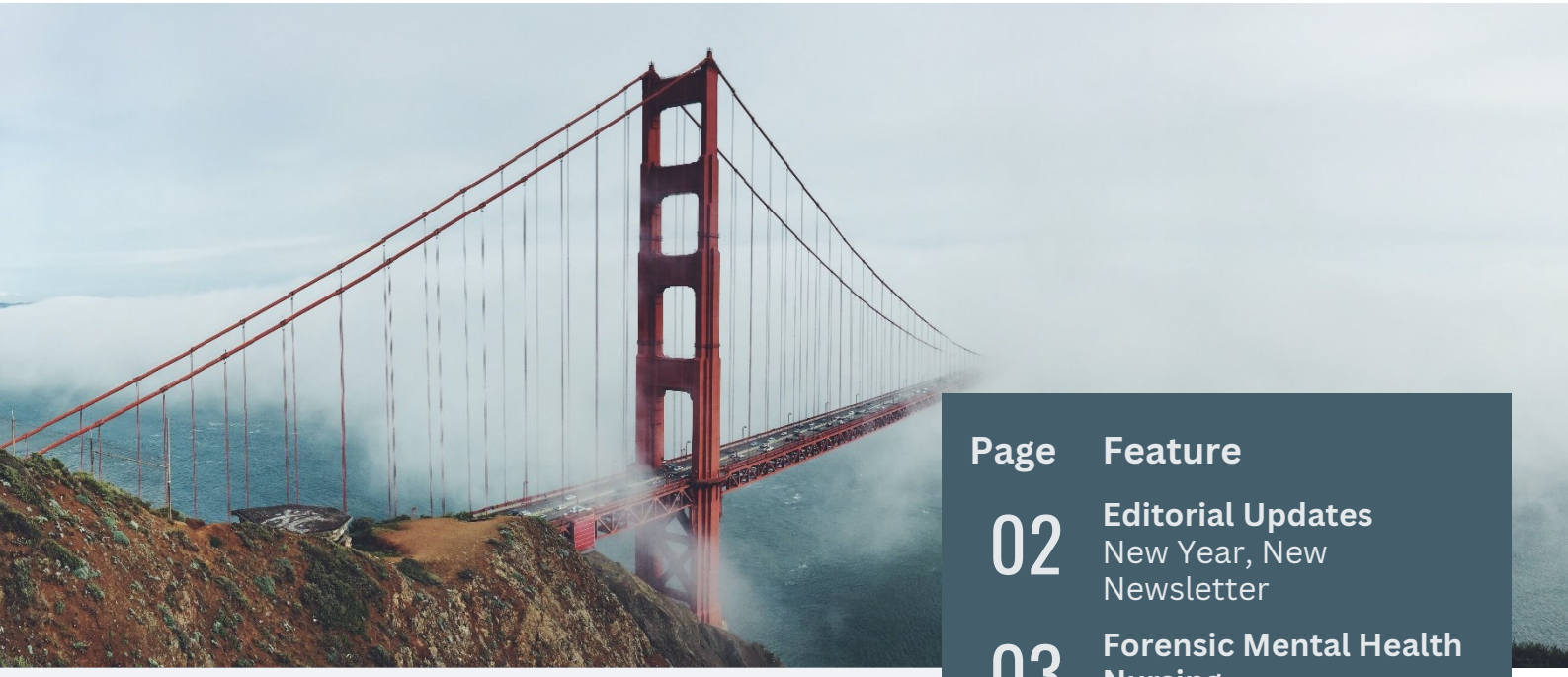
volume 9, issue 1 - 2024 Q1

NEWSLETTER

International Association of Forensic Mental Health Services



The iconic Golden Gate Bridge, San Francisco, CA (USA) 2024 conference host city

Happy New Year and welcome to the first issue of the 2024 IAFMHS Newsletter! As you may have noticed, the newsletter has a new look this year. The editorial team has been hard at work over the past few months designing the updated layout with the goal of making the newsletter more visually accessible and inclusive of our global readership. We will still deliver the same timely, informative, and thought-provoking content, now with a modern refresh. See page two for an overview and explanation of each of the changes, and please reach out with any feedback; we would love to hear your thoughts on the updates!

In other exciting news, registration for the 2024 in-person conference is now open! The conference will be held at Hyatt Regency San Francisco Downtown SOMA in San Francisco, CA, USA. Additionally, the call for Pre-Conference workshops is out. I hope to see many of you in San Francisco this June!

Samantha Zottola

Editor

Page	Feature
02	**Editorial Updates** New Year, New Newsletter
03	**Forensic Mental Health Nursing** Improving Coercion Reduction in Forensic Mental Health Care **Tella Lantta**
06	**Student Section SPOTLIGHT:** Interview with Dr. Virginia Barber Rioja
12	**Job Advertisement** Clinical Director
14	**Mental Health Diversion** Clinical Criminology **Roni Bentzur**
17	**IJFMH Feature Article**
18	**Student Section** SPOTLIGHT: Interview with Lillian Bopp

www.iafmhs.org

New Year, New Newsletter

We are pleased to share some exciting changes made to the format and layout of the quarterly IAFMHS newsletter! The new update includes four big changes. First, the color scheme has been adjusted to reflect the colors from the IAFMHS logo to strengthen the organizational branding of our now publicly available newsletter. Second, each issue will be named for the quarter rather than the season to be inclusive of our IAFMHS members in both hemispheres. Third, our front cover will feature images from the upcoming conference host city (or country) to get us all excited about the upcoming conference location. Fourth, the changes to layout, colors, and text formatting are intended to bring the newsletter more in line with visual accessibility standards and make the newsletter compatible with screen readers.

We welcome feedback from readers on these changes as well as further suggestions to improve the accessibility and readability of the newsletter. We are also always happy to hear ideas for contributions to future issues. Please email the editorial team at newsletter@iafmhs.org.

Finally, thank you to Lara Schwarz and the social media committee for their help and feedback during the development of these changes!

Improving Coercion Reduction in Forensic Mental Health Care: Insights from Implementation Science

Tella Lantta, Adjunct Professor and University Lecturer, Faculty of Medicine, Department of Nursing Science - University of Turku (FIN) | Adjunct Associate Professor, Centre for Forensic Behavioural Science - Swinburne University of Technology (AUS)

Coercion reduction in forensic mental health settings

Coercion in mental health services encompasses forceful actions or involuntary treatments, posing harmful possible effects on individuals (Chieze et al., 2019; Herrman et al., 2022). Reducing coercion is a global health policy objective, yet its implementation faces challenges due to regional variations, legal disparities, and cultural factors (Szmukler, 2015). Successful coercion-reduction interventions exist but struggle with adoption and efficacy in practice (Gooding, 2021; Nilsen & Birken, 2020). Some clinicians may resist new practices, and encounter implementation barriers due to complexity, resource constraints, or high-acuity settings (Henderson et al., 2015; Mullen et al., 2022; Thornicroft et al., 2013).

Despite systematic reviews on effectiveness, limited attention has been paid to implementation issues in forensic or general mental health services, hindering a comprehensive understanding of evidence translation challenges (Bryson et al., 2017).

♦♦♦

Implementation theories, models, and frameworks

♦♦♦

Implementation science emerged in the 1990s, aiming to bridge the gap between evidence and practice (Nilsen & Birken, 2020). The study of implementation theories, models, and frameworks serves to understand and enhance successful implementation (Nilsen, 2015). Theories predict outcomes, models prescribe steps, while frameworks organize information without specifying change mechanisms (Moullin et al., 2020; Nilsen, 2015; Rycroft-Malone & Bucknall, 2010). These constructs guide understanding, outline influencing factors, and evaluate implementation success. Each focuses on process guidance, determinants, or outcome evaluation (Nilsen, 2020).

♦♦♦

Findings from a systematic review

♦♦♦

As part of the COST Action FOSTREN network, striving to advance approaches to

(Continued on next page)

Improving Coercion Reduction in Forensic Mental Health Care: Insights from Implementation Science (continued)

reducing coercion in all European mental health services (CA19133), we conducted a systematic review aiming to explore the utilization of implementation theories, models, and frameworks (hereafter tools) in implementing non-pharmacological coercion reduction interventions within different mental health settings. By investigating reported implementation outcomes, we sought to illuminate the role of implementation science in addressing barriers to evidence translation (Lantta et al., 2023).

Pictured: Members of working group 4 'Implementation Science' under the COST Action FOSTREN

After extensive literature searches, we identified only eight studies, with nine references, describing the implementation of a coercion reduction program in a mental health setting with a referenced implementation tool. Half of them were conducted fully or partially in forensic mental health settings. Studies were conducted in Australia (n = 3), the USA (n = 2), Finland, the Netherlands and Germany (all n = 1). The most often studied intervention was the Safewards (Baumgardt et al., 2019; Fletcher et al., 2021; Higgins et al., 2018), followed by single studies about Trauma-Informed Care approaches (Hale & Wendler, 2023), the use of the DASA (Lantta et al., 2015, 2016) or START:AV (De Beuf et al., 2019), a Recovery-Oriented Training Program for staff (Repique et al., 2016) and one about sensory modulation approaches (Wright et al., 2020).

All eight studies adopted a different tool to guide, evaluate or analyze the implementation process. The identified tools included OMRU (Ottawa Model of Research Use), Iowa Model (Iowa Model for Evidence-Based Practice–Revised), Skolarus & Sales (Skolarus & Sales implementation approach), IOF (Implementation Outcomes Framework), CFIR (Consolidated Framework for Implementation Research), TDF (Theoretical Domains Framework) and PARISH (Promoting Action on Research Implementation in Health Services).

We also analyzed implementation outcomes. We chose to classify them according to outcomes specified by Proctor et al. (2011) : acceptability, adoption, appropriateness, feasibility, fidelity, implementation costs, penetration and sustainability. None of the studies reported all eight implementation outcomes. The most frequently reported outcomes were acceptability (4/8 studies) and adaptation (3/8), mostly from staff perspectives. Regarding implementation

(Continued on next page)

Improving Coercion Reduction in Forensic Mental Health Care: Insights from Implementation Science (continued)

costs, no data were provided by any of the studies. Only one study provided results about the sustainability of the implementation efforts.

Based on our results, the use of implementation science is still rare when studying coercion reduction in forensic mental health practice. More research in this area is warranted to understand what makes implementation successful – or unsuccessful – in the long run. There is also a need to unify the terminology used in this area as we identified that there is much variability in how implementation terms are used. In addition, consumer and carer involvement in the implementation process remains limited, despite its recognized importance in mental health care. This absence might impact the success and longevity of coercion reduction programs.

In conclusion, successful coercion reduction programs in mental health care demand accessible, well-explained frameworks, and streamlined, cost-effective implementation tools. Empowering forensic mental health care professionals with these tools, while integrating stakeholder perspectives, is crucial for achieving positive outcomes and ensuring replicability in diverse care settings.

If you have any questions, comments or feedback regarding this article, please contact Dr Tella Lantta at: tella.lantta@utu.fi.

♦♦♦

References

♦♦♦

Baumgardt, J., Jäckel, D., Helber-Böhlen, H., Stiehm, N., Morgenstern, K., Voigt, A., Schöppe, E., Mc Cutcheon, A.-K., Velasquez Lecca, E. E., Löhr, M., Schulz, M., Bechdolf, A., & Weinmann, S. (2019). Preventing and reducing coercive measures—An evaluation of the implementation of the Safewards Model in two locked wards in Germany. *Frontiers in Psychiatry*, *10*, 340. https://doi.org/10.3389/fpsyt.2019.00340

Bryson, S. A., Gauvin, E., Jamieson, A., Rathgeber, M., Faulkner-Gibson, L., Bell, S., Davidson, J., Russel, J., & Burke, S. (2017). What are effective strategies for implementing trauma-informed care in youth inpatient psychiatric and residential treatment settings? A realist systematic review. *International Journal of Mental Health Systems*, *11*(1), 36. https://doi.org/10.1186/s13033-017-0137-3

Chieze, M., Hurst, S., Kaiser, S., & Sentissi, O. (2019). Effects of seclusion and restraint in adult psychiatry: A systematic review. *Frontiers in Psychiatry, 10,* 491. https://doi.org/10.3389/fpsyt.2019.00491

De Beuf, T. L. F., De Vogel, V., & De Ruiter, C. (2019). Implementing the START:AV in a Dutch residential youth facility: Outcomes of success. *Translational Issues in Psychological Science, 5*(2), 193–205. https://doi.org/10.1037/tps0000193

(Continued on page 21)

SPOTLIGHT: Interview with Dr. Virginia Barber Rioja

Student Section Editors: Mimosa Luigi, Student Board President, McGill University (CAN), **Raymond Ho,** President-Elect, Simon Fraser University (CAN), **Jay Gonzales,** Secretary, Fordham University (USA)

Dr. Virginia Barber-Rioja obtained her Ph.D. in clinical forensic psychology from the John Jay College of Criminal Justice in New York. For eight years, she worked in the NYC jail system, holding the positions of Co-Chief and Clinical Director of Mental Health, and Assistant Chief of Forensic Services for Correctional Health Services/NYC Health + Hospitals, which provides mental health treatment, reentry services, and forensic evaluations to NYC jail and court systems. Prior to this, Dr. Barber worked as a staff psychologist in forensic inpatient hospitals and as the clinical director of diversion and reentry programs. Currently, Dr. Barber Rioja consults for the Center for Justice Innovation as a Senior Clinical Policy Advisor and for correctional systems across the United States.

Virginia Barber Rioja, Ph.D.

She also maintains an independent forensic practice involving training and forensic assessment in immigration, state, and federal courts. She is an adjunct assistant professor in the Psychology Department of New York University and the Department of Counseling and Clinical Psychology of Teachers College, Columbia University. She has over 20 years of experience working in correctional and forensic contexts, including jails, forensic hospitals, and alternative to incarceration and reentry programs. She has published in peer-reviewed journals and is the first author of the book “Mental Health Evaluations in Immigration Court: A Guide for Mental Health and Legal Professionals”, and the first editor of the “Handbook of Mental Health Assessment and Treatment in Jails” by Oxford Press. She is an elected Member-At-Large of the American Psychology-Law Society (APLS) and a board member of the *Asociación Iberoamericana de Justicia Terapéutica*.

Q: Having worked in a wide variety of correctional and forensic settings for the past 20 years, what is it about this clinical population that keeps you interested in the field of forensic psychology?

A: Many things keep me interested in this field. I would, however, like to make a distinction between forensic and correctional psychology, which are considered separate, but related subfields under the umbrella of psychology-law.

(Continued on next page)

SPOTLIGHT: Interview with Dr. Virginia Barber Rioja (continued)

Generally, forensic psychology deals with the application of psychological science to the court system, whereas correctional psychology is concerned with the application of psychology to the treatment and management of incarcerated individuals. In forensic psychology, I am interested in further developing the area of forensic assessment in immigration court, including better defining the psycholegal issues involved and improving practice standards. I am also interested in reflecting honestly about the ways in which forensic psychology has contributed to issues of structural racism through, for example, the language we use in our reports or the use of testing instruments that have not been properly validated for the populations we assess. Through my work in correctional systems, I have experienced first-hand the overwhelming number of individuals with mental illness who end up being incarcerated and the different ways in which incarceration harms them. I am interested in using psychological science to impact system change and to improve the treatment of incarcerated individuals.

Q: Could you share one or more moments which were key to your career trajectory? Have any of your professional roles stood out as particularly fulfilling to you?

A: Without any doubt, a key moment in my life was the decision to work in the New York City jail system (also known as Rikers Island), which was the most challenging and, at the same time, the most transformative and fulfilling role of my career. Prior to this, my work had been primarily dedicated to forensic assessment and treatment in forensic hospitals. However, in 2016, after the mayor of NYC transferred the healthcare of the jails from a private company to NYC Health + Hospitals, the largest provider of public healthcare in the country, I was presented with the opportunity to work as the Clinical Director of Mental Health. Jails are very chaotic and anti-therapeutic environments. In fact, suicide is the leading cause of death in jails around the country. This job gave me an opportunity to learn about correctional psychology, leadership, and how to push system change in entrenched cultures. I also learned a tremendous amount from the stories of incarcerated people. This job made me realize that we lack resources to guide psychological practice in jails, and so towards the end of my work at Rikers Island, I decided to write/edit a book with three colleagues about mental health assessment and treatment in jails. The book was published by Oxford Press last year and this felt like the perfect culmination to my eight years of work in the NYC jails.

Q: Could you tell us more about your role as a Senior Policy Advisor for the Center for Justice Innovation (CJI)?

A: The CJI is an independent non-profit dedicated to justice reform. They plan, implement, and operate different programs, such as community-based violence prevention projects, alternatives to incarceration and reentry initiatives. They also inform court and criminal justice policies based on data, so they have a big research department.

(Continued on next page)

SPOTLIGHT: Interview with Dr. Virginia Barber Rioja (continued)

Finally, they provide expert assistance to other communities and justice practitioners. As Senior Clinical Policy Advisor, I provide consultations on projects that involve clinical/forensic issues. For example, I am currently assisting in reviewing and revising screening/assessment procedures for their court programs, and on a project aimed at reducing the NYC jail population. It has been very satisfying to use psychological science to inform and improve policies that can lead to system reform and potentially change people's lives.

Q: When balancing your work as a clinician, policy advisor, and adjunct professor, what does a typical work week look like for you? Do you have any tips on balancing commitments?

A: Until a year ago, I always had a full-time job, in addition to my adjunct teaching. There was some anxiety involved in the decision to leave the comfort of a steady and secure job in favor of working independently on different projects. Through this first year, I have certainly struggled with balancing all my commitments. Currently, I typically dedicate Monday through Wednesday to my work with CJI while also teaching correctional psychology courses at New York University and Columbia University on Tuesday and Wednesday evenings. I really enjoy teaching and love the students, even though some days I am exhausted by the time I get to class. I also have an independent forensic assessment practice, so I often dedicate Thursdays and Fridays to work on that or on other consulting projects. I have recently been consulting with some jails in the country and find that work very interesting. It has allowed me to bring everything I learned during the eight years working in the NYC jails to other systems. Although I am probably working more hours now than I used to when I had a full-time job, I have enjoyed the flexibility that I have over my schedule and the variety of the work. As I get more comfortable with this new work structure, I hope to progressively become more organized and balanced.

Q: How do you balance work and self-care? What advice do you have for students in that regard?

A: I am not great at this, so I am hesitant about providing advice beyond the obvious. It is helpful to have dedicated and routine time for activities not related to work, such as exercising, spending time with friends and family, reading, or doing whatever brings you pleasure. I am trying to be more rigid about protecting my weekends for example. Throughout my career, I have always left some work to do on weekends, typically finishing a report, grading exams, or for general writing. I realized that I almost never had a full day when I didn't engage in some form of work, which is something I'm actively trying to change.

Q: Are there any challenges that you have experienced specific to being a woman in forensic psychology?

(Continued on next page)

SPOTLIGHT: Interview with Dr. Virginia Barber Rioja (continued)

A: I can share many examples of how being a woman in this field is presented with challenges. I have been referred to as Ms. Barber when testifying in court when the opposing witness, often a male psychologist, was referred to as doctor. This might seem like a small thing, but it reflects a system where men are assumed to be more knowledgeable or to have more expertise. I think many women could relate to the feeling of having to over-prepare to be perceived as equally competent as men. The pay gap can be a real thing as well, which is very frustrating. I've worked with lawyers that pay my male counterparts almost twice as much as they pay me, despite having the same years of experience. When talking about this with other female colleagues we tend to blame ourselves for not setting the fees higher in the first place. But society has ingrained in us this feeling of having to be modest about our achievements or our value. Things became even more challenging when I had a leadership position. Thankfully, I had female role models in leadership around me in correctional settings that guided me through these challenges. On the bright side, I have been very happy to see a new generation of women who have positioned themselves as leaders in our field.

Q: Having moved to the United States to complete the Forensic Psychology Master's Program at John Jay College, what advice would you share with students who are also contemplating big moves to other countries to study forensics?

A: This is a difficult question for me because I have very mixed feelings about having moved away from home to study Forensic Psychology. On the one hand, I feel incredibly satisfied about making such a brave decision in my early 20's because it has provided me with a very fulfilling career, new family, and many incredible friends and mentors. On the other hand, it is very challenging to be so far away from family. This has become harder for me as my parents grow older and I feel the need to be closer to them. My father was diagnosed with cancer in 2021 and passed away about a year later. That experience makes being far excruciating. However, as I am writing this, I am remembering the advice I always got from him, which was to follow my dreams and to be adventurous, so that's what I would say to students considering this type of move. One additional piece of advice for students interested in forensics is that education and judicial systems are very different across countries. Students contemplating a move to another country to study forensic psychology should think about how the knowledge and skills they would learn in that country could apply to their own, if they decide to return home after finishing their studies.

Q: What piece of advice did you receive during graduate school or throughout your career that has resonated with you most?

A: I have been lucky to have had many mentors who have guided and advised me throughout my career.

(Continued on next page)

SPOTLIGHT: Interview with Dr. Virginia Barber Rioja (continued)

However, I am going to flip the question and share a piece of what I think was bad advice I received that ended up being motivational and helpful. When I was considering taking the job at Rikers Island, someone told me that I would be committing "professional suicide" because of the bad reputation of the jail. I thought about this for several days; I had never really reflected on how job choices could impact my reputation. This comment led me to worry not just about my reputation, but also what it meant to work in a system known to cause harm. It helped me reflect on how psychological science and psychologists can help improve harmful systems and that it can be done in an ethical way. Ultimately, this advice helped prepare me for that job.

Q: You recently co-authored the book "Mental Health Evaluations in Immigration Court: A Guide for Mental Health and Legal Professionals", what aspects of your work or career inspired you to be a part of this book?

A: I never really learned about forensic assessment in Immigration Court in graduate school. Because I speak Spanish, shortly after I graduated, a professor at John Jay College asked me to work with him on a case involving an individual from Central America who was seeking political asylum. I have been doing evaluations in Immigration Court since then. The more I worked in this area, the more I realized how little guidance or practice guidelines were available. Forensic psychology as a field has only recently started to recognize these evaluations as a type of forensic mental health assessment. As a result, I decided to write a book about it to assist mental health professionals and lawyers working in this context. Conducting evaluations in immigration court requires knowledge in forensic mental health assessment, cross-cultural psychology, and immigration law. As a result, I contacted a cross-cultural psychologist and an immigration lawyer who both agreed to be my co-authors on this project. We wrote the book during COVID; twelve months of Zoom meetings and only finally meeting in person when the book project was finished. The collaboration was great and we learned so much from each other.

Q: From your perspective, what are some of the key challenges that correctional systems or the field of forensic psychology are facing?

A: First, correctional psychology is not as developed as forensic psychology. Few clinical doctoral programs offer courses in correctional psychology and few internship programs offer proper training in correctional settings. The academic community has not invested enough resources to the research needed to inform psychological practice in correctional institutions, and the discipline of psychology-law has just not paid as much attention to this subdiscipline. Second, correctional settings are incredibly difficult places to provide mental health care. Jails, in particular, house more individuals with mental illness than any other psychiatric institutions in the United States.

(Continued on next page)

SPOTLIGHT: Interview with Dr. Virginia Barber Rioja (continued)

Moreover, with the "competency crisis" impacting many states in the country, individuals with mental illness often wait months to be transferred to state hospitals. Psychologists can contribute significantly to correctional settings to improve mental healthcare by addressing issues such as preventing suicides and violence, mitigating stress, and increasing the chances of recovery and rehabilitation for incarcerated individuals. However, this work also presents psychologists with incredibly difficult ethical issues. One of the main challenges of correctional psychology is figuring out how to practice in these settings in an ethical manner that also helps protect the constitutional and even human rights of those incarcerated.

Q: How do you see your career evolving in the next 10 years? Are there new areas of interest you are excited to explore?

A: As I just made a significant career change, I'm trying not to project myself too much into the future. I'm focused on the present, which still involves navigating the challenges and benefits of my new work experience. However, there are some goals I have for the future. I hope to partake in more consulting projects related to the improvement of mental health care in jails and prisons around the country. I am currently working on a book project in Spanish. I also would like to become more involved in the fields of forensic and correctional psychology in Latin America. I am a board member of the *Asociación Iberoamericana de Justicia Terapéutica* and recently attended one of the association's conferences in Mexico. At this conference, I had the opportunity to speak with judges, lawyers, and psychologists across Latin American countries and Spain, and learn about the challenges they face. Finally, my career has taken several unexpected turns in the past, so I am open to any new opportunities and challenges.

Call for Applications: Derek Eaves Student Research Grant

This grant honors Dr. Derek Eaves who played a central role in the development and continuation of IAFMHS and provided support, guidance, and mentorship to many throughout his career.

The recipients of these grants will be awarded a maximum of $500 CAD to assist with their research.

Who can apply?

Eligible candidates are current student members who are enrolled in a Bachelor's, Master's or Doctoral program in a field relevant to forensic mental health.

How to apply?

The application details can be found under the Student Section IAFMHS website. If you have any more questions about the grant, please feel free to send us an email at iafmhs@sfu.ca

Candidates must submit application materials by **March 15, 2024.**

Clinical Director - Forensic Psychiatry

Forensic Mental Health Service, Te Whatu Ora – Waitaha Canterbury

- ★ Do you have a passion for Forensic Mental Health?
- ★ Are you a skilled, experienced professional leader?
- ★ Do you want to be a part of a team that promotes and improves the health of its people and community?
- ★ Are you looking for an organisation that listens to what you have to say, supports flexible working arrangements, health and wellbeing and is focused on engagement and culture?

Then we need to talk!

We are looking for a suitably qualified and experienced **Forensic Psychiatrist** to join the team as **Clinical Director for the Forensic Mental Health Service, Te Whatu Ora- Waitaha**. The Clinical Director works in partnership with other operational and clinical leads to support the delivery of safe, effective, contemporary Forensic Mental Health. The team provides clinical care and treatment within hospital environments, in prisons, community based and home-based settings, whilst also providing outreach support to courts and other mental health services across Te Waipounamu.

Mō mātou | About us

When you work for Te Whatu Ora, Health New Zealand you're part of something very special. We plan, fund and deliver health services to the almost 600,000 people that live in the Canterbury region. We are committed to Te Tiriti o Waitangi and its principles by ensuring our partnership with Māori are at the forefront of all our conversations.

Te Whatu Ora, Health New Zealand, leads the day-to-day running of our health system across New Zealand, with functions delivered at local, district, regional and national levels. It weaves the functions of the 20 former District Health Boards into its regional divisions and district offices, ensuring continuity of services in the health system.

Forensic mental health (FMH) is a sub-speciality of specialist mental health services working at the interface of the law and mental health, working with individuals who find themselves needing support and treatment between mental health and justice. When working with tangata whaiora, forensic mental health services are required to balance the rights, treatment and rehabilitative needs of the individual tangata whaiora against the safety of the public and the concerns of victims.

(Continued on next page)

Ko wai koe | About You

While your qualifications and experience tell us part of your story, your values and attitude speak louder still. At Te Whatu Ora, we aim to ensure our behaviours reflect our core values: Care, Respect, Innovation, Teamwork & Integrity.

- you will have significant experience of working clinically within Forensic Mental Health;
- you will be a skilled and effective people leader with demonstrated experience in clinical leadership;
- you will appreciate and understand the inequities that can sit with this cohort of people who access Forensic Mental Health;
- you will be competent in working in a culturally safe way in New Zealand;
- you are flexible in your working style and you will appreciate the benefits of working collaboratively with a multi-disciplinary team.

Mō te tūnga | About the Role

The Clinical Director role is a 0.5FTE role, with 0.5FTE clinical component. The role currently holds the function of the Forensic Director of Area Mental Health (DAMHS), however there is opportunity to discuss whether this function remains with the role.

Key Responsibilities:

1. Provide strong clinical and professional leadership to the medical team
2. Work in collaboration with the Service Leadership Team to further develop and embed contemporary practice across the Forensic Mental Health service
3. Undertake evidence-based, recovery-focused, person centred, trauma-informed clinical practice within the forensic mental health context, including risk assessment and risk mitigation
4. Undertake all relevant tasks and functions associated with the Forensic Mental Health context including but not limited to court reports, prison clinics, special patient review panels.
5. Undertake the functions of the Forensic DAMHS role

If you are passionate about making a positive impact on the lives of individuals in the forensic mental health system and share our commitment to trauma-informed care and innovation, we encourage you to apply for this role within the Forensic Mental Health Service. Join us in our mission to provide the highest quality care while respecting individual rights and autonomy.

Tono ināianei | Apply now

Apply **online**, or to find out more information, please contact Amy Walker – Recruitment Specialist | Email: Amy.Walker@cdhb.health.nz

Clinical Criminology: A Vital Connection between the Mental Health system and the Criminal Justice System

Roni Bentzur, Head Criminologist, Psychiatry Division, Sheba Medical Center, Tel Hashomer
Criminologist Adviser to the Ministry of Health affiliation (ISR)

Roni Bentzur, M.A.

Clinical criminologists in Israel play an active role in the treatment, rehabilitation, and reintegration of individuals involved in the criminal justice system in Israel. In cases of individuals who are charged with a crime and found not fit to stand trial or not responsible for their actions due to mental illness, a court order is issued for mandatory hospitalization in order to receive adequate treatment. Clinical criminologists are then involved in the treatment and rehabilitation of these individuals both in hospital settings and in outpatient clinics.

Treatment and rehabilitation programs are designed to address both criminal behavior and any underlying mental health issues, with the goal of reducing violent behavior and recidivism. By working in all mental health centers, outpatient clinics and rehabilitation facilities, clinical criminologists are the experts in this complicated field of mental health to whom both patients and staff come for consultation and advice.

♦♦♦

What is Clinical Criminology?

♦♦♦

Clinical Criminology is a dynamic and evolving certified health profession in Israel. The profession combines principles from the areas of psychology, psychiatry, sociology, criminology and law, in order to understand and address the complex issues related to forensic mental health.

Founding father Prof. Peter Silfens' vision 40 years ago has come true: Clinical Criminology constitutes a vital connection between mental health, psychological, legal and social work fields; thus, offering a much broader and compassionate understanding of the needs of and therapeutic solutions for individuals in crisis, constituting a "diversion program" on its own.

♦♦♦

What Do Clinical Criminologists Do?

♦♦♦

Criminological Assessment: Clinical criminologists often conduct comprehensive clinical assessments of forensic patients.

(Continued on next page)

Clinical Criminology: A Vital Connection between the Mental Health system and the Criminal Justice System (continued)

These assessments help to identify underlying mental health issues - personality disorders, mood disorders, substance abuse problems, sexual deviance -which often contribute and instigate criminal and violent behavior. By recognizing these issues, appropriate interventions and treatments can be tailored to address both the mental health concerns and the problematic behavior.

Violent and Sexual Risk Assessment: Risk assessment is a critical process designed to evaluate the likelihood of an individual to engage in violent behavior. This assessment aims to identify potential risks posed by individuals and develop strategies to mitigate or manage those risks. Clinical criminologists study and implement various risk assessment tools to understand the phenomenology of the offence and emphasize protective factors such as therapy and anger management. Often working with complex and challenging patients posing a potential for high risk of violence, we introduce risk management plans including psychiatric treatment, psychotherapy and levels of supervision and monitoring. These plans are designed to reduce the risk of violence but first and foremost to enable a realistic opportunity for rehabilitation of the patient.

Forensic Psychotherapy: Clinical criminologists practice forensic psychotherapy which is a specialized branch of psychotherapy that combines principles of psychology and psychotherapy within the legal and criminal justice systems. It is primarily focused on working with individuals who are involved in legal matters, including those who have committed crimes, individuals facing legal proceedings, or those who have been victims of crime. A trauma-informed approach is essential to address the unique needs of these clients. Therapists use a variety of therapeutic modalities, including cognitive-behavioral therapy (CBT), dialectical behavior therapy (DBT), and psychodynamic therapy, depending on the client's needs and goals. Therapists work to help clients develop the skills necessary to reintegrate into society and reduce the risk of recidivism.

Advocacy and Policy: Clinical criminologists often engage in advocacy efforts and research that inform policies related to mental health and criminal justice. Their expertise helps shape policies that promote the humane treatment of individuals with mental health issues within the criminal justice system and advocate for broader community-based mental health services as a means of prevention.

(Continued on next page)

Clinical Criminology: A Vital Connection between the Mental Health system and the Criminal Justice System (continued)

The Special Psychiatric Committee: An example which demonstrates the importance of the unique point of view of Clinical Criminology is the work of the "Special Psychiatric Committee" which debates the cases of mental health patients who have been involuntarily committed after charged with attempted murder or murder. This committee was established following an amendment in The Israeli Mental Health Law in 2014 and consists of a chairman (i.e., a former district judge), a forensic psychiatrist and a clinical criminologist. The legislator has decided that a clinical criminologist is vital on this committee rather than another psychiatrist in order to contribute a different and unique perspective vis-à-vis our special expertise.

Clinical criminologists work in all mental health centers in Israel, in outpatient clinics, in mental health units insides prisons, and in many other specialized treatment programs such as: addiction, at-risk youth, sexually abused and abusive adults and youth, and in private clinics.

♦♦♦

In summary: clinical criminology and mental health are intimately connected, with the field playing a pivotal role in identifying, assessing, and treating mental health issues among individuals who have been sent to mandatory commitment due to mental illness, after being charged with a crime.

Clinical criminologists are involved in the treatment and rehabilitation of these individuals both in hospital settings and in outpatient clinics, contributing to the broader goals of rehabilitation, public health and safety, and a more equitable criminal justice system.

If you have any questions, comments or feedback regarding this article, please contact Roni Bentzur at: roni.bentzur@sheba.health.gov.il .

♦♦♦

References

♦♦♦

Silfen, P. (1976). Clinical criminology in Israel. *International Journal of Offender Therapy and Comparative Criminology, 20*(1), 18-25.

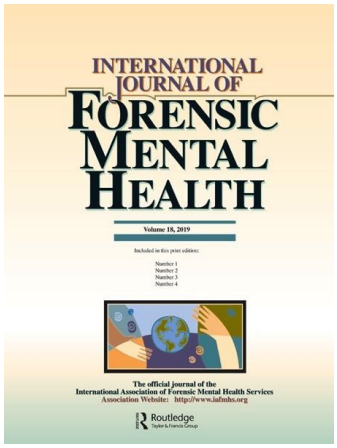
Silfen, P. (1985). Clinical Criminology: An emerging profession. *Medicine and Law,* 4, 29-48.

Gordon, H., Zabow A., Carpel L. & Silfen P. (1996). Forensic psychiatry in Israel. *Psychiatric Bulletin, 20*, 109-110.

Silfen P., & Ben David S. (1993). Clinical criminology: A bridge between forensic professionals., *Medicine and Law, 12*(6-8),479-485.

Idisis, Y., & Cohen-Raz L. (in press). A clinical criminologist from the point of view of the practitioner. In: Idisis Y., Cohen-Raz L. & Silfen P. (Eds.), *Clinical criminology: Theory, research and practice*. Bar Ilan Press. (In Hebrew)

Feature Article



The Development of a Forensic Intellectual Disability Model of Care: Synergy to Achieve Equity

M. Duff[a], W. Paki (Waikato, Te Arawa, Ngaaruahine)[a], R. Butler[a], C. McSweeney[a], and B. McKenna[a,b,c]

[a]Auckland Regional Forensic Psychiatry Services, Aotearoa, New Zealand; [b]School of Clinical Sciences, Auckland University of Technology, Aotearoa, New Zealand; [c]Centre for Forensic Behavioural Science, Swinburne University of Technology, Melbourne, Australia

There is a relative lack of research focused on people with intellectual disabilities within forensic settings and limited information describing models of care. This article describes the process of inquiry and information gathering that was synthesized to develop a specific model of care for a specialist forensic intellectual disability secure care unit within a forensic mental health service in Aotearoa (New Zealand). The obligations to address the over representation of tāngata whenua (Māori; Indigenous people of Aotearoa) and to resist the dominant Western and mental health paradigms being ineffectively imposed within this specialist service, were acknowledged as central challenges. A literature review, consultation with tāngata whaikaha hinengaro (service users) and Māori cultural input provided a platform to synthesize diverse perspectives. This resulted in the weaving together of the important elements necessary in a model of care, to optimize specialist forensic intellectual disability care and rehabilitation in Aotearoa. This article has an emphasis on the research literature, but is not a research project, rather it is a description of the process leading to a negotiated model of care to achieve equity.

Call for papers!

Dr Jack Tomlin and Dr Sarah Kilbane (University of Greenwich) are editing a Special Issue of the IJFMH on the topic: 'The role of stigma for people with mental health needs involved in the criminal justice system.'

In the Special Issue, we are seeking empirical (qualitative and quantitative) and conceptual contributions to further our understanding of the causes, intersectionality, and consequences of self, public, and structural stigma towards and helped by people in the criminal justice system who have mental health needs. This may include individuals in liaison and diversion schemes, correctional settings, secure psychiatric settings, or probation or forensic outpatient settings.

For more information, suggestions for article topics, and to submit, please follow this link.

If you have questions, please contact: Dr Jack Tomlin, t.jack@gre.ac.uk or Dr Sarah Kilbane, s.kilbane@gre.ac.uk

Manuscript due date: May 31, 2024

SPOTLIGHT: Interview with the Past Student Board President Lillian Bopp

Student Section Editors: Mimosa Luigi, Student Board President, McGill University (CAN), **Raymond Ho,** President-Elect, Simon Fraser University (CAN), **Jay Gonzales,** Secretary, Fordham University (USA)

Lillian (Lily) Bopp is the current Past-President of the IAFMHS student board. She is a 3rd year doctoral student in Clinical Psychology at the University of Nebraska-Lincoln and is currently completing an externship at a residential sex offender treatment facility. Prior to her doctoral studies, Lily obtained her MS degree in Clinical Research Methodology at Fordham University, where she completed a thesis examining the utility of translated versions of the MMPI instruments in detecting response distortion and worked as a research coordinator on a study examining neuropsychological functioning in sexual offenders. Outside of school, Lily also worked as a Program Coordinator and Supervisor at EAC Network, a not-for-profit social service agency, where she was tasked with overseeing several grant-funded prison reentry, parole diversion, civil commitment, and drug court diversion programs. Her primary research interests center on the assessment and management of individuals with sexual and stalking offenses and the effectiveness of different intervention strategies used to manage the individuals engaged in such forms of violence.

Q: What motivated you to become president of the IAFMHS student board?

A: IAFMHS was the first conference I attended in the forensic mental health field. I was immediately impressed by how welcoming the organization was and the endless opportunities I had to connect with experts and other students in the field. I also appreciated how positively the student board contributed to my experience at the conference, which led me to become a conference volunteer and later sparked a desire in me to give back to the organization in a more meaningful way. I saw the presidential role as a way to contribute to enhancing the student experience, connect with students with similar interests, and continue building my leadership skills.

Q: What are some of the projects the student board has worked on during the 2022/23 term?

A: We were thrilled to continue the hard work of prior student boards. During the 22/23 term, we focused on increasing our webinar presence and hosted three well-received webinars on a wide range of topics. We also sought to feature

Lillian Bopp, MS

(Continued on next page)

SPOTLIGHT: Interview with the Past Student Board President Lillian Bopp (continued)

diverse perspectives in our "Spotlight" series for the quarterly newsletter and in our student panel at the annual conference. Additionally, we focused on fine-tuning the Campus Representative and Peer Mentorship Programs and re-vamping our online platforms – including updating our student resources page and increasing our social media presence. Finally, we continued our fundraising initiative from prior years by selling commemorative IAFMHS organizational coins and pins to support student members. We also proposed new fundraising initiatives to the parent board that I hope will be implemented in future years.

Q: What do you value about the IAFMHS?

A: First and foremost, I greatly appreciate the international and interdisciplinary nature of the organization. Back in 2016, when I attended the annual conference for the first time, I found myself placed in a paper session with speakers from diverse professions and countries presenting on a topic similar to mine. It was deeply enriching to hear different perspectives and approaches to a similar issue, and inspired many questions for my future research. Secondly, I feel strongly that the IAFMHS does an exemplary job of connecting students to resources and making them feel included in the organization. Further, throughout my student board presidency, I was also able to observe how much the parent board values the work of the student board and wants to improve the student experience. I appreciated that the parent board placed their trust in the student board and always welcomed our input.

Q: What have you taken away from your student board presidency?

A: I consider myself lucky to have worked alongside a supportive team of individuals who were driven, dedicated, and eager to improve the student experience. This experience highlighted the importance of having a team with shared goals, as well as the benefits of collaboration and taking the time to learn from each other. Beyond building invaluable leadership skills, I also made lasting friendships with my fellow student board members and expanded my professional network in a way that would not have been possible without the student board.

Q: What advice would you give to the current IAFMHS student board?

A: Take this opportunity to get to know each other! Each student board member brings a different perspective and unique set of skills that will serve the board well. In addition, listen to each other's ideas, provide constructive feedback, and be actively involved in the monthly meetings. Since the months leading up to the conference can be time-intensive, it will also be important to prioritize self-care, lean on each other, and reach out if you need help. Enjoy this experience, remember the impact you are making, and keep up the great work!

(Continued on next page)

SPOTLIGHT: Interview with the Past Student Board President Lillian Bopp (continued)

Q: What advice would you give to students interested in following your academic path?

A: Take time to explore your interests and figure out where your passions lie. I took several years off before attending graduate school and spent time in different jobs doing research and clinical work in the forensic mental health field. These experiences allowed me to explore different areas of interest and develop skills that have been crucial to my success in graduate school. Further, find yourself a great mentor! I was lucky to have an exceptional mentor (a fellow past president of the parent board!) during my undergraduate studies who sparked my initial interest in the field. He played an integral role in navigating me through early stages in the field and has continued to be a source of guidance for me nearly ten years later. Finally, do not underestimate the importance of having a supportive network of peers and mentors. As exciting as the work can be, the field of forensic mental health can also be taxing at times, and it is crucial to have people in your corner cheering you on!

Q: If given unlimited funding, what topic would you conduct research on?

A: This is a great (but incredibly tough) question, and my choice largely stems from past work experience. I would want to conduct research on enhancing outcomes for justice-involved people with serious mental illness and collaborate with policymakers to improve the availability and accessibility of needed resources (particularly supportive housing).

Connect with the student section!

Improving Coercion Reduction in Forensic Mental Health Care: Insights from Implementation Science (continued)

Fletcher, J., Brophy, L., Pirkis, J., & Hamilton, B. (2021). Contextual barriers and enablers to Safewards implementation in Victoria, Australia: Application of the Consolidated Framework for Implementation Research. *Frontiers in Psychiatry, 12,* 733272. https://doi.org/10.3389/fpsyt.2021.733272

Gooding, P. (2021). Compendium Report: Good Practices in the Council of Europe to Promote Voluntary Measures in Mental Health: Report Commissioned by the Committee on Bioethics (DH-BIO) of the Council of Europe. *Council of Europe.*

Hale, R., & Wendler, M. C. (2023). Evidence-Based practice: Implementing trauma-informed care of children and adolescents in the inpatient psychiatric setting. *Journal of the American Psychiatric Nurses Association, 29*(2), 161–170. https://doi.org/10.1177/1078390320980045

Henderson, C., Farrelly, S., Moran, P., Borschmann, R., Thornicroft, G., Birchwood, M., Crimson, T., Joshua, & Study Groups. (2015). Joint crisis planning in mental health care: The challenge of implementation in randomized trials and in routine care. *World Psychiatry, 14*(3), 281–283. https://doi.org/10.1002/wps.20256

Herrman, H., Allan, J., Galderisi, S., Javed, A., Rodrigues, M., & the WPA Task Force on Implementing Alternatives to Coercion in Mental Health Care. (2022). Alternatives to coercion in mental health care: WPA Position Statement and Call to Action. *World Psychiatry, 21*(1), 159–160. https://doi.org/10.1002/wps.20950

Higgins, N., Meehan, T., Dart, N., Kilshaw, M., & Fawcett, L. (2018). Implementation of the Safewards model in public mental health facilities: A qualitative evaluation of staff perceptions. *International Journal of Nursing Studies, 88*, 114–120. https://doi.org/10.1016/j.ijnurstu.2018.08.008

Lantta, T., Daffern, M., Kontio, R., & Välimäki, M. (2015). Implementing the Dynamic Appraisal of Situational Aggression in Mental Health Units. *Clinical Nurse Specialist, 29*(4), 230–243. https://doi.org/10.1097/NUR.0000000000000140

Lantta, T., Duxbury, J., Haines-Delmont, A., Björkdahl, A., Husum, T. L., Lickiewicz, J., Douzenis, A., Craig, E., Goodall, K., Bora, C., Whyte, R., & Whittington, R. (2023). Models, frameworks and theories in the implementation of programs targeted to reduce formal coercion in mental health settings: A systematic review. *Frontiers in Psychiatry, 14,* 1158145. https://doi.org/10.3389/fpsyt.2023.1158145

Lantta, T., Kontio, R., Daffern, M., Adams, C. E., & Välimäki, M. (2016). Using the Dynamic Appraisal of Situational Aggression with mental health inpatients: A feasibility study. *Patient Preference and Adherence*, 691. https://doi.org/10.2147/PPA.S103840

(Continued on next page)

Improving Coercion Reduction in Forensic Mental Health Care: Insights from Implementation Science (continued)

Moullin, J. C., Dickson, K. S., Stadnick, N. A., Albers, B., Nilsen, P., Broder-Fingert, S., Mukasa, B., & Aarons, G. A. (2020). Ten recommendations for using implementation frameworks in research and practice. *Implementation Science Communications, 1*(1), 42. https://doi.org/10.1186/s43058-020-00023-7

Mullen, A., Browne, G., Hamilton, B., Skinner, S., & Happell, B. (2022). Safewards: An integrative review of the literature within inpatient and forensic mental health units. International *Journal of Mental Health Nursing, 31*(5), 1090–1108. https://doi.org/10.1111/inm.13001

Nilsen, P. (2015). Making sense of implementation theories, models and frameworks. *Implementation Science, 10*(1), 53. https://doi.org/10.1186/s13012-015-0242-0

Nilsen, P. (2020). Overview of Theories, Models and Frameworks in Implementation Science. In S. A. Birken, *Handbook on Implementation Science.* Edward Elgar Publishing.

Nilsen, P., & Birken, S. A. (2020). *Handbook on Implementation Science.* Edward Elgar Publishing.

Proctor, E., Silmere, H., Raghavan, R., Hovmand, P., Aarons, G., Bunger, A., Griffey, R., & Hensley, M. (2011). Outcomes for Implementation Research: Conceptual Distinctions, Measurement Challenges, and Research Agenda. *Administration and Policy in Mental Health and Mental Health Services Research, 38*(2), 65–76. https://doi.org/10.1007/s10488-010-0319-7

Repique, R. J. R., Vernig, P. M., Lowe, J., Thompson, J. A., & Yap, T. L. (2016). Implementation of a recovery-oriented training program for psychiatric nurses in the inpatient setting: A mixed-methods hospital quality improvement study. *Archives of Psychiatric Nursing, 30*(6), 722–728. https://doi.org/10.1016/j.apnu.2016.06.003

Rycroft-Malone, J., & Bucknall, T. (2010). Models and frameworks for implementing evidence-based practice: Linking evidence to action. John Wiley & Sons.

Szmukler, G. (2015). Compulsion and “coercion” in mental health care. *World Psychiatry, 14*(3), 259–261. https://doi.org/10.1002/wps.20264

Thornicroft, G., Farrelly, S., Szmukler, G., Birchwood, M., Waheed, W., Flach, C., Barrett, B., Byford, S., Henderson, C., Sutherby, K., Lester, H., Rose, D., Dunn, G., Leese, M., & Marshall, M. (2013). Clinical outcomes of Joint Crisis Plans to reduce compulsory treatment for people with psychosis: A randomised controlled trial. *The Lancet, 381*(9878), 1634–1641. https://doi.org/10.1016/S0140-6736(13)60105-1

Wright, L., Bennett, S., & Meredith, P. (2020). ‘Why didn’t you just give them PRN?’: A qualitative study investigating the factors influencing implementation of sensory modulation approaches in inpatient mental health units. *International Journal of Mental Health Nursing, 29*(4), 608–621. https://doi.org/10.1111/inm.12693