age onset of mental illness and offending behavior. Associations between group membership and key correlates of offending are examined, to test whether subtypes can be differentiated based on the motivations involved in past violence as well as risk for future violence.

*Stephanie Penney, Andrew Morgan, Sandy Simpson*

#### **2) Schizophrenia and comorbid antisocial personality disorder : a multimodal neuroimaging study**

Individuals with schizophrenia who have committed violent behaviors have shown structural and functional deficits. Some studies propose that the temporality between both the onset of violence and the first psychotic symptoms may result into two distinct psychopathological groups. The present study will attempt to better understand the neurobiological markers associated with violence in those with schizophrenia also presenting a comorbid diagnosis of Antisocial Personality Disorder while using a multimodal neuroimaging procedure (structural and functional). Four groups will be compared. This project may further the comprehension of the neurobiological mechanisms associated with violence in certain subgroups of individuals with schizophrenia.

*Jules Dugré, Alexandre Dumais, Stéphane Potvin*

### **3) Monitoring the risk of violence and assessing patients' clinical characteristics: a 1-year prospective cohort study in a large sample**

We compared the socio-demographic, clinical, and treatment-related characteristics of 388 out- and inpatients with a lifetime history of serious violence with age-, sex- and diagnosis-matched controls with no history of violence; we also did a one-year follow-up. Patients with a history of serious violence staying in residential facilities, where treatment and clinical supervision are granted, do not show higher rates of aggressive and violent behaviour as compared to patients never violent. However, this finding does not translate to outpatients: in the community patients with an history of violence show higher rates of violent behavior, hence they need close clinical supervision.

*Giovanni de Girolamo, Viola Bulgari, Valentina Candini, Clarissa Ferrari, Ambra Macis, Giorgio Bianconi, Maria Teresa Ferla, Giovanni Conte, Laura Iozzino*

### **4) Protective factors for different offender groups: new developments regarding the SAPROF for specific populations**

This paper presents an overview of the new developments regarding protective factors for specific groups of offenders. In particular, it focuses on specific protective factors for individuals with a history of sexual offending, for people with intellectual disabilities, and for patients in long-term inpatient care. In addition, attention will be paid to juveniles and young adult offenders. New SAPROF versions and additional manuals will be presented for each of these groups and implications for use in clinical practice as well as research will be discussed.

*Michiel de Vries Robbé*

## **Room: Tiffany/Shah**

### **1) Safer services for people with personality disorder: a mixed methods study**

**Aims:** The study aims to examine suicide and homicide in patients with personality disorder and explore staff and service user perspectives of the care pathway. **Methods:** A mixed-methods study in the UK using the NCISH database, medical records, and serious incident reports. An online survey and focus groups were conducted. **Results:** The findings showed no clear pathway for people with PD. NICE guidance was not being followed regarding the provision of psychological therapies; short-term prescribing; and avoidance of in-patient care. **Conclusions:** The care pathway for individuals with personality disorder is unclear. A more comprehensive examination of PD services is needed.

*Sandra Flynn, Jane Graney, Thabiso Nyathi, Jessica Raphael, Nav Kapur, Louis Appleby, Jenny Shaw*

### **2) Shifting the Stigma: A Comprehensive Review of the Literature for Treating Individuals with Antisocial Personality Disorder**

Antisocial personality disorder (ASPD) has long been considered an intractable condition resistant to psychological intervention. The current comprehensive review examined 69 studies in which individuals with ASPD were provided treatment in order to determine effective interventions for the disorder's symptomatology and associated problem behaviors and consequences. Studies were grouped into one

of six categories based on sample type and treatment outcome. Not only did we find that a majority of studies yielded positive outcomes, but those that did, utilized more rigorous methodological designs than did the studies finding negative outcomes. Results suggest that individuals with ASPD are, indeed, treatable.

*Samantha Story, Benjamin LaLiberte, David Ledgerwood*

### **3) Personality disorders of parents in the context of high conflict custody disputes**

The paper presents results of the authors' research regarding 30 families during high custodial conflict with at least one parent diagnosed with personality disorder. The study was conducted simultaneously with collecting data due to preparing psychological expertise ordered by a civil court regarding particular custodial cases. Aims of the study were focused on 1. psychological assessment of differences in parental interventions used by those with chronic or situational disruptive behavior (conduct disorders); 2. identifying particular mechanisms of parents' non-adaptive behavior and their relations to parental interventions and children's developmental disorders; 3. formulation proposals of corrective interventions and estimation of their effectiveness. Last but not least purpose of the presentation is to discuss possible and beneficial solutions for the children in situations while representatives of the justice system seem helpless.

*Lukasz Barwinski, Alicja Czerederecka*

## **Room: Teun**

### **1) Evaluating a Supportive Through-the-Gate Programme for Ex-Prisoners with Mental Health Needs – (The RESET Study)**

Despite the large presentation of mental illness within prisons, there have only been a limited number of research interventions examining supportive release programmes for ex-prisoners with mental health needs. As such, there is a need to evaluate the impact of a supportive release service following the immediate release period from prison into the community. This paper presents an evaluation of a supportive release service using a mixed methods design examining the factors that contribute and improve the effectiveness of this programme (The RESET Study). Analyses examining the factors that contribute and improve the effectiveness of this programme will be discussed.

*Jacqueline Tallent, Douglas MacInnes, Janet Parrott*

### **2) Trends in self-reported mental health needs at intake to prison**

We sought to examine changes over time in self-reported mental health needs at intake to prison. Rates of previously diagnosed and/or treated mental health concerns increased from 23% in 2013 to 32% in 2017, whereas the rate of first presenters was stable at approximately 10%. Further work is in progress to understand whether these increases reflect a change in the prevalence of mental illness or alternative explanations such as a need to re-visit the validity of screening tools to account for changes in mental health care and help-seeking in the broader community.

*Michael Martin, Megan Potvin, Amanda Petropoulos*

### **3) COVER: Feasibility and Acceptability of Medical Skin Camouflage for Recovery of Women with Self-Harm Scarring in Prison.**

Self-harm in UK prisons is a huge concern. The current study aimed to test the feasibility and acceptability of using medical skin camouflage for self-harm scars in a women's prison. A pilot RCT method was used; 20 women were randomised to the intervention group and 20 to the waitlist control. A range of outcomes was assessed at baseline and post-intervention, including depression, hopelessness and suicidality. Qualitative interviews were conducted with all participants. Results will be analysed imminently, with expected improvements in confidence and social relationships. This is the first study examining MSC for self-harm scars, with treatment implications.

*Brendan Dunlop, Kerry Guttridge, Tracy Millington*

### **4) Examining effectiveness of Changing Lives and Changing Outcomes on mental health and criminal risk domains for dual diagnosed offenders**

Changing Lives and Changing Outcomes was developed to address co-occurring problems of mental illness and criminal proclivity in justice involved persons with mental illness. Preliminary examinations of the effectiveness of CLCO were quite positive (Author et al., 2014, 2017). This paper will present a program evaluation from 181 dual diagnosed adult male and female felony offenders on probation and sentenced to a residential treatment facility. Outcomes of interest include intermediate outcomes across both mental health (symptom reduction, recovery) and criminal risk (antisocial attitudes, antisocial associates) domains. Treatment and policy implications will be discussed.

*Robert Morgan, Monika Gaspar, Alexandra Brown, Taylor Ramler, Greg Gigax, Kim Ridley*

## **Room: Lijn**

### **1) The Effect of Education, Literacy, and Culture on Cognitive Effort Test Performance: An Examination of the TOMM in Colombia**

Cognitive efforts tests, such as the Test of Memory Malingering (TOMM; Tombaugh, 1997) are widely used internationally, yet emerging research suggests that performance on the TOMM can be effected by culture and education. This study examined the specificity of the TOMM and performance differences among 257 Colombian adults: absolute illiterates with no education (n=59), functional illiterates with no education (n=66), literates with  $\leq 12$  years education (n=66), and literates with post-secondary education (n=66). The illiterate groups performed significantly lower on the TOMM than the educated participants. Item level analyses and optimal cut scores are examined. Research and clinical implications are discussed.

*Alicia Nijdam-Jones, Diego Rivera, Barry Rosenfeld, Juan Carlos Arango-Lasprilla*

### **2) Adult Sex Offender Recidivism Risk in Latin America: An Exploratory Study**

In the last two decades, several assessments tools to evaluate the risk of sexual recidivism have been developed. However, little is known about their validity and use in countries outside of the U.S. and Europe. In this exploratory qualitative study, 20 forensic psychologists in Latin America are interviewed



about their procedures in assessing sex offender recidivism risk and the culturally specific risk and protective factors considered when conducting these evaluations. Results will inform future practice and research with Latino sex offenders in Latin America and the United States.

*Maria Aparcero-Suero, Alicia Nijdam-Jones, Barry Rosenfeld, Eric Garcia-Lopez*

### **3) A panoramic view of the state-of-the-art in violence risk assessment research in Latin America**

Latin America has contributed rigorous studies to violence risk assessment research, but knowledge of these does not seem to have spread in professional practice. This communication presents the results of a study on the inter-rater reliability and criteria validity of the Spanish version of the HCR-20V3 in a sample of 15 men admitted to an Argentinian forensic psychiatric unit. Preliminary results are also presented of the first longitudinal study in Latin America on the predictive validity of the Spanish version of SARA in a forensic sample of 128 intimate partner aggressors. Challenges that arise for research in Latin-America are discussed.

*Karin Arbach, Elisa Folino Jorge Folino*

### **4) Violence Risk Assessment of Spanish-Speaking Latino Adults: An Exploratory Study**

The ability to predict the likelihood of violent behavior is an important task that is not bounded by cultures, borders, or geographic regions. However, there is little research examining the use of violence risk assessment measures with Spanish-speaking Latino populations. In this exploratory qualitative study, interviews with 20 Latin American forensic practitioners are analyzed in order to understand the process and procedures that clinicians use to assess violence risk with Spanish-speaking Latino adults and to identify the culturally specific violence risk and protective factors considered when completing these assessments. Results will inform future research and violence risk assessment with these populations.

*Alicia Nijdam-Jones, Eric Garcia-Lopez, Barry Rosenfeld*

## **Room: Groenplaats 1**

### **1) Italian reform of forensic psychiatry: a hazardous model or a new paradigm for forensic care?**

Aims: to identify the dual treatment goals of mental illness recovery and reducing risk of recidivism, within the organizational framework of the new REMS. To verify the capacity of the service to provide adequate specialist forensic treatment and ensure public safety in the context of recent legislative and service organization reforms.

*Luca Castelletti, Franco Scarpa*

### **2) Factors related to quality of life of forensic psychiatric (in)patients**

In forensic psychiatry there is growing attention for quality of life as an outcome measure and also as a variable in the assessment of predicting criminal recidivism. This paper provides an overview of factors that were found to be related to quality of life of forensic psychiatric (in)patients according to a recent literature study. Also the relationship between these factors and recidivism will be discussed.

*Sandra Schel*

### **3) Coercive medical treatment in forensic care: data of an accompanying study in Germany**

In order to bring the rather emotional debate about coercive treatment in (forensic) psychiatric care to a more scientific basis, the forensic clinic in Haina (Germany) conducted an accompanying study to evaluate psychopathological changes of patients (by PANSS) pre- and post coercive treatments. Although the number of cases was rather small (n=38), the study underlines that there is a considerable and measurable benefit connected to coercive antipsychotic treatment. The most improved (decreased) patient characteristics in the study were 'Hostility', 'Uncooperativeness' and 'Excitement' (PANSS Items P4, P7, G8).

*Sven Krimmer*

### **4) Stress sensitivity in forensic psychiatric patients: an ESM study**

Stress sensitivity in forensic psychiatric patients and the applicability of the Experience Sampling Method was investigated. Participants received a digital device (PsyMate™R) that beeps at random times ten times a day. After each signal they were asked to report their thoughts, the context, and their mood. A high amount of compliance was found as 85% of the beeps were completed by the patients. Increased stress sensitivity was found with regard to social stress and activity stress. Furthermore activity stress was higher when they were with staff members suggestive that context plays an important role.

*Petra Habets, Phillippe Delespaul, Inge Jeandarme*

## **Room: Groenplaats 3**

### **1) Professional values and conflict in mental health practices behind bars**

Mental health professionals in correctional settings often find their professional value orientations in conflict with agency policies and regulations. They experience significant strain between their roles as clinical staff members, and as correctional staff members. Social workers, like other professionals, face value dilemmas and difficulties in ethical decision-making due to incompatibility between the professional values and policies in the correctional settings. This study examined the social work roles in prisons when working with inmates with mental illness and/or substance use disorders, and assessed the relationship between professional values and role problems among prison social workers.

*Hiroki Toi*

### **2) Getting teams to talk shop – Interdisciplinary team work and communication**

The treatment of mentally ill offenders in forensic psychiatric hospitals is characterized by a long treatment time and a high number of staff from different disciplines responsible for treatment procedures and decisions. This entails a considerable risk for teamwork problems to the detriment of the patient. After several critical incidents a root cause analysis led to the implementation of a new protocol for team meeting. In the period that followed critical incidents were significantly reduced. A follow-up survey carried out 2 years later showed that the implementation of the new procedure had lost its integrity. The protocol was revised.

*Beate Eusterschulte*

### **3) When hybrid professional roles blur the boundaries. The case of the Belgian internment field**

The Belgian internment measure has been oscillating between justice and health since its first formulations. The 2016 Internment policy plan and the legal framework support a strong collaboration between those two fields. As Rutherford (2010) stated: “these last two decades there has been a convergence between mental health and criminal justice policy, legislation, systems and practice, [...] boundaries between the two systems are becoming increasingly blurred.” This communication aims at illustrating how the emergence of new hybrid professional roles and the evolution of professionals’ practices come to foster the blurring of mental health and justice sectors’ respective boundaries.

*Coralie Darcis*

### **4) Implementation rules of the general procedural rules of forensic authentication in forensic psychiatric evaluation**

Forensic psychiatric evaluation is thought to be more subjective and not reliable compared with other evidence such as DNA analysis. A series of measures have been designed and taken to tackle with this problem, among which, standardization of forensic psychiatric evaluation is an important aspect. Several regulations and rules including the General procedural rules of forensic authentication (of China) have been enacted in a bid to standardize psychiatric evaluation. It is not specific enough for psychiatric evaluation in terms of pertinence. The author introduced the Implementation rules of the general procedural rules of forensic authentication in forensic psychiatric evaluation (suggestion draft) recently drafted by the Law and Psychiatry Research Center at China University of Political Science and Law (LPRC@CUPL).

*JiNian Hu*

## **Room: Epoque Ballroom**

### **1) Recovery beyond secure services: Social re-Integration and re-connecting with communities**

For people with mental ill health social integration is a critical aspect of their recovery. Within mental health services, the recovery approach offers a strengths-based framework for working with individuals . Within the context of the forensic mental health system there has been little research into recovery following discharge from inpatient care. This paper will introduce the Recovery Academy Edenfield Campus, highlighting the innovative work that is being undertaken and introduce the research that is focusing on supporting service users to re-integrate socially and re-connect with networks of support in the community that are external to the secure service.

*Paul Brown, Tammi Walker, Kevin Scallon, Michele Morgan, Deborah Stefonovic*

### **2) A literature review, 5-year evaluation and QI application of multidisciplinary ward round standards in secure services across 2 Trusts**

The multidisciplinary team ward round is the most resource-intensive and influential part of the week regarding a patient’s clinical care. We randomly sampled 25% of patients in 2 regional forensic services

in 2015 (n=44) and 2016 (n=60). The regular full ward round with RC attendance, attendee records, management and leave status were recorded at 75% or above. Medication, discussion and patient involvement required improvement and were improved through literature-review based Quality Improvement processes over 2 subsequent years. Clinical culture, and differing interpretations on risk are key. The authors devised an electronic protocol, proforma and training package for ward rounds.

*Sanjib Ghosh, Nodira Nasritdinova, Laura Samso, Nargiza Saldova*

### **3) Social recovery, a myth or reality: 20 years on from high secure care**

Background: Recovery within the forensic environment is different to that navigated by patients within mainstream mental health services. Methods: Data captured during 1992/3 using the World Health Organisation Disability Assessment Schedule (WHODAS) from keyworkers relative to a cohort of 241 patients detained within high security is explored with outcomes and updated WHODAS reports for the same cohort. Qualitative information discussing personal/social recovery, provides enrichment. Results: Social recovery among forensic patients, is problematic to attain. Patients took self-protective measures including social isolation and engaging in superficial relationships to avoid physical/emotional vulnerability. This was supported with quantitative evidence from the WHODAS.

*Cheryl Rees*

## **CONCURRENT SESSION H**

### **Symposium Session 0900-1015**

#### **Violence Explained: Symptoms, Psychopathy, Moral Cognition and Schizophrenia**

This symposium introduces new ways of thinking about, predicting, and managing violence. Seriousness and quality of violence will be distinguished. Topics ordinarily considered to be distinct, such as psychopathy, theory of mind, neurocognitive function, moral cognition and symptom severity may all be relevant. The paradoxical relationship between moral cognition and violence amongst forensic patients with schizophrenia suggests that moral cognition may be the missing link or key mediator between psychotic symptoms and violence. This functional approach to assessment may offer useful ways forward for future basic research in genetics, neuroimaging and neuropsychological processes and for clinical research regarding treatment.

*Harry Kennedy, Ken O'Reilly, Giovanni de Girolamo, Sashini Gunawardena*

Room: Sancy

#### **People with Mental Illness who Offend: Lived experience is key**

The adherence to strengths-based approaches continues to amplify in scientific disciplines and professional practices, whereby capabilities and assets are put at center stage. Focus of the symposium is on strengths and resources of People with Mental Illness who Offend (PMIO) and their social network. We start from lived experiences with regard to procedural justice and forensic recovery, as these are essential to supplement a mere risk management approach. We also highlight challenges and opportunities related to applying a strengths-based intervention for the social network of PMIO.

*Natalie Aga, Freya Vander Laenen, Ciska Wittouck, Sara Rowaert, Tony Ward*

Room: Tiffany/Shah

#### **Alternatives to custodial remand for women attending court in London**

This symposium describes one women's specialist liaison and diversion service involving five organisations (three National Health Service Trusts and two voluntary sector providers) across three lower (Magistrates') court sites in London, UK. The service operated between 2012 and 2015, and made 809 contacts. The assessed group presented with high levels of mental health and social care need, and complexity, however the project had some success in reducing custodial remand over time, and in supporting many women with unmet accommodation needs. There were many operational challenges, and these are discussed alongside recommendations for future service provision in this area.

*Andrew Forrester, Chaira Samele, Matina Marougka*

Room: Teun

### **International Comparisons of Outcomes of Mentally Disordered Offenders**

Enormous resources are utilized in the care and treatment of mentally disordered offenders (MDOs). This symposium explores the outcomes of MDOs post forensic mental health intervention in three countries. Aims 1. To describe outcomes of MDOs in 3 countries 2. To determine factors associated with better or worse outcomes 3. To discuss differences in outcomes between countries Method Data from retrospective and prospective studies will be presented. Results Management of violence and symptoms of mental illness is good, but social and physical health outcomes are poor.

*Lindsay Thomson, Sandy Simpson, Mike Harris*

Room: Lijn

### **Developing Forensic Psychiatric Services for longterm and medium term patients in Europe**

This symposium deals with developing forensic psychiatric services in the neighbourcountries Belgium and the Netherlands, where forensic services are developing for forensic patients with medium and longterm length of stay. These three, relatively new services (in the villages of Bierbeek, Rekem and Zeeland), although in two different countries, are based on comparable views. Research is only starting but we will try to show you some inspiring results how small steps in care can make huge differences for forensic psychiatric patients who have to rely on these services for sometimes, many years.

*Peter Braun, Kevin Pesout, Steven Degrauwe, Inge Jeandarme*

Room: Groenplaats 1

### **Parent-child contact after offending: disruptions and their resolution, in the presence or absence of mental health needs**

Offending may cause the offender's removal from his/her family • often a parent from children or child from parents. We examine such circumstances, whether or not anyone has mental ill-health. First, we explore what characterises children in forensic mental health services and separated by their own offending from parents. A systematic review will then evidence quality of child-parent contact and child outcomes after parental imprisonment. Thirdly, we describe social workers' concerns about children visiting adult inpatients, and their resolution. Finally, we present development of an interview about children's needs when an offender-parent is securely hospitalised, with data from adult children.

*Pamela Taylor, Harry Austin, George Raywood-Burke, Natasha Kalebic, Sarah Argent*

Room: Groenplaats 3

### **The First year of New Models of Care in The Southwest of England**

NHS England announced in the 2016/17 contracting round the intention to develop a "New Models Pilot Programme" (starting October 2016) transforming the commissioning, funding and delivery of secure

services. The Devon Partnership NHS Trust (lead organisation) for the Southwest Secure Services NMC and Elysium Healthcare, one of the network partners will present the first year experience of the programme, highlighting progress in developing an operational model. Data will be presented linked to key outcomes such as length of stay and reducing out of area placements, as well as areas of innovation and drivers for sustainability of the forensic network.

*Quazi Haque, Patrick Neville, Anne Forbes, Jason Fee*

Room: Epoque Ballroom

## **CONCURRENT SESSION I**

### **Paper Session 1300-1410**

#### **Room: Sancy**

##### **1) Revising the Early Assessment Risk Lists in a Scientist-Practitioner Framework**

SNAP<sup>™</sup>R (Stop Now And Plan), is a multi-modal, gender-specific, evidence-based intervention for latency-aged children (ages 6 to 11) with conduct problems and their families. Developed in the late-80s the need for a structured professional judgement risk assessment tool for the middle years was readily apparent. The Early Assessment Risk Lists (EARL-20B version 2 for boys, Augimeri, Koegl, Webster & Levene, 2001; EARL-21G consultation edition for girls, Levene, Augimeri, Pepler, Walsh, Webster & Koegl, 2001) have served this need for nearly two decades. This presentation will highlight the latest EARL findings and how they are guiding the revision of the instruments.

*Adam Donato, Leena Augimeri, Margaret Walsh*

##### **2) A Co production approach to dynamic risk assessment: Roll out and predictive validity in an LD forensic service**

Co-production approaches to health decision making stress the expertise of both health professionals and patients, with health professionals moving from 'fixers' to facilitators in care planning, with increased emphasis of the knowledge of patients being stressed. Whilst this approach is being increasingly being advocated in care-planning, its impact on risk assessment has yet to be explored. This paper describes the roll-out of co production vs. collaborative approach to dynamic risk assessment in a forensic LD service. The scoring on dynamic tools and risk formulations of these approaches are compared, along with a comparison of the predictive validity of the assessments.

*Deborah Morris*

##### **3) Red-teaming the panopticon (mobilising adaptive change in secure and forensic settings)**

In England and Wales, secure and forensic psychiatric institutions provide a high-cost, low-volume service that imposes significant restrictions upon detainees. Best practice requires reoffending risk to be assessed before a patient is discharged. Evaluation of risk is an inexact actuarial science operating in a political arena, and research has indicated risk assessment tools have little positive predictive validity. There is concern amongst the wider psychiatric and judicial communities about the ethics of current

practice. We examine these issues and consider means of improving risk assessment through re-teaming, increased collaboration between clinician and patient and other paradigm shifts.

*Sarah Markham*

#### **4) Criminogenic Thinking as a Risk Factor for Psychiatric Inpatient Violence**

Thinking styles that predispose offenders to recidivate have been shown to predict acts of aggression and violence among inmates. The present research explored the predictive validity of criminogenic cognitions among a non-offender sample of civil psychiatric patients. Medical records of N = 74 participants were reviewed after administration of the Psychological Inventory of Criminal Thinking Styles (PICTS), Brief Psychiatric Rating Scale (BPRS) and Psychopathy Checklist Screening Version (PCL:SV) for subsequent incidents of violence and aggression. Bivariate and multivariate analyses were conducted using a negative binomial regression analytic strategy given that the outcome is a count variable.

*Amory Carr, Barry Rosenfeld, Merrill Rotter*

### **Room: Tiffany/Shah**

#### **1) Virtual reality game as treatment tool**

Anger is a difficult emotion to control, presumably because it is thought to be an approach-related affect. Recent studies suggest that it is possible to modify the motivational core of anger by training people to make avoidance movements towards angry faces. This training was successful in reducing angry feelings and aggressive impulses. Based on this paradigm a game in virtual reality was developed and provided alongside general aggression treatment among forensic psychiatric outpatients. It was investigated whether this combination was more successful in reducing anger and aggressive behavior. The preliminary results of this innovative study will be presented.

*Danique Smeijers*

#### **2) Countertransference in forensic inpatients settings**

Countertransference in forensic inpatients settings has been denied a proper place in empirical research despite frequent negative emotional reactions (anger, disgust or fear) in forensic clinicians. Countertransference is defined as the whole conscious and unconscious emotional, cognitive, and behavioural response that the clinician has toward the patient. This paper attempts to summarize empirical findings on countertransference in forensic inpatient settings and present results of an ongoing study with forensic schizophrenia patients. To our knowledge, the influence of clinician personality assessment on countertransference and the differentiation in countertransference between nurses and psychologist/psychiatrist has not yet been reported on.

*Louis De Page, Benjamin Thiry, Benedicte de Villers, Marie Boulanger, Xavier Soloppé*

#### **3) Non-completion of treatment or intervention programmes offered for offenders with personality difficulties: A literature review of correlates and predictors**



Previous reviews have investigated the predictors of offender treatment non-completion and the factors associated with non-completion of personality disorder (PD) treatments, but there has yet to be a systematic review of literature that investigates reasons for treatment non-completion in the specific population of offenders with PD. All relevant research focusing on correlates, predictors and reasons associated with non-completion specifically for offenders with PD were systematically collected. Empirical and qualitative studies investigating adult male or female offenders with a formal diagnosis in any type of treatment or intervention were considered and the focus was put on any outcomes related to non-completion.

*Polett Bali, Richard Whittington, Elizabeth Perkins, Alina Haines*

#### **4) Relational Discovery: Good Practice in Healthcare**

The Relational Discovery model was developed at Langdon Hospital in 2016 to reform knowledge and understanding of "relationship" from object to implicit professional wisdom and to develop an operational organizational model embedded by clinical practice, therein shaping a sustainable healthcare system. This paper provides an update on the implementation of the Relational Discovery model and how it has paved the way to achieve stated goals around recruitment and retention, clinical confidence and access to therapies with a resultant reduction in risk and describes challenges and opportunities experienced to date when implementing such an ambitious model.

*Louise Yorke, Malinder Bhullar, Brian Darnley*

### **Room: Teun**

#### **1) Comparative outcomes for a national cohort of mentally ill homicide offenders: a 25-year follow up study**

Homicide offenders with serious mental illness may either be placed on hospital orders, or sentenced to life imprisonment, but both groups require effective treatment and rehabilitation before they can be safely released into the community. In this study, outcome data is presented on a complete national cohort of homicide offenders either sentenced to life in prison or placed on indeterminate hospital orders in New Zealand. Access to rehabilitative interventions, time to release, reoffending and recall to prison or hospital were compared between groups. Implications for forensic services treatment provision are discussed.

*Jeremy Skipworth, Wendy Bevin, Brian McKenna, Sandy Simpson, Phil Brinded, Janet Pearson*

#### **2) Changes over time in the admission characteristics and outcomes of patients admitted to a medium secure unit**

The original Arnold Lodge follow-up study demonstrated that the characteristics of patients admitted to a medium secure unit (MSU) changed over time. In addition, patients admitted in the latter half of the study period had a shorter time to reconviction. We have extended the admission cohort and increased the original follow-up by ten years. Accordingly, we will examine trends over time in the admission characteristics and the reconviction rates of a cohort of 909 patients admitted to one MSU between July

1983 and June 2013. The findings will be discussed in the context of service developments and changes to provision.

*Jodie Westhead, Martin Clarke, Ruth Hatcher, Lucy McCarthy*

### **3) Barriers to Reentry for Seriously Mentally Ill Homeless Sexual Offenders Returning to New York City: Challenges of Overcoming Stigma**

Sexual offenders returning to the community face increased stigma and experience higher rates of homelessness in comparison to those returning with non-sexual offenses. This presentation will introduce an intensive reentry program designed to assist seriously mentally ill male offenders returning to New York City from state prison who require shelter care with the overall goal of achieving supportive housing. It will discuss the specific barriers that sexual offenders face in addition to the already existent barriers of returning citizens in all aspects of their reentry including access to treatment and supportive housing.

*Lillian Bopp, Caitlin La Tronica*

### **4) A study of foreign national prisoners in immigration detention compared to other detainees in the UK**

Immigration detention is the practice of detaining individuals for the purpose of deportation. Foreign national prisoners in the UK convicted of an offence which attracts a sentence of a year or more, who are not EU nationals, are liable to automatic deportation. They are moved to an immigration removal centre to facilitate deportation. There is a wealth of evidence that foreign national prisoners constitute a very vulnerable group within prison services. This study sought to compare this group in a detention centre with other detainees to assess whether their mental health and needs would be different to other immigration detainees.

*Piyal Sen, Claira Moro, Andrew Forrester, Cornelius Katona, Karen Slade, Al-Aditya Khan*

## **Room: Lijn**

### **1) Executive function assessment among forensic patients with Intellectual Disability**

Among forensic population, several studies highlight difficulties at the "executive tasks". The authors also highlight problems of executive functions among ID people. We studied the profile of 50 patients, divided in two groups: the "Forensic ID group" including 25 adult males with an ID and a forensic involvement, and the "ID group" including 25 adult males with an ID and without forensic involvement. All patients were assessed to a battery of intelligence and to neuropsychological tests. The results will be discussed in the light of the literature. We will also discuss the implementation of neuropsychological tests among the forensic population.

*Audrey Vicenzutto, Laurent Lefebvre, Thierry Pham*

### **2) Metacognitive functions and violence in the VIORMED study**

The metacognitive functions are abilities to understand their own internal states (thoughts, feelings and behaviours) and those of others and these functions are crucial to the effective management of relational problems; this can be decisive in order to avoid aggressive behaviour against other people. Data show that the patients with a history of violence are characterized by impaired metacognitive functions. This aspect is very important for public services deal with these patients, in order to structure and offer specialized treatments to improve these functions and to reduce the risk of violence.

*Valentina Candini, Marta Ghisi, Clarissa Ferrari, Laura Iozzino, Viola Bulgari, Ambra Macis, Giola Bottesi, Giuseppe Nicolò, Antonio Carcione, Giovanni de Giolamo*

### **3) Intellectual and Developmental Disabilities in the Criminal Justice System: Identification and Trends**

This project aims to assess the presence of intellectual and developmental disabilities (I/DD) in the Georgia Department of Corrections (GDC; in the U.S.) and identify any correlations with other health conditions, demographics, and offending activity. The authors collected records of incoming offenders that reflect the presence of an I/DD as they come through the men's and women's diagnostic facilities. Using these records, that authors identified correlations between the presence of an I/DD with other health conditions, demographic features retained after de-identification, and criminal charge. This information provides insight into how to better identify and care for these offenders.

*Jennifer Sarrett, Javel Jackson*

### **4) How can violence be halved in Forensic Intellectual Disabilities wards? Results and literature review of a 4-year Quality Improvement Project**

Violence in a medium secure (and low secure) ward (n=30) was reduced through a series of QI informed interventions. This used a collaborative approach with the entire ward team. PDSA-cycles, pareto principles and run-charts initiated and monitored progress. It started with structured activity for patients. Our results helped us produce new methods of recording (Safety Cross, November 2016) and planning for violence (Safety Huddle, January 2017). A literature review and expert forums provided further interventions. A careful selection of patients for suitability for a learning disabilities ward, and continual input from patient forums were other key factors to reduce violence.

*Sanjib Ghosh*

## **Room: Groenplaats 1**

### **1) Mass murder in Switzerland: A comprehensive and comparative study of 33 cases**

The files of 33 perpetrators who committed mass murder in Switzerland between 1972-2015 were examined concerning 34 sociodemographic, criminological and psychiatric characteristics. The cases were grouped by "with vs. without consecutive suicide" and compared by means with nonparametric methods. In both groups we found an increased prevalence of psychiatric disorders and accumulation of critical life events. We found significant differences in offender motivation and type of violence. There

was no difference in suicidal ideation before the incidence. Our results suggest that suicidality is an important factor in all mass murders but the realization depends on situational factors.

*Andreas Frei, Andrea Ilic*

## **2) Standards of mental health care in UK prisons**

There is a high prevalence of mental health problems in prisons and there is a paucity of research on mental health service provision in the prison estate. Her Majesty's Inspectorate of Prisons for England and Wales (HMIP) is an independent inspectorate which reports on conditions for and treatment of people in prison. Forty two HMPI reports were thematically analysed with reference to mental health care standards. Results highlighted the importance of consistent, therapeutic care across staff working in prisons. Standards of mental health care were improving in some domains but there remained scope for improvements in policy and practice.

*Emily Glorney, Hana Ullah, Charlie Brooker*

## **3) Stalkers in the Netherlands. Cultural differences or business as usual?**

Stalking is understudied in forensic mental health contexts and it is unclear whether research from English-speaking jurisdictions can be generalised to other locations. This study aimed to investigate the nature of stalking behaviour and recidivism in a sample of 70 Dutch stalkers assessed at a community forensic mental health service between 2014 and early 2017. Results suggested gross similarities between stalkers referred for assessment and treatment in the Netherlands and other jurisdictions, although stalkers with major mental illnesses were under-represented in comparison to other published samples. Novel information about the nature and targets of stalking recidivism is presented.

*Troy McEwan, Lianne Hardder, Vivienne de Vogel*

## **4) Service User Satisfaction in Secure Settings: Are There Differences between Different Levels of Security?**

Service users' views about satisfaction with forensic services have been limited in international forensic mental health settings. Previous studies have been criticised for methodological limitations and, in particular, a lack of validity of reported measures used to examine satisfaction in forensic settings. This paper details a study assessing service user satisfaction in a forensic service in Southern England. Using a validated tool for assessing satisfaction in forensic mental health in-patient settings, a cross sectional study examined overall satisfaction and individual domains of satisfaction in medium secure and low secure wards. Differences in satisfaction scores between the settings are explored.

*Douglas MacInnes, Catherine Kinane*

## **Room: Goenplaats 3**

### **1) Competencies of the ideal forensic care taker: a qualitative exploration**

The role of forensic psychiatric caregivers has been often described as "the integration of the psychiatric mental health care and a practice in a socio-cultural context including the judicial system to provide full

care for patient, family and society' This means that other and/or additional competencies are required and another form of competence management is needed. Utilizing the technique of focus groups and the method of Delphi, a number of forensic patients and a large number of experts from the forensic research and clinical field were questioned. Consensus was reached for some competences, deemed crucial for forensic psychiatric workers.

*Kevin Pesout*

## **2) Identification of Limitations of forensic evidence – From research to practice: applying lessons to writing court reports**

Identification of Limitations of forensic evidence • From research to practice: applying lessons to writing court reports? Forensic practitioners from all aspects of practice are being held to higher standards around how they acquire, process and communicate about forensic evidence. In this oral presentation, Kristy Martire, who works collaboratively with lawyers regarding expert evidence, will summarize the critical stance adopted by various authoritative scientific bodies in relation to the provision of expert evidence, as well as some of the recommendations provided to courts. Anita McGregor will then discuss how one aspect, consideration of limitations of evidence, can be applied to writing court reports.

*Anita McGregor, Kristy Martire*

## **3) The relationship between interpersonal style, ward climate, and patient and staff characteristics in a high secure forensic setting**

Forensic nurses work in a complex context with a complex population. Forming and maintaining therapeutic relationships within this setting is challenging. This study investigated how forensic nurses perceive the interpersonal style of their patients, and to what extent these perceptions are related to patient- and staff characteristics. Furthermore, the relationship between staffs' perception of the interpersonal style of their patients, and patients' perception of ward climate, and patients' satisfaction with daily staff was studied. Data were collected in a high secure forensic psychiatric hospital in the Netherlands, 69 forensic nurses rated 103 patients. Results of this study will be presented.

*Meike de Vries*

# **CONCURRENT SESSION J**

## **Symposium Session 1420-1530**

### **Let's talk about psychopathy: A discussion of three major areas of dysfunction**

Psychopathic personality poses a major burden on society, and is one of the most studied personalities within the field of forensic mental health. Although we have gained much knowledge during the last centuries, the exact mechanisms that underlie psychopathy is still unknown. During this symposium, three major problem areas that are central to the study of psychopathy, namely 1) an emotional deficit, 2) a problem in allocating attention and 3) difficulties in (reward) learning are discussed. Moreover, a holistic discussion of how to use outcomes of behavioral- and neuroscientific data to develop new treatment and management interventions will take place.

*Josanne Van Dongen, Inti Brazil, Sylco Hoppenbrouwers, Ronald Rijnders*

Room: Sancy

### **Fifty years on from Bergin's 'Deterioration effect': What have we learned about the potential for harm from psychosocial treatment?**

Despite Bergin's identification of the 'deterioration effect' over fifty years ago, the potential for adverse effects of psychosocial treatment continues to receive little focus to date. This symposium will address this challenge for forensic mental health using examples in recently completed psychological treatment trials with reference to the wider literature. Aims - Discuss a broadened definition of 'harm' and how negative effects from treatment can be measured - Explore the factors and systems that may give rise to adverse treatment outcomes - Offer recommendations for how to monitor, record and report adverse outcomes in both clinical practice and research.

*Lindsey Thomson, Mary McMurrin, Pamela Taylor, Lindsey Gilling McIntosh*

Room: Tiffany/Shah

### **Forensic psychiatry in Europe: current projects and future initiatives**

Forensic psychiatry spans an often highly challenging physical and ethical space between the needs and rights of patients, the public and the criminal justice system, and between treatment and public protection. In Europe forensic psychiatric services of one form or another exist in every state, but their design, operational models, clinical resources and guiding principles differ markedly. Today they are expanding in some member states, while contracting in others. This symposium will report on some current research activities in four European countries and will present the objectives and the methods of an European collaborative project just started.

*Giovanni de Girolamo, Hans Joachime Salize, Pawel Gosek, Thomas Stompe*

Room: Teun

### **Understanding women's decision-making in abusive relationships: The DIARI**

Prevention of IPV has principally drawn from knowledge of risk assessment with perpetrators. The Decision-making In Abusive Relationships Interview (DIARI, Nicholls, Hilterman, & Goossens, 2016) is a SPJ tool that focuses on the needs of victims of intimate partner violence (IPV). The purpose of the DIARI is to guide the professional, together with the client, to an informed decision on the intervention needs and safety planning. In this ongoing study the use of the DIARI in daily clinical practice is evaluated in a cluster randomized controlled trial. An explanation of the DIARI and preliminary results of the research are presented.

*Ed Hilterman, Tonia Nicholls, Diana Roeg*

Room: Lijn

## **Mild Cognitive Impairment and Dementia in the Prison Population of England and Wales**

Background Mild cognitive impairment and dementia are significant issues in prisons. There is currently no clear care pathway in UK. Aim To enhance care pathways for older prisoners with mild cognitive impairment and dementia. Methods Part 1: 860 older prisoners were screened for mild cognitive impairment/dementia. Part 2: A questionnaire was distributed to healthcare managers and governors of all adult prisons in England and Wales (n = 107). Part 3: Ethnographic observations and semi-structured interviews (approx. 50) concerning 10 individual case studies were conducted. Part 4: Care pathways and training packages were designed.

*Katrina Forsyth, Jenny Shaw, Baber Malik, Leanne Heathcote*

Room: Groenplaats 1

## **CONCURRENT SESSION K**

### **Paper Presentations 1600-1700**

#### **Room: Sancy**

##### **1) Understanding Psychopathy Using the HEXACO Model and the CAPP**

The present study aims to map the construct of psychopathy, as measured by the CAPP (Cooke et al., 2012), onto basic personality traits using the HEXACO model of personality (Ashton & Lee, 2007) in a sample of ethnically diverse undergraduates from a large Canadian university. Honesty-Humility was significantly and negatively correlated with CAPP Attachment, Dominance, and Self domains as well as with the Total CAPP scores, but not with CAPP Behavior, Cognition and Emotion domains, although these associations differed by ethnic subgroups. Implications for understanding the construct of psychopathy and its pan-cultural core will be discussed.

*Yan Lim, Stephen Hart*

##### **2) Multiple measures of psychopathy among sex offenders and their relations to the risk assessment**

Much research among sex offenders have focused on the psychopathic personality (Olver et al., 2009) suggesting a low prevalence of the personality disorder (Pham, 2008). However, their crime are more violent and sadistic (Pham et al., 1999 ; Woodworth et al., 2013). This study analyzes the relations between three measures of psychopathy (PCL-R, CAPP-IRS & IM-P) and sexual recidivism instruments (RSVP & SORAG). The sample includes male adults inpatients in a Belgian forensic hospital (N=35). The results are discussed on the light of international literature concerning psychopathy in relation to *sexual recidivism scores*.

*Denis Delannoy, Claire Ducro, Xavier Saloppé, Thierry Pham*

### **3) The prototypical validity of the Comprehensive Assessment of Psychopathic Personality among french speakers – Perception of forensic mental health professionals**

The Comprehensive Assessment of Psychopathic Personality (CAPP ; Cooke, Hart, Logan & Michie, 2004) is a personality-based and lexical model of psychopathy. Its prototypical validity has been investigated among English, Norwegian and Spanish speakers (Kreis, Cooke, Michie, Hoff & Logan, 2012 ; Hoff, Rypdal, Mykletun & Cooke, 2012). This study compares the answers from a survey among international forensic mental health professionals (N = 204). All are french speakers from Belgium, France, Canada and Switzerland. Preliminary findings report a highly prototypical model of psychopathy through the CAPP. However, domains with interpersonal characteristics are the most prototypical.

*Denis Delannoy, David Cooke, Thierry Pham*

## **Room: Tiffany/Shah**

### **1) Intimate Partner Homicide and Substance Use: A Norwegian 22-Year Cohort Study**

Substance use co-occurs in Intimate partner homicides (IPH). We scrutinized IPH with and without influence of substance use and type of substance use concerning (a) IPH characteristics, (b) sociodemographic, contextual, and clinical factors, and (c) previous IPV. All IPHs in Norway from 1990 to 2012 (N = 177) were analyzed. Information concerning risk factors was gathered by using validated risk assessment tools. Multivariate logistic regression analyses were conducted. There was an association between perpetrators' and victims' substance influence at the time of crime, and between perpetrators' type of substance influence at time of crime, and perpetrators' substance abuse in general.

*Solveig Vatnar, Christine Friestad, Stål Björkly*

### **2) Persistency of Cannabis Use Predicts Violence following Acute Psychiatric Discharge**

The cannabis-violence relationship has provided contradictory results. While cannabis use is prevalent in patients with major mental disorders (MMD), less attention on the subject has been conducted in this high-risk population. Our longitudinal study investigated the persistency of cannabis use in MMD. We reanalyzed data from the MacArthur study using a multi-wave follow-up design. Generalized Estimating Equations examined the effect of persistent cannabis use on violence, while controlling for confounding factors. Our results suggest a unidirectional association between the continuity of cannabis use and subsequent violence. This adds to our understanding of the consequences of chronic cannabis use in MMD.

*Laura Dellazizzo, Jules Dugré, Charles-Édouard Giguère, Stéphane Potvin, Alexandre Dumais*

### **3) The Impact of Mental Health and Substance Use on Length of Jail Stay Over Time**

Incarcerated individuals with mental health and substance use problems face more negative outcomes than those without such problems. Jails have become de facto mental health institutions but funding and treatment have not kept up with this reality. In a large secondary data set, we utilized multilevel modeling to investigate the impact of an individual's mental health and substance use status at one booking on their length of stay at a subsequent booking. Results showed that mental health problems at



one booking contribute to longer subsequent jail stays, providing evidence that mental health problems are both criminogenic risks and treatment needs.

*Samantha Zotolla, Sarah Desmarais, Shevaun Neupert, Evan Lowder, Lin Dong, Sara Warren, Eric Laber, Richard Van Dorn*

## **Room: Teun**

### **1) Mental Health Screening at Intake and Use of Correctional Mental Health Services by Canadian Federal Inmates**

Results of 347 federal detainees on a Computerized Mental Health Screening tool administered by the Correctional Service of Canada at intake was compared with those obtained by the same individuals in a previous epidemiological study. Inmates flagged at intake and screened out were also compared in terms of mental health services use, adjustment problems and mental health needs during an observation period of up to two years. Results showed that individuals from the flagged group used more mental health services during incarceration, presented more adjustment problems and displayed significantly more acute mental health needs during the observation period.

*Joao Da Silva Guerreiro, Gilles Côté, Marie-Christine Stafford*

### **2) Use of Restrictive practices on males released from prison and entering acute mental health services**

Mental health services in Melbourne, Australia indicated that risk management of males exiting prison needing acute mental health care requires the increased use of restrictive practices (seclusion, physical restraint and mechanical restraint). A retrospective cross-sectional, comparative study was undertaken to investigate this assumption. The anecdotal concerns that male prisoners require a greater amount of restrictive practices was unfounded. The complex diagnostic picture of the prisoners may result in challenging behaviors that threaten physical and emotional safety. Associated attitudes by clinicians to consumers with offending histories may perpetuate a cycle of alienation and discrimination.

*Brian McKenna, Chris Quinn, Lillian De Bortoli, Jo Ryan, Rachael Fullam*

### **3) A 6-year evaluation of patient profiles, waiting times and responsible clinician feedback of SOAD requests (n=608) in Medium/Low Secure services.**

Data was collected on all Second Opinion Appointed Doctor (SOAD) requests for all in-patients in an English medium security unit (MSU; n=495) for an affiliated low secure unit (LSU; n=113). The population were predominantly legally on Section 3 and 37/41. The average date-of-request-to-visit-time was 20.8 for MSU and 30.5 for LSU patients. Mandatory consultant feedback given was 14.5% and 12.8% respectively. Main reasons for SOAD requests were refusing Medication; lack of capacity to consent and change of medication in descending order. Regional inter-trust cooperation, training and duty arrangements are needed. Educational updates and e-mail linked alerts improve documentation.

*Sanjib Ghosh, Brenda Taylor*

## **Room: Lijn**

### **1) Health and Wellbeing Survey of Forensic Patients in New South Wales, Australia**

The forensic patient group in New South Wales, Australia includes individuals who are either found not guilty by reason of mental illness, found unfit to stand trial, given a limiting term, high risk civil patients or correctional patients transferred to a mental health facility for treatment. The sociodemographic, health and wellbeing characteristics of this population have not been explored in detail previously. The NSW Forensic Patient Survey is the first epidemiological study of forensic patients in the custodial and high secure inpatient environments. The study reports on key demographic, health and wellbeing characteristics of this special and understudied population.

*Daria Korobanova, Kimberlie Dean*

### **2) Forensic mental health and human rights in the context of sexual offending in South Africa**

Using mixed research methods in a concurrent design including a retrospective record-based descriptive component as well as qualitative in-depth interviews, psychiatric and psychosocial features of individuals accused of a sexual offence and others, in a South African context were explored. The findings yielded perspectives on definitions of sexual offending and ways of relating that begin to reveal theoretical directions that may be unique to the South African and other similar contexts. Perspectives on violations of human rights, including the rights of victims as well as those of individuals referred for forensic observation will be discussed.

*Funeka Sokudela, Louw Roos*

### **3) Management of Forensic Psychiatry Patients in the remote north of Canada**

This presentation will describe the complexities and challenges associated with managing forensic psychiatry patients in Canada's far north. Inuit patients reside in small and remote communities above and just below the Arctic circle. Ensuring that risk is managed and that patients are rehabilitated can pose unique challenges in this vast and inhospitable environment. This presentation will discuss these challenges and how the community deals with them.

*Gary Chaimowitz*

### **4) Culturally informed Clinical Governance: Opportunities and challenges in developing culturally sensitive forensic services for New Zealand Maori**

Auckland Regional Forensic Services operates a model of clinical governance similar to the NHS. It integrates both corporate and clinical governance to ensure transparent lines of accountability to provide operational systems delivering best practice care. However, New Zealand health services requires a tripartite governance structure to represent the cultural needs of indigenous Maori who are over represented in custodial, and forensic mental health settings. The operationalization of a culturally informed clinical governance model is challenging but has provided a dynamic and innovative approach to service planning and delivery for Maori that may offer strategies in working with indigenous peoples internationally.

*James Cavney*

## **Room: Groenplaats 1**

### **1) Hostage Taking Risk Assessment Matrices in Broadmoor High Secure Hospital, England**

Hostage taking whilst mentally unwell is a low probability, high gravity offence. Hostage Matrix Risk Assessments were introduced in Broadmoor Hospital in 2016. They aim to capture the risk of potential future hostage taking incidents. We reviewed current literature in relation to hostage taking and, collated data from the matrices to identify common themes or patterns among this group. Our study found a mental disorder was present in almost 90% of cases. But there are multiple other factors associated with hostage taking, such as the use of weapons and sexual violence • the significance of which remains to be determined.

*Asha Patel, Callum Ross, Mary Davoren*

### **2) Empowering community mental health teams in addressing forensic MH outpatients**

In western countries CMH teams are increasing. In the Netherlands we are facing a reduction of mental health bed, a reduction in mandatory forensic psychiatric inpatient treatment and an increase in incarcerations. Divers national financial cuts lead to an increase in people with visible behavioral problems. This results in extra complex cases for the CMH teams and the tendency to refer more frequently to forensic programs. To prevent this, we developed a way for systematically forensic consultation in order to empower our colleagues in CMH teams. The consultation is based on the principles of the Risk-Need-Responsivity model and can be seen as best practice. We will present how to organize the forensic consultation systematically, and our preliminary results.

*Diana Polhuis, Bianca Roelofson, Rene Wubs*

### **3) Predictors of functional recovery in a national cohort of forensic patients. A 5 year prospective follow up study**

The aim was to analyse the predictors of good outcomes for forensic patients with schizophrenia, over a 5 year period. We analysed if baseline clinical variables such as neurocognition, symptoms and violence risk in 2012 predicted favourable outcomes such as independent living, supported accommodation in the community, competitive employment and overall functioning in 2017 with 66 patients with a diagnosis of schizophrenia. We used binary logistic regression and linear regression. We found that neurocognition predicted competitive employment, symptoms predicted supported accommodation, violence risk and neurocognition predicted overall functioning, and neurocognition predicted independent living. These findings have implications for practice.

*Padraic O'Flynn, Ken O'Reilly, Donal O'Malley, Harry Kennedy*

## **Room: Groenplaats 3**

### **1) Results of 4 years Coordination of European research and forming a European Framework on Longterm Forensic Psychiatric Care EU-COST-Action IS1302**

From October 2013 until October 2017 a group of Forensic Psychiatric clinicians and researchers as well as service-managers received European funding to form a European Research Framework on (Longterm) Forensic Psychiatry. Throughout Europe clinicians and researchers from 19 countries (with backgrounds from 17 different languages) joined on the topic of forensic psychiatric patients who "got stuck" in the forensic psychiatric systems and could not (or only with great difficulty) move to a lower level of security. We will present the results of this COST-Action and the inspiring international collaboration between so many countries, professionals in so many languages.

*Peter Braun*

## **2) Plausible subjective experience versus fallible corroborative evidence: the formulation of insanity Nigerian courts**

A critical ingredient in the Nigerian insanity plea is the presence of a 'disease of the mind' or 'natural mental infirmity' as the basis for lack of capacity in certain cognitive and behavioural domains. Using illustrative cases, it is shown that the courts rely with greater confidence on non-expert accounts of defendants' apparent behavioural disorder and familial vulnerability to mental illness rather than their plausible phenomenological experiences in reaching a conclusion of insanity. This paper argues that discounting the subjective experience of the defendant particularly in the presence of sustainable expert opinion is not in the interest of justice.

*AdegboyegaOgunwale*

## **3) Does Defendant Mental Health Status and Substance Use Affect Bail Amount?**

Research on bail decision-making is lacking. Most research has been conducted in the U.S. and found that type of charge has the strongest impact on pretrial decisions. Other research suggests that extralegal factors, such as race, greatly impact bail decision-making too. Few studies have assessed the effects of defendant's mental health status and substance use on pretrial decisions. Furthermore, in some states including New York, judges are only allowed to consider flight risk when setting bail. The current study sought to examine to what extent defendant's mental health diagnosis and substance use might affect New York State judges' bail decisions.

*Ellen Quick, MelodieFoellmi, Merrill Rotter*

## **4) Criminal justice involvement, police interactions, and self-reported offending of new mental health service users**

A subgroup of individuals present to a first episode of psychiatric care with a history of justice involvement or offending. This subgroup is more at risk of disengagement with care, and of persistent involvement with justice. This study aims to examine police interactions, criminal justice involvement and self-reported offending among new mental health service users in Québec. Multivariate logistic regression will be used to identify environmental variables (housing and neighborhood characteristics) associated with justice-related outcomes. Identifying how residential, social, and physical environments contribute to justice involvement in first-episode psychiatric care will support clinical teams in this critical phase of treatment.

*Laurence Roy, Anne Crocker, Eric Latimer, Amal Abdel-Baki, Luigi De Benedictis, Marc-André Roy*

**1) General Paralysis of the Insane: A case study of Neurosyphilis dating back to 1905 from Europe's oldest Forensic Hospital**

Prior to the advent of penicillin in the 1940's, cases of neurosyphilis constituted 20% of the psychiatric institution population. Current literature indicates there has been a rising incidence of early syphilis since the 1980's. Neurosyphilis, historically referred to as general paresis of the insane, can manifest with a multitude of psychiatric symptoms. Archives from the Central Mental Hospital, Europe's oldest secure psychiatric hospital, contain documentation of such presentations. This chosen case study follows the course of a 28 year old man, admitted from prison in 1905, the very year the responsible bacterium was discovered in Germany.

*Jennifer Keane, Caoimhe Clarke, Lisa McLoughlin*

**2) The Interrater Reliability and Concurrent Validity of the Risk for Sexual Violence Protocol (RSVP) in Korean Sexual Offenders**

The Risk for Sexual Violence Protocol (RSVP; Hart et al., 2003) is a set of Structured Professional Judgment (SPJ) guidelines for assessing the risk for sexual violence. However, there has been little research on how well the RSVP predicts sexual recidivism. Thus, the present study examined a sample of 100 adult male sexual offenders to investigate the predictive validity of the RSVP for sexual recidivism compared with the SVR-20 and other actuarial risk assessment instruments. The result indicated that overall, the RSVP had good predictive validity for sexual recidivism. The implication of the study will be discussed.

*Jonghan Sea, Stephen Hart, Eric Beauregard*

**3) The truth about deception in psychopathy: Associations between psychopathy, social desirability, lying, and cheating**

Deception is considered as an inherent characteristic of psychopathy. Deception, however, is a multi-faceted concept, the complexity of which is often neglected in the psychopathy literature. Hence, it remains unclear which facets of deception are related to psychopathy. The present study aimed to investigate the relationship of self-reported psychopathic traits with self-reported lying, actual lying, social desirability, impression management and self-deception. Findings in a community sample (N = 671) showed that psychopathy was related to more self-reported lying, to less social desirability and to less impression management. Theoretical and practical implications will be discussed.

*Dagmar Stockman, Bruno Verschuere, Lesley Verhofstadt, Craig Neumann, Kasia Uzieblo*

**4) Post Traumatic Stress Disorder (PTSD) in Forensic Medical Practice**

Post-traumatic stress syndrome knows a gracing interest in view of the increasing number of victims of disasters, collective accidents, hostage situations or accidents to strong psychological impact. The clinical picture is characterized by the repetition syndrome or revival, specific to this pathology, associated with manifestations of withdrawal and non-specific symptoms as psychomatic disorders or personality disorders. The management is carried out in the context of medico-psychological emergency

with immediate care made on site into contact with the event and in more depth implementation psychological debriefing and later by follow-up and support of his victim on the map medico-psychological, forensic, judicial, social.

*Nassim Chakib Macher, Kamel Boussayoud*

### **5) The Manifestation of Psychopathy in Schizophrenia Spectrum Disorders**

Studies regarding psychopathy and schizophrenia are often correlational and seek to predict of violence. But these studies do not question the generalizability of the construct psychopathy in schizophrenic patients. Based on international literature and our own data, it appears that the presence of psychopathy inhibits certain psychopathic personality features. We contend that the manifestation of psychopathy in schizophrenia spectrum disorders is hallmarked by paranoid features, cold or discordant emotional traits, a negativistic interpersonal style, psychopathic traits often serve as defenses against psychotic disorganisation, and psychopathy in schizophrenia spectrum disorders is less defined by grandiose, flamboyant, cunning personality traits.

*Louis De Page, Sophie Mercenier, Jérôme Englebert, Pierre Titeca*

### **6) Exploratory Analysis of Psychopathic and Stable Personality Traits**

To examine the relationship between psychopathy and non-clinical personality traits, 20 college-aged students completed the 16 Personality Factor Questionnaire 5th edition (16PF) and the Psychopathic Personality Inventory-Revised (PPI-R). Several correlations were found, Rule-Consciousness with Rebellious Non-Conformity (-0.697); Abstractedness with Carefree Non-Planfulness (0.716) and Self-Centered Impulsivity (0.673). The 16PF Global Scales also demonstrated a relationship with PPI-R Summary Scales; 16PF-GF-Self-Control with Rebellious Nonconformity (-0.679), Carefree Non-Planfulness (-0.646), and Self-Centered Impulsivity (-0.618) and 16PF-GF-Extraversion with Social Influence (0.635). A preliminary factor analysis was performed. The initial findings support a 5-factor solution, primarily driven by the PPI-R factor solution.

*Christine Collins, Robert Lark*

### **7) Epidemiological Profile and Prevalence of Mental Disorders of Adolescents in Conflict with Law in Brazil**

Introduction: In Brazil, 0.9% of crimes are committed by adolescents and this number has grown annually. METHODS: A cross-sectional study was conducted with 75 male adolescents in conflict with the law, who joined the FASE Provisional Hospitalization unit in 2017. Results: The mean age of the youngsters was 16.2 years, with a mean of six years of study. The prevalence of robbery was 44%, homicide and attempted murder 22.6% and drug trafficking 20%. The prevalence of mental disorder was 73.3%. 60% of the sample had conduct disorder and 28.7% were drug dependent.

*Bibiana Telles, Manuela Schorr, Renata Reichelt, Luana Strapazon, Lisieux Telles*

### **8) Social Determinants encouraging the Criminal Desistance in Young Offenders**

Social Determinants encouraging the Criminal Desistance in Young Offenders BACKGROUND This study was carried out with 100 youth offenders between 13 until 18 years old. METHOD I-The open interview with the specialist II-The monitoring interviews of the cases with the specialist III-The three personality

score profiles are as follows: 1: DSM-IV Personality Disorders 2: SWAP Personality Syndromes (Q-Factor T-Scores) 3: Factor T-Score RESULTS This research shows the following social determinants associated with criminal desistance: 1-INTEGRATED FAMILIES 2-EDUCATIONAL OPPORTUNITIES 3-LABOR OPPORTUNITIES 4-STABLE LIVING ARRANGEMENTS 5-POSITIVE INTERPERSONAL RELATIONSHIPS 6-CULTURAL AND ARTISTIC OPPORTUNITIES 7-LIVING ARRANGMENTS 8-SOCIAL CONDITIONS PRESERVED OF THE USE OF DRUGS

*Mirian Orlando*

#### **9) Recidivism and suicide rate of patients discharged from forensic psychiatric wards in Japan**

In 2005, forensic mental health care services based on the Medical Treatment and Supervision Act were initiated in Japan. However, there are few data on outpatient prognosis. We aimed to reveal the recidivism and suicide rates for forensic outpatients. This study was a prospective, multi-center, observational cohort study. Patients who were discharged from forensic psychiatric wards and ordered to undergo outpatient treatment participated in the study (n=682). The serious re-offending rate was estimated at 1.8% over 3 years. The completed suicide rate was estimated at 2.4% over 3 years. The rate of serious re-offending was lower than in previous studies.

*Koji Takeda, Takako Nagata, Norio Sugawara, Taro Matsuda, Akihiro Shimada, Takayuki Okada, Naotsugu Hirabayashi*

#### **10) Involuntary treatment orders: perspectives from services users, relatives, and mental health professionals**

For some individuals who have severe, persistent mental disorders, an involuntary treatment order may be required for psychiatric treatment. This qualitative study aims to explore the perception of services users, their relatives and mental health professionals about involuntary treatment orders in psychiatric and forensic hospitals in the province of Quebec (Canada). Emerging themes will be examined according to the different perspectives. The improvements proposed by the participants will be discussed in terms of best practices to foster a real partnership between service users, their family and the mental health team in a potentially coercive context.

*Marie-Hélène Goulet, Samira Nabil, Félicia Deveaux, Anne Crocker*

#### **11) Audit examining compliance to high risk medication within the context of a quality network for prison mental health services review**

High risk medications are defined as medications such as lithium, high dose antipsychotic drugs, antipsychotics in combination and benzodiazepines. The Quality Network for Prison Mental Health Services published guidelines in 2016 recommending that high risk medications be audited annually. I am presenting a completed audit cycle, which I undertook in Cloverhill Remand Prison, Dublin, to review compliance with NICE Guidelines regarding the prescribing of high-risk medications. Cycle 1 of the audit took place in April 2017 and, post intervention, I closed the audit loop in November 2017.

*Anne-Marie Curtin*

## **12) QEEG and LORETA findings in psychopath offenders**

Previous EEG studies attempted to examine violent behavior as homogeneous construct. Up to date, there is no other research studying Low-Resolution Brain Electromagnetic Tomography (LORETA) technique in psychopath offenders. Objective: The current investigation compares the QEEG and the current source density measures of violent psychopath offenders to a non-psychopath violent group. The resting EEG activity and LORETA for the EEG spectral fast bands were evaluated in 58 violent offenders, 31 with and 27 without psychopathy according to the PCLR. The EEG visual inspection characteristics and the use of frequency domain quantitative analysis techniques (Narrow band spectral parameters) are described.

*Ana Calzada-Reyes, Alfredo Alvarez-Amador, Lidice Galán-García, Mitchell Valdes-Sosa*

## **13) Service user involvement in forensic research: The COVER project**

Self-harm is an important public health concern in UK prisons. The current study examined the use of medical skin camouflage (MSC) for women prisoners with self-harm scars, and service users with lived experiences were integral to the design and delivery of this intervention. Two experts-by-experience acted in an advisory capacity throughout the research, and long-term prisoners were trained in delivering the MSC intervention to peers taking part in the research. Another long-term prisoner was a local collaborator within the prison, and a member of the research steering group. Involving those with lived experiences has improved the quality of the research.

*Brendan Dunlop, Kerry Guttridge, Tracy Millington*

## **14) Is the Time Right for Self Management by Forensic Patients?**

Self Management for forensic patients could be an important part of patient- and family-centred care in forensic settings. The knowledge gap about self management with forensic patients is wide. In other patient populations, self management has produced positive health outcomes. Self management could potentially help forensic patients to navigate a challenging journey that involves mental and physical health, legal issues and community integration. Self management could also assist forensic patients to recognize early warning signs related to illness relapse and risks for violence to self or others. Potential models of self management will be introduced and discussed.

*Mary-Lou Martin*

## **15) Experiences and impact of pregnancy and childbirth in prison: A systematic mixed methods review**

Background: Little is known about impacts of pregnancy/childbirth in prison on mental health, the effect prison mother and baby units (MBUs) or separation. Methods: Systematic review to examine a) impacts of imprisonment during pregnancy on mental health, b) impacts of admission to prison MBUs/separation c) women's experiences of pregnancy and prison. Ten studies were included. Narrative approach due to wide scope of the review/range of methodologies. Findings: All studies from the United States. Pregnancy/childbirth in prison may negatively impact mental health. Prison nurseries



may have positive impacts. Implications: Future research should examine outcomes in mental health. impact of MBU residence/separation.

*Rachel Dolan, Mark Hann, Dawn Edge, Jenny Shaw*

### **16) Anxiety, depression and the ability to read others emotion - a Norwegian prison study**

In our study we wanted to examine how depression and anxiety were related to differences in prisoners' ability to interpret other people's emotions • Theory of Mind. Empathy deficits and also symptoms of anxiety and depression have previously been linked to offending, and we wanted to see how these variables might be related in a prison sample. We found that while anxiety and depression were related to poorer Theory of Mind, it was anxiety symptoms that were more strongly and broadly associated with Theory of Mind deficits. These findings will be discussed in relation to existing literature on the field.

*Asle Sandvik, Anita Hansen*

### **17) An exploration of service providers' experiences with Latinos convicted of a sex offense**

A study with service providers for Latinos convicted of a sex offense was conducted to explore their experience working with this population. Participants completed an online survey and answered questions regarding perceived challenges, effect of immigration status, and recommendations regarding services and treatment provision. Challenges frequently reported were the lack of culturally-sensitive services and the clients' lack of knowledge about the legal system. Amongst participants with experience working with undocumented immigrants, some indicated negative effects such as clients' lack of openness, and immigration status being a source of stress. Findings are discussed in relation to future research and practical implications.

*Silvia Fraga Domínguez, Elizabeth Jeglic*

### **18) Perspectives on triage of mentally disordered offenders in Belgium**

The present study focuses on the triage of mentally disordered offenders in Belgium. Psychiatric prevalences and lengths of stay of high and medium risk facilities reported in publications and reports were analysed. Forensic patients appear to be adequately triaged according to their diagnostic and risk profile. Lengths of stay increase with the risk level of institutions. Higher comorbidity and personality disorder rates were found in high risk settings, more primary diagnoses of psychotic disorders were found in medium risk facilities. Mental retardation and substance abuse were found to be transnosographic and were found in every risk level.

*Louis De Page, Marie Boulanger, Benedicte de Villers, Angélique Dugauquier, Thierry Pham, Xavier Saloppé, Benjamin Thiry*

### **19) Stop it Now! Flanders (BE): For people with pedophilic feelings and their inner circle.**

Stop it Now! Flanders is a free, anonymous and confidential helpline that supports individuals concerned about their sexual feelings or behavior towards minors, as well as the inner circle of those individuals. For relatives, friends and involved professionals it is very distressing when they discover someone in their social environment is experiencing pedophilic feelings or sexual thoughts towards minors. Mostly, they do not know how to express their concerns. The helpline supports the inner circle by discussing the

concerns in a clear and supportive manner. By doing so, the helpline aims to contribute to the prevention of child sexual abuse.

*Minne De Boeck, Charlotte De Pourcq*

### **20) Clinicians' awareness of staff-patient dynamics and processing emotional impact; determining validity and reliability of The Relational Aspects of CarE scale**

A search of existing literature failed to reveal a scale that adequately assessed reflective practice in secure forensic settings; a new scale was therefore devised for this purpose. A cross sectional study is currently being carried out over one year to explore the psychometric properties of the new scale • The Relational Aspects of CarE scale (TRACE). Early findings will be reported.

*Helen Walker*

### **21) The Psychology-Law Evidence Database: Expanding Access to Evidence-Based Research**

Within psychology and law, evidence-based research has contributed to a paradigm shift regarding the standards of clinical practice and policy decision-making. However, professionals often face barriers to accessing this research. In an attempt to mitigate the problem, the Psychology-Law Evidence Database (PLED; [www.psychologylawevidence.com](http://www.psychologylawevidence.com)), a comprehensive, continually updated, and free database was created. PLED collates top-quality scientific papers to support evidence-based practice and policy. The poster will focus on the advantages of a database such as PLED and how the PLED team increased and sustained demand for the resource, including difficult to reach research users in legal and policy professions.

*Kenny Gonzalez, Rebecca Cheiffetz, Daphne Gao, Alana Cook, Ron Roesch, Patricia Zapf*

### **22) EU COST-Action IS1302 'Developments of the EU initiative : Towards an EU Research Framework on Forensic Psychiatry'**

The poster will contain an overview of the members of the COST Action, the goals of the Action and of the main results of this European initiative. The poster will be in English although the 19 members of the COST Action spoke 17 different languages (English, French, Dutch, German, Finnish, Spanish, Portuguese, Greek, Italian, Slovenian, Croatian, Serbian, Polish, Estlandic, Lithuanian, Cypriot, Macedonian and Latvian).

*Peter Braun*

### **23) Forensic therapeutic measures in Austria and Switzerland**

Both Switzerland and Austria have a political system that provides high autonomy for the federal states. This system may lead to different execution of sanctions and sentences and of the principle of equivalence of care. The Swiss penal code was revised in 2007 and introduced different therapeutic institutional measures or indefinite incarceration. The Austrian penal system has been recently revised in 2015, and important changes include conditions of forensic treatment. The authors want to assess in how far the systems of both states are comparable and if revisions done in the Austrian context could be adapted to Switzerland.

*Sophie Haesen, Tenzin Wangmo, Arnaud Imber, Helene Merkt, Bernice Elger*

#### **24) Substance abuse and violence: an experimental EEG study**

The alcoholmyopia-hypothesis (Quigley & Leonard, 2006) proposes that alcohol induces a strong focus on the provoking aspect of the environment. In this study half of the participants receive alcohol and half a placebo while alcohol-induced aggression will be provoked with the Point Subtraction Aggression Paradigm (PSAP)-task, which contains an aggressive opponent. Hereafter the same aggressive opponent will appear in the Dot-probe task, to test for the attentional focus on the angry face. The attention towards angry faces is measured through N2pc, a component of Electroencephalogram (EEG). The expectation of this study alcohol will induce more attention towards the angry and show an increase in (behavioral) aggression.

*Carmen-Silva Sergiou, Josanne Van Dongen, SylcoHoppenbrouwers, Ingmar Franken*

#### **25) Psychopathy, Aggression, and Intelligence in Young Violent Offenders: A Moderation Analysis**

Little attention has been directed to the possible moderating effect of intelligence on the well-established relationship between psychopathy and aggression, even though intelligence in previous research has been linked to both. We examined if intelligence moderates the relationship between psychopathy and aggression in a nationally representative cohort of young male Swedish violent offenders (n = 270). Data on psychopathy (Psychopathy Checklist-Revised), aggression (Life History of Aggression), and intelligence (Wechsler Adult Intelligence Scale-III) was collected. Simple ordinary least squares (OLS) regression models indicated that the effect of psychopathy on aggression was not moderated by intelligence.

*Fernando González Moraga, Danilo Garcia, Eva Billstedt, Björn Hofvander, Märta Wallinius*

#### **26) Psychiatric morbidity among female violent offenders remanded for psychiatric evaluation in Singapore**

This study examined the prevalence of psychiatric disorders among females remanded for violent offences in Singapore for forensic assessment, and their relationship with the victim. Forensic evaluations of women facing violent charges within a two calendar year period were retrieved and reviewed. Sociodemographic and clinical data were collected and compared with the rest of the sample using chi-square tests. Of the 144 cases, 33 faced violent charges. Twelve attracted a diagnosis of psychotic illness while ten had no mental illness. Past offending and noncompliance with psychiatric treatment were associated with violent offending. Majority of the victims were non-relatives.

*Roger Tan, Jaydip Sakar, Xinyi Kang*

#### **27) Investigating the relationship between personality and sexual deviance**

The present study investigates the relationships between Dark Triad, Honesty-Humility, and the consumption of deviant pornography. It also examines the link between compulsive use of pornography and the age of first exposure to pornographic material. 121 male and female participants took part in the study. The results showed that low levels of Honesty-Humility are associated with higher levels of deviant pornography consumption. Additionally, a younger age of exposure was significantly correlated

with increased use of deviant pornography as well as craving for pornographic material. Finally, a number of gender differences were found in the current study.

*Eirini Papsileka, Peter Muris*

### **28) Predictive Validity of Sexual Violence Risk Assessment Instruments**

The Risk for Sexual Violence Protocol (RSVP; Hart et al., 2003) is a set of Structured Professional Judgment (SPJ) guidelines for assessing the risk for sexual violence. However, there has been little research on how well the RSVP predicts sexual recidivism. Thus, the present study examined a sample of 100 adult male sexual offenders to investigate the predictive validity of the RSVP for sexual recidivism compared with the SVR-20 and other actuarial risk assessment instruments. The result indicated that overall, the RSVP had good predictive validity for sexual recidivism. The implication of the study will be discussed.

*Sungil Bang, Lee Vargen, Karla Jackson, Stephen Hart*

### **29) Piloting the Safewards Model in a Forensic Mental Health Inpatient setting in Toronto, Canada**

The Centre for Addiction and Mental Health (CAMH) is Canada's largest mental health and addiction teaching hospital. CAMH is fully affiliated with the University of Toronto, Canada's leading institution of learning, discovery and knowledge creation. CAMH conducted a one-year pilot of Safewards on three Secure Forensic inpatient units with a view to organization-wide adoption. CAMH will implement Safewards commencing in 2018. Safewards is an open-source model developed in the United Kingdom, proven to reduce conflict and containment on inpatient mental health units through the use of ten simple behavioral interventions that improve relationships between staff and patients (Bowers 2014).

*Aileen Sprott, Patti Socha, Stephen Canning, Julia Duzdevic, Kiran Patel, Remar Mangaol, Emily Johnstone, Jennifer Swift, Lucy Costa, Jennifer Chambers*

### **30) The neuropsychological differences between violent and non-violent offenders: A systematic review and meta-analysis**

Although there is increasing evidence that cognitive impairments are related to violence, many of them are not taken into account when assessing for risk in forensic, violent populations. Cognitive impairments may contribute directly to violence or indirectly by compromising an offender's ability to benefit from treatment programs. Several studies have examined neuropsychological impairments in violent populations, however, results have remained inconsistent, therefore, we have conducted a systematic review and meta-analysis looking at the differences between violent and non-violent offenders on measures of cognitive abilities. We report on the meta-analytical findings, and conclude by reporting on strengths, limitations and relevance of this research.

*Sarah Janes, Suzanne O'Rourke, Matthias Schwannauer, Lindsey McIntosh*

### **31) Psychometrics qualities and factor analysis of a self-reported measure of psychopathy: SRP-III**

Without underestimating the validity of standardized clinical measures, the time spent for their evaluation may limit their usefulness to some clinical contexts. In this perspective, Hare and colleagues developed a Self-Reported measure of Psychopathy (SRP-III). The factorial structure of SRP-III with four facets including: Antisocial behavior, Interpersonal manipulation, Cold affect, and Impulsive thrill

seeking was highlighted. The aim of this study is to evaluate the psychometric qualities and the factorial structures through exploratory and confirmatory analyzes of the SRP-III. The study consists of 450 French adult people, male or female among general population.

*Claire Ducro, Thierry Pham*

### **32) Attempted suicide - criminal or victim?**

Suicide was considered a felony in Irish law. An individual who committed suicide or attempted suicide was considered criminal. This was legislated in Irish law in 1871 and only abolished in 1993. This case series explores the records of three Irish individuals detained in the Central Mental hospital having committed the felony of attempted suicide. This case review offers insights into suicidality and insanity from a legal and medical perspective in 20th century Ireland. An explorative comparison is made between the practice of law and forensic risk assessment in 20th century Ireland to that of the present day.

*Caoimhe Clarke, Jennifer Keane, Lisa McLoughlin, Harry Kennedy*

### **33) Prediction of Violent Behavior in the Forensic Psychiatric Population Through of the HCR-20 and PCL-R**

The purpose of implementing a systematic risk assessment method and to obtain objective criteria for risk factors of violent behavior among the inpatients of forensic hospitals, as well as to inform the results of the reliability assessment and predictive accuracy of HCR-20 in the Brazilian mental hospital population. H = 13.1; C = 4.8 and R = 5.8. The value of the Internal Correlation Coefficient for the score of subscale H was 0.97, for subscale C 0.94, and for subscale R 0.96. As to the individual items of the HCR-20, the result of the ICC was good to excellent (mean=0.97).

*Lisieux De Borba Telles*

### **34) Retrospective file based study of HCR-20V3 in Japanese forensic inpatients: Interim report**

The purpose of this study was to examine the predictive validity of HCR-20V3 (Douglas, Hart, Webster, & Belfrage, 2013) in forensic psychiatric inpatients in Japan. A retrospective file based study was conducted in a forensic unit. Two clinical psychologists who were blind to the clinical outcome of the subjects scored the HCR-20V3. The H score and the total score did not show significant predictive validity. The C and R score and Summary Risk Rating for 1 year showed good predictive validity. The study suggests the clinical utility of HCR20V3 in violence risk judgment and management of forensic patients in Japan.

*Akiko Kikuchi, Hiroko Kashiwagi, Mariko Okano, Fumiyo Takahashi, Chiyo Fujii*

### **35) Reducing conflict and containment: Safewards success in a forensic inpatient setting**

As the number of violent incidents in mental health settings continue to rise there has become a need for comprehensive conflict-reduction strategies. The Safewards model employs recovery principles in order to reduce conflict and containment. Quantitative data was collected pre and post implementation of Safewards on 6 forensic inpatient units. Analysis revealed a decrease in conflict and containment and a change in first response to incidents characterized by an increase in positive interventions and a

decrease in seclusion and restraints. The success of Safewards in this setting is encouraging for continued use and future implementations of the model.

*Alana Friedlander, Lisa Marshall*

**1) Assessing Elopement risk with the Booth Elopement Assessment Tool (BEAT)**

Absconding from forensic/secure hospitals is a relatively understudied aspect for forensic mental health. Rates quoted are up to 18% of the forensic population. The fallout of absconding can include harm to the patient, harm to others, staff distress, institutional reputation and negative media exposure. Unfortunately no validated tools exist to assess risk of elopement. The authors will summarize preliminary validation data for a new structured professional judgement tool, The Booth Elopement Assessment Tool (BEAT).

*Brad Booth, Steve Michel, Mathieu Dufour*

**2) Usefulness of self-report measures of psychopathic personality in non-criminal population in Poland**

In the last years one can find an increasing number of studies regarding a psychopathy in a non-clinical context. Moreover, for a long time research on psychopathy has been hindered by persisting difficulties and controversies regarding its assessment. Focusing on non-criminal population changed methods used for psychopathy assessment and opened wider possibilities of using in this area self-report tools, very often considered as most preferable and practical. Presented study compares results of psychopathic personality in a non-criminal population obtained by two popular self-report measures: PPI-R and Tri-PM, recently translated into polish. The main purpose of the study was therefore to investigate the convergence of both of them as well as to analyze links between the underlying psychopathy conceptualizations.

*Lukasz Barwinski, Marlena Bansik*

**3) Agreement between Results of the Brief Jail Mental Health Screen and the Correctional Mental Health Screen**

Correctional mental health screening is imperative due to inflated prevalence rates of mental illness as compared to the general population. However, screening serves to be practically challenging in light of high jail booking volume and scant resources. The current study compares the performance of two recommended and commonly used screening tools, the Brief Jail Mental Health Screen (BJMHS) and Correctional Mental Health Screen (CMHS). Results indicate low agreement between the results of the two screening tools. Findings suggest significant but moderate agreement between the BJMHS and CMHS results, with greater agreement (but still moderate) for female compared to male inmates.

*Courtney Wade, Sarah Desmarais, Samantha A. Zottola, Richard Van Dorn*

**4) Association between countertransference reactions aroused by sexual offenders and vicarious traumatization in forensic psychiatrists and psychologists**

Objective: To verify the association between the countertransference reactions aroused by the most recent forensic assessment of a sex offender and vicarious trauma in forensic psychologists and

psychiatrists. Methods: Cross-sectional study. Convenience sampling. We applied a self-report questionnaire and 3 scales: The Assessment of Countertransference Scale (ACS), DSQ-40 and TABS. We performed a Spearman's Correlation Test. Results: Fifty-six experts participated in the study. There was a positive association between indifference feelings and vicarious trauma, and between immature and neurotic defensive mechanisms and vicarious trauma. The lack of personal psychotherapy may represent a risk factor for vicarious trauma among experts.

*Alcina Barros, Stefania Teche, Carolina Padoan, Priscilla Laskoski, Simone Hauck, Eisirik Claudio*

#### **5) Alcohol dependence and head injuries independently increase the severity of violent acts among male batterers**

It is known that there is a relationship between alcohol abuse, brain injury, and intimate partner violence (IPV). We aimed to explore how these factors are related in a sample of 660 male batterers. We conducted statistical analyses to explore the relationship of alcohol abuse and severity of violence (while controlling for head injury), and head injury and severity of violence (while controlling for alcohol dependence). Our results demonstrated that both head injuries and alcohol dependence independently increase the severity of intimate partner violence.

*Julia Daugherty, Natalia Bueso-Izquierdo, Juan Verdego-Román, María Ángeles, García León, Cristina, Falcón Muñoz de Bustillo, Agar Marín Morales, Laura Mas Cuesta, María Auxiliadora, Rubio Gimbert, Enrique Vázquez-Justo, Jose Caramelo Gomes, Natalia Hidalgo Ruzzante, Miguel Pérez-García*

#### **6) Sex Differences in QEEG in Adolescents with conduct disorder and psychopathic traits A Study of the Association of Psychopathic Traits, Suicidality, and Self-Harm Predicting Adolescent Offending: Examining the Effects of Proximate and Distal Victimization A systematic review of the relationship between alexithymia and suicide**

To find electrophysiological differences specifically related to the influence of gender on psychopathic traits. The current investigation compares the Quantitative EEG (QEEG) and the current source density measures between female and male adolescents with CD and psychopathic traits. Methods: The resting EEG activity and LORETA for the EEG fast spectral bands were evaluated in 38 teenagers with CD, 25 male and 13 female with psychopathic traits according to the Antisocial Process Screening Device

*Ana Calzeda-Reyes, Alfredo Alvarez-Amador*

#### **7) A study of the association of psychopathic traits, suicidality and self-harm**

Self-harm and suicide ideation are prevalent in offenders; however, research has not studied the association between these behaviours and psychopathic traits in adolescent forensic populations. To address these gaps, this study assessed the association between psychopathic traits on the PCL:YV, suicidal ideation, and non-suicidal self-injury in 163 adolescents on probation. Behavioural psychopathic traits predicted increased lifetime suicide attempts, while the interpersonal facet, interpersonal/affective factor, and total PCL:YV score showed significant association with planning suicide. However, overall, there were few significant results, suggesting that the relationship between self-harm and psychopathic traits may be weaker among adolescent offenders than adults.



*Madison Edge, Dana Cochrane, Jodi Viljoen*

### **8) Predicting Adolescent Offending: Examining the Effects of Proximate and Distal Victimization**

Although early experiences of victimization have been found to predict later offending, the effects of recent victimization on offending have been largely neglected by research. We attempted to distinguish distal and proximal effects of victimization on subsequent self-reported offending using a sample of 163 at-risk youths. Contrary to previous research, history of childhood abuse or neglect did not significantly predict post-baseline offending. Additionally, recent overt and relational victimization were not significant bivariate predictors of subsequent offending. However, offence history moderated the relationship between past sexual abuse and post-baseline offending, as well as between recent relational victimization and subsequent offending.

*Edil Issa, Melissa Jonnson, Jodi Viljoen*

### **9) A systematic review of the relationship between alexithymia and suicide**

Alexithymia is defined as a difficulty with identifying and expressing emotions. This concept has been proposed to have an association with suicide. Both suicide and alexithymia have been found to be more prevalent amongst prisoner populations than the general population. This review aimed to synthesise the evidence to establish the relationship between alexithymia and suicide ideation and behaviour. A narrative synthesis and meta-analysis revealed that there was good evidence for a relationship between alexithymia and suicide ideation, but mixed evidence for a relationship between alexithymia and suicide behaviour. Results are discussed and considerations for future research are proposed.

*Laura Hemming, Daniel Pratt, Gillian Haddock, Jenny Shaw*

### **10) Prescribing patterns of psychotropic drugs in a sample of violent and never violent patients in treatment in Italy**

This presentation reports the prescriptions of psychotropic drugs made to 387 patients in Italy; half of the sample had an history of serious violence, the other half was never violent. Structured interviews were administered to staff to obtain data on patients sociodemographic and clinical characteristics; information about current drug prescriptions were obtained from clinical records at baseline. Baseline prescriptions and ratings on the MOAS were analysed to identify correlations between prescribing patterns, history of violence and other sociodemographic and clinical characteristics. Psychotropic drug prescription patterns for severe patients with an history of violence are characterized by substantial rates of polypharmacy.

*Giovani de Girolamo, Silvia Astori, Christian Mussoni, Clarissa Ferrari, Ambra Macis*

### **11) Prevalence of Mental Health Issues in Female Forensic Patients in NSW**

Over the past two decades there has been a significant increase in prison populations across Australia, largely related to changes in policy. This rate increase has been more noticeable in the female population. It has also been noted that there is an increasing prevalence of mental disorders in prisons as a consequence of the spreading deinstitutionalization of mental health services. Using a qualitative,

structured interview and case note review approach was used to identify the prevalence of mental disorder and associated co-morbidities. Results are pending at the time of abstract submission.

*Catherine Crouch*

### **12) Recommendations for optimizing quality of life of forensic psychiatric (in)patients**

Forensic psychiatric treatment normally is aimed at reducing the risk of criminal recidivism. In recent years however, there is growing attention for optimizing quality of life of forensic psychiatric patients, particularly because it is seen as a protective factor against recidivism. This paper provides recommendations for optimizing quality of life of forensic psychiatric patients. These recommendations are based on the results of a recent literature study on quality of life and interviews held with Dutch forensic psychiatric in- and outpatients and their therapists and nursing staff. The recommendations are addressed to management of institutions, therapists and/or nursing staff.

*Sandra Schel*

### **13) How forensic nurses reflect on their practice and preferred practice in contact with patients in a high secure forensic hospital**

The aim of this study was to gain more insight in situations where forensic nurses believed that their feelings hindered or pressured their professional practice. Forensic nurses (n=10) reflected on situations in which they experienced dissonance between the way they acted (actual practice) and the way they wish they would have acted (preferred practice). Semi-structured interviews were used to gather in-depth data. The results of this research could help other forensic nurses to reflect on their own difficulties in contact with their patients, or guide the development of programs aimed at aiding the professional in dealing with these difficult situations.

*Mieke de Vries*

### **14) Self-control trajectories in forensic psychiatric patients**

The current study investigated the stability of self-control in a sample of 317 forensic psychiatric patients, over the course of their treatment in high-security facilities. Latent class growth models showed different trajectories in several aspects of self-control with improvements for a majority of patients. Better trajectories were related to less severe criminal history, recidivism and psychopathology, although not as strongly as expected based on previous research in different samples. This study shows changes are likely to occur, but more research is needed to find out why certain patients are more likely to improve than others.

*Eva Billen, Carlo Garofalo, Jeroen K. Vermunt, Stefan Bogaerts*

### **15) At what age is an older offender old? The 'Accelerated Aging' theory and its applicability on mental health**

The number of older individuals in correctional settings is rising worldwide, which leads to increasing demands on medical services. To conduct research on the needs of elderly offenders, we need to

distinguish them from those who are younger. In the community, an elderly person is usually defined at the age of 65. However, in the prison setting, cut-offs of 50 or 55 years are chosen since prisoners are thought to age faster. Reasons behind this theory of “accelerated aging” are presented and are critically questioned in regards to its application in mental health care for older prisoners.

*Helene Merkt, Sophie Haesen, Arnaud Imber, Tenzin Wangmo, Bernice Elger*

**16) What is known about the effectiveness and cost-effectiveness of interventions regarding criminal justice involvement for homeless people with mental illness?**

Homeless people, particularly those who have a severe mental illness, often become involved with the criminal justice system. While many interventions and policies have been implemented to increase housing stability in this population, very little is known about the best interventions to reduce criminal justice involvement. A scoping review was conducted to explore the literature regarding the impact on criminal justice involvement of various interventions targeted toward homeless individuals with mental illness.

*Marichelle Leclair, Félicia Deveaux, Marie-Hélène Goulet, Eric Latimer, Anne Crocker*

**17) Examining the Link Between Psychopathic Personality and Antisocial Personality Disorder with Treatment Progress among Offenders with Substance Abuse Problems**

There is continued disagreement in the field about the amenability of psychopathy to treatment. To further investigate this association, the present study explored the associations between psychopathy, antisocial personality disorder (APD), and a variety of treatment-related criterion measures in a sample of offenders participating in drug treatment programs (N=310). Bivariate and multivariate regression analyses revealed that psychopathy does not definitively lead to poor outcomes, depending on the specific predictors and outcomes investigated. Findings demonstrated that while certain variants of psychopathy and APD were correlated with disruptive treatment behavior and aggression, other variants were associated with improved objective treatment outcomes.

*Sanam Monjazeib, Dylan Gatner, Kevin Douglas, John Edens*

**18) Relational Commitment towards a partner in prison: An investment model analysis.**

Imprisonment involves drastic changes for detainees, but also for romantic partners (e.g., financial and personal). However, research on the intimate relationship between detainees and their partner is scarce. Relying on Rusbult’s Investment Model (1980), the current study aimed to explore the potential reasons for staying committed to an imprisoned partner. The Investment Model Scale was assessed in a sample of 99 detainees’ female partners (M = 35.85, SD = 12.41). Findings showed that higher levels of relationship satisfaction and lower quality of relationship alternatives (e.g., another relationship) resulted in more commitment towards the imprisoned partner. Implications will be discussed.

*Dagmar Stockman, Kasia Uzieblo, Severine Tijtgat, Lesley Verhofstadt*

### **19) Changes in caseload and dependency needs in Ireland's main male remand prison service over the ten years 2008-2017**

We present cross-sectional censuses in an Irish male remand setting over ten years 2008-2017 period to determine if identification of psychosis matched expected rates and measure changes in caseloads.. Absolute numbers on the PCLS caseload increased. Those needing a high-support setting increased from 43% to 70%. 73% had current diagnosis of psychotic illness in 2017. Caseloads, severity of illness and need for enhanced treatment placements increased over the ten years. It is hoped that local service data such as this will be of assistance to the important work of international collaborations for prison healthcare such as the I-CEISMIC network.

*Conor O'Neill, Anne-Marie Curtin, Lisa Mcloughlin, Philip Hickey, Martin Caddow, Laura Meany, Harry Kennedy*

### **20) A scoping review of prearrest diversion programs for individuals with mental illness**

Internationally, the criminalization of people with mental illness is a growing problem. Over the past twenty years, various diversion strategies have been put in place to reduce incarceration and to re-connect individuals with mental health and social services. According to Munetz & Griffin's (2006) conceptual framework known as the Sequential Intercept Model, law enforcement and emergency services represent an initial point of intervention to divert individuals away from the justice system towards appropriate psycho-social services. A scoping review was conducted to document existing prearrest diversion programs around the world in order to identify best practices.

*Félicia Deveaux, Ashley Lemieux, Elisabeth Beauchamp, Marie-Hélène Goulet, Anne G. Crocker*

### **21) The First Steps Project: Using the Window of Tolerance framework to reintroduce long-term seclusion patients onto the unit**

Background: Long-term seclusion is associated with occupational deprivation and physical deterioration. The present study evaluated an innovative approach to reintroducing forensic patients on long-term (>3 months) seclusion management onto a secure unit. Methods: Using a case study, we will highlight principle aspects of the First Steps Project ([1] risk analysis, [2] assessment of interests and program matching, [3] intervention) and share preliminary success stories. Results: Patient participation in meaningful hospital programs increased tolerance for stimulation, reduced aggression and fostered reintegration onto the unit. Conclusions: Success of the intervention underscores the contribution that stimulation management may make to reducing seclusion use.

*Jessica Ahn, Ivy Goossens, Tonia Nicholls*

### **22) Psychometric properties of the Recovery Assessment Scale for forensic psychiatric population**

In forensic psychiatric care there has been a growing attention for recovery-oriented care. However, current knowledge on how to measure recovery in forensic psychiatric care is limited. The Recovery Assessment scale (RAS) is a self-report instrument which measures the extent of recovery of psychiatric patients. The instrument is validated for different populations in the mental health care system. Unknown is to what extent the instrument measures recovery in an reliable and valid way in a forensic

psychiatric population. Therefore, the aim of this paper is to test the RAS for validity and reliability in its application in forensic psychiatry.

*Hilde Wijma, W. J. WijmaPompekliniek*

**23) Stop it Now! Flanders (BE) and the Netherlands: prevention of child sexual abuse and support of people with pedophilic feelings.**

Stop it Now! is an international prevention project aimed at preventing child sexual abuse by sensitizing society to and providing helpline support for persons concerned about their sexual feelings or behavior towards minors, and for their inner social environment. Stop it Now! exists in several countries: In the Netherlands for more than five years, in Belgium it was founded exactly one year ago. Since Belgium and the Netherlands are adjacent each other, and they have broadly the same project approach, both projects will be compared on different aspects and on their impact on their respective societies.

*Minne De Boeck, Jules Mulder*

**24) Predictive validity of the Static-99R, BARR-2002R and VRAG-R evaluations among released sex offenders in Belgium**

The assessment of recidivism risk is crucial for the effective management of sexual offenders and the empirical actuarial risk tools have become routine among forensic settings. However, actuarial risk scale for assessing general, violent and/or sexual recidivism among male sex offenders is still evolving: Static-99 was revised (Static-99R), the BARR-2002R emerged in order to assess the risk of violent recidivism among sex offenders. The VRAG was also revised (VRAG-R). This study assesses the inter-rater reliability, convergent and predictive validity of the Static-99R, Static2002, BARR-2002R, SORAG and the VRAG-R among 319 male Belgium sex offenders.

*Claire Ducro, Ilena Strzoda, Denis Delannoy, Thierry Pham*

**25) A content analysis-based literature review of forensic and correctional mental health services in Africa**

The majority of forensic and correctional mental health scholarship has been generated in North America, Europe, and Oceania. Africa may be the least studied continent (compared to Asia and South America, and disregarding Antarctica) in the field, which stands in contrast to the fact that it is the second most populated continent in the world. This presentation will report the results of a content analysis-based literature review of these services throughout Africa. The extent to which the available literature has attended to one or more countries, regions, disciplines, training, research, mental health law, culture, problems, and recommendations will be discussed.

*Christopher King, Angelo Menezes Guterres Aparicio, Bethany Trilone*

## **26) The effects of Transcranial Direct Current Stimulation (tDCS) as an intervention to reduce violent risk in forensic substance abuse patients.**

Transcranial Direct Current Stimulation (tDCS) is a non-invasive neuromodulation technique that stimulates the brain region of interest by increasing or decreasing neuronal excitability through low-frequency current electrodes. There has been a growing interest in using tDCS as a treatment for psychiatric disorders (i.e. depression, substance abuse, antisocial disorders), as it has been proven effective in many studies. Substance abuse has an important relationship with criminal behavior, this literature review aims to evaluate tDCS as a new intervention to increase empathy and with that decrease violent behavior in offenders with substance abuse problems (SUD).

*Carmen-Silva Seriou, Josanne van Dongen, Sylco Hoppenbrouwers, Ingmar Franken*

## **27) The Southend Domestic Violence Perpetrator Pilot: a multiagency project on domestic abuse risk**

Domestic violence (DV) is a public health concern associated with mental health morbidity and societal burden. In an attempt to deliver early intervention, the Southend Domestic Abuse Strategy Group brought together a number of stakeholder organisations to develop a joint strategy to reduce the risk of reoffending in perpetrators of DV by identifying and addressing mental health and social needs. The project took place between 1st February and 31st July 2017. Significant difficulties were encountered with participant recruitment and retention. Without statutory measures, early intervention may be difficult to achieve in individuals with an increased risk of perpetrating DV.

*Graziella Romano, David Ho, Antoinette Kotze, Sharon Jones*

## **28) Creating hope: the development of a low secure female unit in Scotland**

'Hope House' is a newly developed 6 bedded low secure female unit in Scotland. Patients are adult women detained in hospital under civil or criminal legislation due to having a mental disorder and presenting with complex needs and challenging behaviours, including risk of harm to self and others. Hope House offers rehabilitation based on a trauma-informed, relational security and recovery-oriented approach, led by a multi-disciplinary team. The team is piloting the Individual Recovery Outcomes Counter (I.ROC) as a measure of patient recovery and service effectiveness. This paper discusses the unit's development and first operational year, including implementation of the I.ROC.

*Mette Kreis, Nicola Swinson, Katrina Barclay, Katy Smith, Cara Mulholland*

## **29) How safe are prisons for mental health staff? An audit of Interview Room Safety and a survey of staff views**

The Safety, Health & Welfare at Work Act 2005 places a responsibility on employers to provide a safe environment to work in. Previous research demonstrated that 16% of Irish trainees in psychiatry have been assaulted and 72% threatened in the workplace. Providing a psychiatric Inreach service to prisoners, whose history is often complicated by access to contraband, including illicit drugs and weapons (3,500 makeshift weapons were seized in Irish prisons since 2012) places the trainee at an even higher risk. The number of postponed assessments due to lack of assigned officers was calculated

over a six month period. We surveyed Irish Prison and HSE mental health staff regarding their safety concerns. We then performed an Audit of compliance of interview room safety standards in a medium secure prison.

*Sinead Murphy, Aoife McManus, Michael McGhee, Mary Keevans, Lisa McLoughlin, Damian Mohan*

### **30) Childhood deprivation, life adversity, risk formulations and needs in Broadmoor High Secure Hospital England**

The relationship between social deprivation, mental illness and violence is complex. Patients in Broadmoor high Secure Hospital present a grave and immediate risk to the public and also suffer from complex and treatment resistant mental illnesses. A retrospective chart review of all in-patients (n=189) was conducted. Demographic data, data pertaining to history of neglect, child abuse and immigration status was collated. We found high levels of deprivation among this high secure patient population. The extent to which these needs were incorporated into routine assessments of risk and needs was limited. Identifying these unmet needs has implications for service development.

*Katie Glennon, Mary Davoren*

### **31) Towards a reduction of seclusion and restraint in psychiatric settings: a systematic review of programs**

Prevalence of seclusion and restraint in psychiatric settings remains high, even though literature tends to show its negative impacts. In this context, programs attempting to reduce their use are being implemented, but their effectiveness has yet to be established. The talk will present a systematic review that evaluates the effectiveness of seclusion and restraint reduction programs in psychiatric settings. The outcomes argue in favour of reduction program implementation. Their key components will be discussed, as well as the implications of those results for forensic psychiatry settings.

*Marie-Hélène Goulet, Marc-Olivier Myre, Caroline Larue*

### **32) Risk of Violence in Autism - a systematic review of literature and case studies**

This systematic review sought to update the evidence of violence perpetration within ASD individuals by reviewing recent literature on the prevalence and risk factors for violence perpetration in ASD. Method: A systematic search of literature concerning violence and ASD published from December 2014 to May 2017 was conducted by searching PsycINFO, PsycARTICLES and MEDLINE, using the same terms as Im (2016), and manually inspecting reference lists. Results: Twenty-two prevalence studies, two case studies and two review articles were included in the review.

*Carlo Thomas, Ella Hancock-Johnson, Alessandra Girardi*

### **33) Concurrent Validity Among Sexual Violence Risk Measures Physical restraining: Nurses knowledge and practice in BPKIHS, Nepal**

The Risk for Sexual Violence Protocol (RSVP; Hart et al., 2003) is a structured professional judgment (SPJ) instrument designed to aid in assessing the risk for sexual violence as well as facilitating treatment

planning and risk management. Little has been published with respect to the RSVP's concurrent validity with other sexual violence risk measures. The current study examines the RSVP's concurrent validity with the SVR-20 and three actuarial risk assessment instruments in a sample of 100 male sex offenders in the community. Results indicate that the RSVP possesses good concurrent validity with both the SVR-20 and three actuarial measures.

*Lee Vargen, Sungil Bang, Karla Jackson, Stephen Hart*

#### **34) Physical restraining: Nurses knowledge and practice in BPKIHS, Nepal**

Objectives: The objectives were to assess the level of knowledge and practice on physical restraint. Results: Majority (55.6%) were from the age group 18-25 years. In case of working area, 33.3% of the nurses were working in ICU/CCU, 30.8% of the nurses were working in Medicine wards. About 28.2 % of the nurses were working in Emergency area and only about 7.7% of the nurses were working in Psychiatric Ward. Nearly half of the nurses (42.7%) of the nurses had inadequate knowledge on physical restraint (Mean=70.5± 7.78). In case of practice, 45.3% had inadequate practice of physical restraint.

*Nirmala Pradhan*

#### **35) A systematic review of Harmful behaviour interventions in forensic mental hospitals**

*Gerard Farrell*

#### **36) Substance abuse and other mental health disorders among older prisoners**

The prevalence of substance abuse is higher among individuals with other mental disorders than in the general population. This is a big problem for the prison population, but little is known about the situation among older prisoners. With our research, we want to shed light on the issue of substance abuse and mental health in this group. The first step for this research will be a critical review of the available literature. Results will highlight patterns and particularities of substance abuse and other mental health concerns of older prisoners with a special perspective on gender-related differences and co-morbidities.

*Sophie Haesen, Helene Merkt, Arnaud Imber, Tenzin Wangmo, Bernice Elger*



## Post-Conference Workshops: Friday June 15 (Half-day)

### Half-day 1330 – 1700

#### **Violence Risk Screening with the Fordham Risk Screening Tool (FRST)**

Melodie Foellmi, PhD

The objective of this workshop is to teach clinicians and clinical researchers to use the Fordham Risk Screening Tool (FRST; Rosenfeld, Foellmi, Khadivi, & Rotter), a violence risk screening tool, in psychiatric settings. The purpose of the FRST is to help clinicians and front-line staff make efficient, accurate decisions surrounding violence risk screening, in a manner that reduces potential bias. It is especially useful in settings where it is not possible to do a comprehensive violence risk assessment on every patient.

The FRST is a short, Structured Professional Judgment instrument that guides the clinician to consider different areas relevant to violence risk screening. The screening is completed via a brief review of available records, a 2-10 minute interview with the patient, and a simple rating system using a flow-chart. Once the clinician has completed the FRST, he or she arrives at a decision surrounding the need for and urgency of conducting a more comprehensive violence risk assessment. The FRST is based on theoretical and empirical knowledge on violence risk assessment and screening decision-making, and has been the subject of validation work in several inpatient civil psychiatric settings. In past studies, the FRST consistently showed very high sensitivity and was able to help clinicians identify patients who were most likely to have HCR-20V3 risk ratings of moderate or high.

The workshop will help attendees to think about how the FRST could increase the accuracy and efficiency of decision-making surrounding violence risk screening and triage in their specific work setting. Emphasis will be based on practice, as well as integrating the FRST into different clinical situations.

## Post-Conference Workshops: Friday June 15 (Full Day)

### Full-Day 0900 – 1700

#### **Diagnosis, Risk Assessment and Treatment of Paraphilias/Paraphilic Disorders and Hypersexual Disorder**

Prof. dr. K. Goethals & Prof. Paul Cosyns

##### Aims

- To give an overview of the most common paraphilias/paraphilic disorders illustrated with case vignettes
- To consider the hypersexual disorder as an important clinical diagnosis
- To discuss the various forms of psychotherapy
- To explain the use of SSRI's and androgen deprivation therapy illustrated with several cases.

##### Learning outcomes

- The participant is aware of the difference between a paraphilia and a paraphilic disorder, and knows about the diagnosis and treatment of the hypersexual disorder
- The participant knows important features of the most common paraphilias/paraphilic disorders
- The participant has knowledge of CBT, relapse prevention, motivational interviewing, the Good Lives Model, and the Risk Assessment Model approach
- The participant has basic knowledge about the use and the treatment algorithm of medication in patients with paraphilias/paraphilic disorders and/or patients with a hypersexual disorder and/or sex offenders

#### **DBT Milieu Structures and Strategies for Forensic Settings**

Michele Galletta

Dialectical Behavior Therapy (DBT) is a comprehensive cognitive behavioral treatment. Since the 1990's, DBT has been subjected to numerous clinical trials, and has been adapted for a variety of client populations including forensic patients. DBT has been found to have great practical utility for the reduction of violence and extreme self-harm in forensic settings. This workshop will focus primarily on how DBT "structures the environment." The workshop will detail how DBT is compatible with trauma-informed recovery and balances safety concerns with rigorous CBT interventions. Individualized, meaningful formulations and behavioral incentive systems work together to motivate clients. Front line staff and clinicians work together to teach, shape and strengthen substantive skills that function to reduce risk in the inpatient environment and support successful reentry into communities following discharge. Participants will learn basic structures and strategies used in DBT environments.

## STUDENT EVENTS

### Student brunch

What?	A <b>free</b> brunch for <b>students</b> attending IAFMHS with a few informal presentations on the student board, what to do in Antwerp, and how to survive your thesis defense. While enjoying the brunch you will have time to socialize and ask us questions about student membership, Antwerp, or running for a position on our student board.
When?	Tuesday June 12 <sup>th</sup> , 2018 from 10:30 AM to 12:00 PM.
Where?	Cullinan at the Hilton
Additional information	Out of respect for the presenters, please aim to be there at 10:30 AM sharp.

### Student panel

What?	A student-organized professional panel intended to tackle hot topics and important questions from students and recent grads in the field today. This year's topic is "Unspoken rules in academia". Each of these speakers will use their own personal experience and principles to guide us through the delicate topics below. <ul style="list-style-type: none"> <li>- Dr. Jodi Viljoen will speak about how students and mentors can understand authorship guidelines and rules.</li> <li>- Dr. Michael Martin will speak about how to situate yourself in a positive academic relationship.</li> <li>- Dr. Michele Galietta will speak about the changing landscape of forensic psychology from a male-dominated field to one where women outnumber men.</li> </ul>
When?	Wednesday June 13 <sup>th</sup> , 2018 at 2:50pm.
Where?	Tiffany/Shah at the Hilton
Additional information	Everyone is encouraged to attend (undergraduate students to seasoned clinicians and academics), as this is an interactive panel. Come with questions! It is rare to have the opportunity to ask experts in the field, so take your chance to engage with them in this conversation.

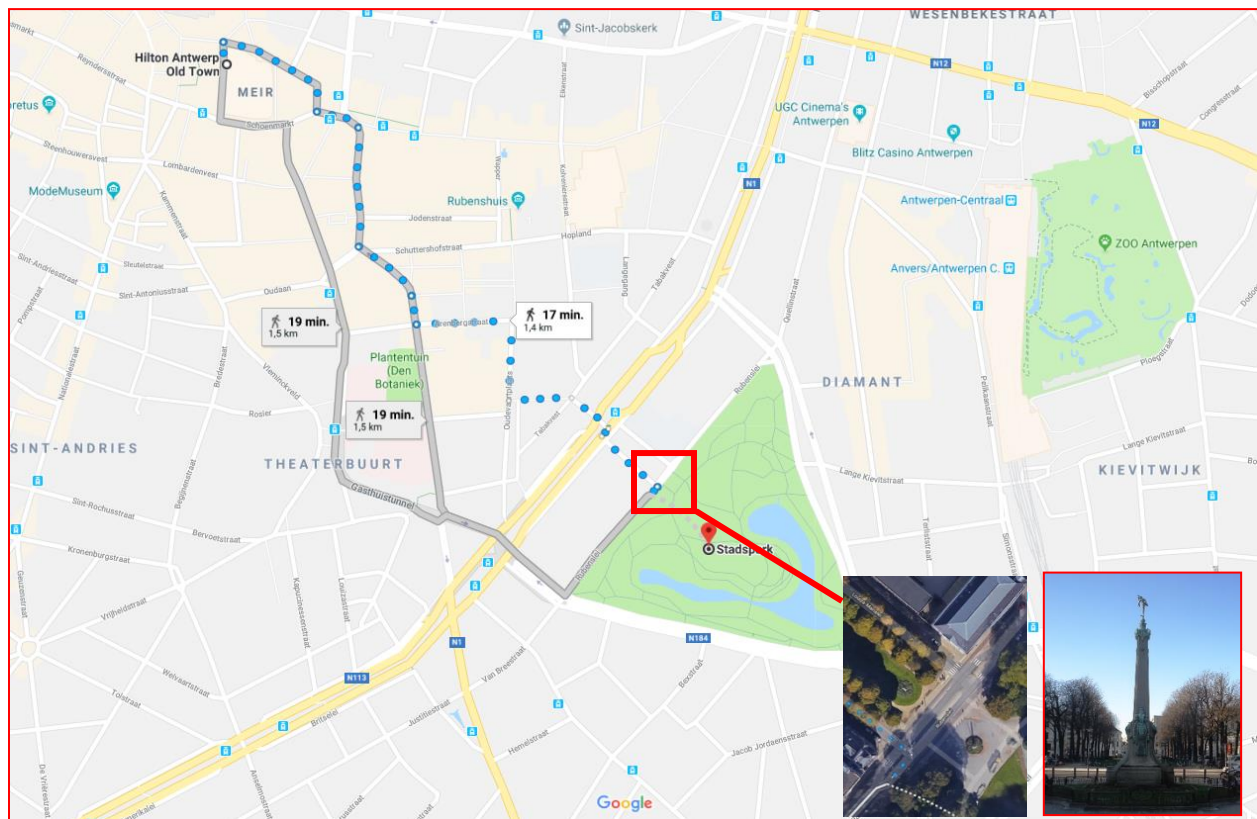
### Student social

What?	A student social hosted by the student board for IAFMHS student members and aspiring student members attending IAFMHS. Our treat: depending on turnout everyone gets up to 3 free drink tickets and appies!
When?	Wednesday June 13 <sup>th</sup> , 2018 from 7:00pm to 9:30pm.
Where?	De Groote Witte Arend

	Reyndersstraat 18 2000 Antwerpen
Additional information	Make sure to respond to our e-mail invitation to get <b>your free drink tickets</b> . Legal drinking age for beer and wine in Belgium is 16; spirits 18. A group will gather at the Hilton hotel lobby at 6:50pm to go the social.  For those meeting us at the Groote Witte Arend, Please find a map with a detailed outline of how to get to our venue below.

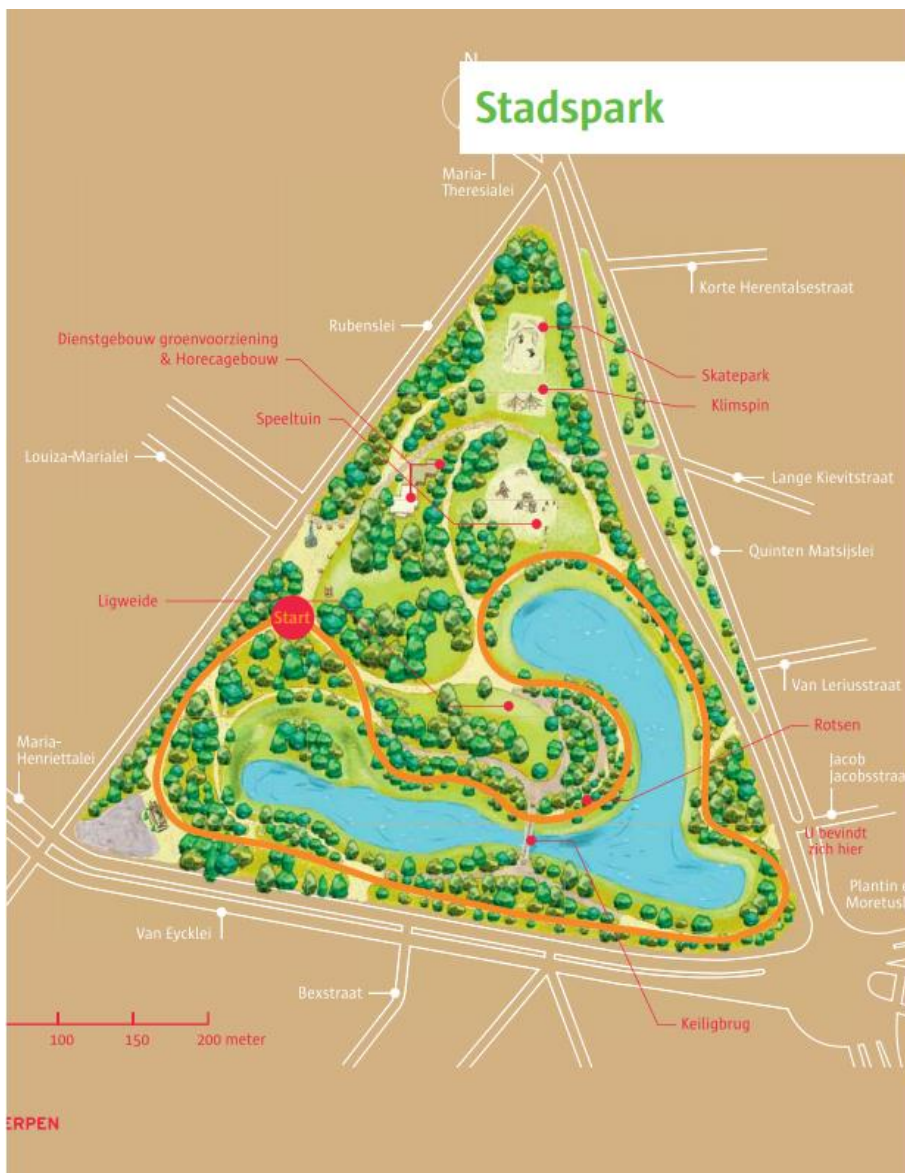
## Fun run

What?	This is a friendly 5 km race, organized by the student board, that anyone can take part in ( <i>signing up during conference registration was required</i> ). It is a yearly tradition to raise money for student-led conference events and awards.
When?	Wednesday June 13 <sup>th</sup> , 2018. Run starts at 7:00 AM sharp. We recommend runners to be there by 6:45 AM for pictures and final questions about the route.
Where?	Stadspark at Rubenslei, 2018 Antwerpen.
Additional information	<p>A group will gather at the Hilton hotel lobby at 6:20 AM and walk down to the Stadspark together.</p> <p>For those meeting us at the Stadspark, we will be gathering at 6:45 AM at the <b>Obelisk Statue</b> entrance of the Stadspark. This is located in the middle of the Rubenslei. Please find a map with a detailed outline of our meeting place below.</p> <p>Post-run refreshments and light snacks will be provided for those who have signed up. T-shirts are to be picked up at the registration desk.</p>



This route will take you through the English garden of the Stadspark, which can be wonderfully diverse. The man-made walkways meander next to the pond and areas to play and sunbathe. We will ask our runners to loop three times before catching up with our volunteers at the Rubenslei meeting place near the Obelisk statue. We encourage our more seasoned runners to run to and from the conference venue using the pedestrian-friendly route outlined in the slide above above.

## Stadspark Antwerp, situated at triangle between Rubsenlei, Van Eycklei and QuitenMatsijslei 1.4km (single loop) x 3



## Going Out in Antwerp

### Karaoke bar 'Bonaparte'

<http://bonaparte.be/>

Karaoke bar with bistro. Opened in 1960. Always a good time. Closed on Mondays and Tuesdays. Open **Wednesday – Sunday** from 8pm onwards.  
Grote Markt 21, 2000 Antwerpen, België

### Bar Noord Zomerbar

<https://barnoord.be/>

Bar Noord is a summer-only event in Antwerp where a Park Spoor Noord gets transformed into a city beach bar. Relaxing music, cocktails, wood oven pizzas, burgers, dancing, music, ... Every night is a little bit different. Taking a cab there would be easiest, although the venue is accessible by public transportation as well. Check out their website for directions and specific events on each night. Open daily from 10am-12am.  
Park Spoor Noord, 2060 Antwerpen

### Café d'Anvers

<http://www.cafedanvers.com/>

Renowned in the club scene, this spot features different DJs every night and shows you a little bit of the typical modern European techno and house scene. Open on Fridays, Saturdays and days before bank holidays from 11pm – 7:30am.  
verversrui 15, 2000 ANTWERP

### Cargo Club

<http://www.cargoclub.be/>

Big LGBTQ+ friendly club with decent-sized dance floor. Cargo club has three distinct themes: Student nights, Cargo (mixed urban and RnB) and Red&Blue gay events (e.g., male-only nights). A diverse and cool club venue, tailored to different audiences, with a clear focus on inclusion.  
Lange Schipperskapelstraat 11-13  
Open every **Saturday** from 11pm – 7:00am and on special occasions (check website for schedule during IAFMHS).

## Going for Drinks

Beer is one thing Belgium is famous for, and rightfully so. Although there is no wrong pub to walk into, here are a few recommendations that may not be on most tourists' radar. Note that *most of these cafes also carry food options.*

### Billie's Bier Kafetaria

<https://www.facebook.com/billiesbierkafetaria/>

Hip gastropub; beer tasting room with many excellent traditional Belgian dishes like stoofvlees, stoemp, vol-au-vent and some lighter snack platters. Be sure to ask if their lovely French bulldog is around. Kitchen is open from 6pm until 10pm.  
Kammensstraat 12, 2000 Antwerpen

Quinten Matsijs

[www.quintenmatsijs.be](http://www.quintenmatsijs.be)

With its 450 years, Quinten Matsijs is the oldest café of Antwerp. A must-see, must-drink type of place. The café nicely captures the spirit of Belgian folk cafes with many original architectural features, a nice selection of beers on tap and a good array of quick, cheap and filling dishes. If you have not done so yet, try 'bitterballen' with your beer. You're halfway to Belgian citizenship!

Opened Wednesday to Sunday from 12pm until ... it closes!

Located at the corner of the Moriaanstraat and the Hoofdkerkstraat, 2000 Antwerpen

De Kulminator

The place to be for lovers of Belgian beer. It has over 600 beers available. Name it and the owners will probably bring it out. The owners are very knowledgeable about the beer making process and can entertain many a conversation about this topic.

<https://www.facebook.com/Kulminator.friends/>

Open Tuesday to Saturday from 4pm to 11:30pm.

Vleminckveld 32, 2000 Antwerpen

De Gollem

<https://www.gollem.be>

"Beers and burgers" – need we say more?

Sunday to Thursday 11am to 1am; Friday and Saturday 11am to 3am.

Suikerrui 28, 2000 Antwerpen

Beerlovers Bar

[www.beerlovers.be](http://www.beerlovers.be)

More than 150 beers on bottle and 12 varying beers on tap, it is one of the fastest growing beer spots in Antwerp. Close to the Central Station in Antwerpen.

Monday, Wednesday & Thursday: 4pm to 00:15am; Friday to Sunday: 3pm to 2am.

Rotterdamstraat 105, 2060 Antwerpen

Miraeus

[www.miraeus.be](http://www.miraeus.be)

One of the hippest cocktails bars/lounges in Antwerp. Offers spirit tastings and cocktail workshops in a contemporary climate. Old and new mixology. This is more of an activity recommendation as you need to call or email them for a mixology workshop or tasting ([info@miraeus.com](mailto:info@miraeus.com)).

Meir 107, 2000 Antwerpen

Workshops on call.

Kid's Rythmn 'n' Blues Kaffee

<http://www.kidsrhythmnblueskaffee.com/>

Belgian bar with an American feel. Kid's has a rocker vibe with national and international live acts every Friday and most Sundays. Jam sessions on Wednesday. 'Rock'n'Roll Dance Night' on Saturdays. Check out their website for specific line-up information.

Open year-round, Monday-Sunday.

Grote Markt 50, 2000 Antwerpen



The Rocking Bull  
<http://therockingbull.be/>

A rock/metalbar concept bar with CDs, DVDs, vinyls, merchandise, and live music. Rock out with a Belgian craft beer to some killer tunes. Check out their website for more information on live music.

Monday through Thursday: 11am to 8pm; Friday & Saturday: 11am to 1am.

Sint-Katelijnevest 52, 2000 Antwerpen

## Going for treats

Fries, waffles, crepes and chocolate are some other things Belgium is known for. Belgium is a true foodie destination. What many people may not know is that Belgium has many fine dining options as well. Please find our recommendations below for a variety of budgets.

### Looking for fries?

There are several “frituren” in Antwerp, many of which are excellent quality. A ‘frituur’ is basically a frites shop. Belgians go to the ‘frituur’ for fries with a sauce and a piece of fried meat or a burger. A typical Belgian experience be: frites with stoofvlees (meat stew), mayonnaise, and a curryworst special. If you venture out to one of these amazing pieces of foodie folklore, ask the owner what they would recommend as they often have their own specials. **Frites Atelier** (KorteGasthuisstraat 32), **FrituurLescluze** (De Lescluzestraat 2), and **Frituur L.O.** (Frederik Van Eedenplein) come highly recommended in Antwerp. The first one is more exclusive, the last one is a true Belgian-style ‘frituur’.

### Looking for sweets?

There are two types of waffles you can get in Belgium: Liege (dense with sugar granules) or Brussels (soft and crispy). Waffles are traditionally a sweet dish, although you may find savoury options in some places. Belgians would traditionally eat waffles at family celebrations, holidays or for afternoon tea. You will encounter many waffle stands along your strolls in Antwerp – try one, try all! Our sweets recommendations are: **Wafelhuis Van Hecke** (also Antwerp’s oldest ice cream parlour – Nationalestraat 88), Tea Room **Desire de Lille** (Schrijnwerkersstraat 12), **Fratelli** (ice cream + waffle parlour, close to Park Spoor Noord – Sint-Aldegondiskaai 44), **Quetzal** (Chocolate bar – Lijnwaadmarkt 11), The **Chocolate Box** (Wijngaardstraat 15), **De zoeteverleiding** (Vlasmarkt 27A)

If you are looking for world-renowned Belgian chocolates (‘pralines’), you cannot go wrong with **Leonidas** (\$\$) or **Neuhaus**(\$\$\$), chain praline shops with various locations across Antwerp. More artisanal and experimental locations are: **Mary** (KorteGasthuisstraat 34) or **Sweertvaegher**(Groendalstraat 8).

## Going for dinner (Fine dining)

### The Jane (\$\$\$\$) [www.thejaneantwerp.com](http://www.thejaneantwerp.com)

Housed in the chapel of a former military hospital, owned by Michelin-star chef Sergio Herman and Nick Brill, The Jane exudes “fine dining meets rock ‘n roll”. The dishes are refined, the dining truly is an experience and the price reflects the same. Must-do for foodies, if you can still get a reservation in! If you cannot get a reservation, explore early dinner or lunch options. Aim to spend between 100-130 euro for a multiple-course dinner. Open Tuesday to Saturday 12pm to 10pm.

Paradeplein 1, 2000 Antwerpen

Zuiderterras/RAS (\$\$-\$\$\$)

<http://www.ras.today/>

Refined interpretations of Belgian classics, in a contemporary architectural setting. View on the river Schelde. Lunch 11am to 3pm daily; dinner 5pm to 10pm daily.  
Ernest van Dijckkaai 37, 2000 Antwerpen

De Godevaart (\$\$-\$\$\$)

[www.degodevaart.be](http://www.degodevaart.be)

Classic but elevated Franco-Belgian dining experience with a lovely outside patio area. Their menu changes based on seasons. Average price for 3 course dinner, excluding drinks is 65 euro.  
Opened on Tuesday to Saturday from 12pm to 3pm and 6pm to 10pm.  
Sint-Katerlijnevest 23, 2000 Antwerpen

LUX (\$\$-\$\$\$)

[www.luxantwerp.com](http://www.luxantwerp.com)

Close to the MAS museum. Marketed as a "gastronomic dining experience for an entire night". Has the option to enjoy drinks or digestifs in their adjacent bar 'Festiv'. Inspired by French and Mediterranean cuisine, with a modern interpretation. Average price for 3 course dinner, excluding drinks is 75 euro.  
Opened on Tuesday to Friday from 12pm to 2:30pm for lunch and Tuesday to Saturday from 7pm to 10pm for dinner.  
AdriaanBrouwerstraat 13, 2000 Antwerpen

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## Work Opportunity in Forensic Psychiatry at the Centre for Addiction and Mental Health

camh

### Join our team

The Centre for Addiction and Mental Health (CAMH), a fully affiliated teaching site for the University of Toronto, is seeking a psychiatrist to provide care to forensic patients as part of the Forensic Service, Complex Care and Recovery Program. Duties include inpatient and outpatient assessment and treatment, court and correctional work with the availability of third-party assessment work. There are teaching opportunities with undergraduate and postgraduate students, and forensic psychiatry subspecialty residents. Participation in research and other academic activity is encouraged.

### Who we are

The Forensic Service is a growing clinical program of 191 inpatient beds, court and community programs and a prison mental health service. We have a world-renowned sexual behaviours service, with research in sex offenders. Our research also includes forensic mental health issues. We are the first Canadian centre approved for sub-specialty training in forensic psychiatry.

CAMH is Canada's premier addiction and mental health facility. It is a world leader in the diagnosis and care of patients with addiction and mental disorders, offering a spectrum of care for people with severe and persistent mental disorders. The University of Toronto is the largest and most prestigious

research-intensive university in Canada. The Department of Psychiatry has a strong tradition of integrating clinical, teaching and service delivery. Research includes early intervention and prevention, brain imaging, genetics, psychopharmacology, neuropsychology, psychotherapy electrophysiology and service delivery.

### What qualifications we seek

Applicants must be eligible for certification with the Royal College of Physicians and Surgeons of Canada and for licensure with the College of Physicians and Surgeons of Ontario. Candidates should also be eligible for an academic appointment at the rank of assistant or associate professor in the Department of Psychiatry at the University of Toronto. Clinical lecturer-level applicants may be considered. Salary will be commensurate with qualifications and experience.

### How to apply

Submit a letter of interest, curriculum vitae and the names and contact information of three references to:

**Dr. Sandy Simpson**

Centre for Addiction and Mental Health  
Forensic Service, Unit 3-4  
Toronto, Ontario, Canada  
M6J 1H4  
[Sandy.simpson@camh.ca](mailto:Sandy.simpson@camh.ca)

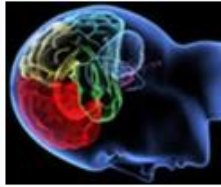
# Forensic Psychiatry Program

St. Joseph's Healthcare Hamilton (West 5th Campus)  
 100 West 5th Street, Hamilton, Ontario Canada L8N 3K7

[www.stjoes.ca](http://www.stjoes.ca)

*Dr. Gary Chaimowitz, Head of Service & Academic Lead*

*Marilyn Bakers-Hayward, Director of Clinical Services*



## Forensic Psychiatry Institute

An institute devoted to cultivating professional development by encouraging stimulating discussions among the professionals working within the forensic mental health system.

Email: [bsunstru@stjoes.ca](mailto:bsunstru@stjoes.ca)

## AIS & E-HARM

Advancing risk assessment and management through analytics, using the Aggressive Incidents Scale and Electronic Hamilton Anatomy of Risk Management. (available in 8 languages)

[ais-harm.com](http://ais-harm.com)

## Risk & Recovery Forensic Conference

A conference for professionals in mental health, probation & parole, corrections, legal services and police that features international professionals and scholars.

[riskandrecoveryconference.com](http://riskandrecoveryconference.com)

## International Journal of Risk and Recovery

The journal aims to publish international research and practice based articles for academics and clinicians. The scope is to deal with medico-legal issues, risk and innovation in rehabilitation and mental health.

<https://multipress.mcmaster.ca/ijrr>

## Radical Collaborations Research Day

This innovative event invites researchers, students and inquiring minds to learn from multidisciplinary experts and to collaborate in generating new ideas for forensic mental health research.

[research.stjoes.ca](http://research.stjoes.ca)

See you in Montréal, Canada next year!

June 25 – 27, 2019

